

**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)

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>MAINEGENERAL HEALTH AND AFFILIATES</b>	<b>D</b> Employer identification number <b>32-0265031</b>
<input type="checkbox"/> Address change		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number <b>207-626-1289</b>
<input type="checkbox"/> Name change		<b>6 EAST CHESTNUT STREET</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/>
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 <b>AUGUSTA, ME 04330</b>	
<input type="checkbox"/> Termination	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Hand I are not applicable to section 527 organizations.		
<input type="checkbox"/> Amended return	<b>G</b> Website: <b>WWW.MAINEGENERAL.ORG</b>		
<input type="checkbox"/> Application pending	<b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

<b>K</b> Check here <input type="checkbox"/> 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.	<b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates <b>5</b> <b>H(c)</b> Are all affiliates included? (If "No," attach a list.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Group Exemption Number <b>9706</b> <b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).
<b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 <b>522,126,664.</b>	

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

	<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
<b>Revenue</b>	<b>a</b>	Contributions to donor advised funds	<b>1a</b>	
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>6,819,930.</b>
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	<b>300,095.</b>
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>3,143,472.</b>
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>7,896,997.</b> noncash \$ <b>2,366,500.</b> )	<b>1e</b>	<b>10,263,497.</b>
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>428,721,414.</b>
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>774,395.</b>
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>7,136,524.</b>
	<b>6a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>761,872.</b>
<b>6b</b>	Less: rental expenses	<b>6b</b>		
<b>6c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	<b>761,872.</b>	
<b>7</b>	Other investment income (describe )	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	<b>61,466.</b>
		<b>57,607,599.</b>	<b>8b</b>	<b>856,818.</b>
		Less: cost or other basis and sales expenses	<b>8b</b>	
		<b>62,254,119.</b>	<b>8c</b>	<b>-795,352.</b>
<b>8c</b>	Gain or (loss) (attach schedule)	<b>8c</b>		
<b>8d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 2 STMT 3</b>	<b>8d</b>	<b>-5,441,872.</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>9a</b>		
		<b>9b</b>		
		<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
		<b>10b</b>		
		<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>16,799,897.</b>	
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>459,015,727.</b>	
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>407,265,092.</b>
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>57,910,608.</b>
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>465,175,700.</b>
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>-6,159,973.</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>241,676,920.</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>	<b>-23,075,912.</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>212,441,035.</b>

**Part II Statement of Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	655,369.	460,155.	195,214.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	151,943,854.	143,869,479.	8,074,375.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	6,722,641.	6,364,996.	357,645.	
<b>28</b> Employee benefits not included on lines 25a - 27	18,856,648.	17,857,671.	998,977.	
<b>29</b> Payroll taxes	10,481,965.	9,925,674.	556,291.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	6,990.	1,878.	5,112.	
<b>32</b> Legal fees	491,087.	3,177.	487,910.	
<b>33</b> Supplies	54,729,834.	53,835,556.	894,278.	
<b>34</b> Telephone	1,588,714.	191,367.	1,397,347.	
<b>35</b> Postage and shipping	771,072.	716,764.	54,308.	
<b>36</b> Occupancy	11,508,742.	10,511,622.	997,120.	
<b>37</b> Equipment rental and maintenance	8,129,627.	6,610,972.	1,518,655.	
<b>38</b> Printing and publications	154,416.	152,117.	2,299.	
<b>39</b> Travel	1,170,874.	1,110,977.	59,897.	
<b>40</b> Conferences, conventions, and meetings	605,840.	497,904.	107,936.	
<b>41</b> Interest	3,634,921.	3,634,921.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	21,931,515.	14,019,259.	7,912,256.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 6</b>	171,791,591.	137,500,603.	34,290,988.	
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	465,175,700.	407,265,092.	57,910,608.	0.

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

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

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

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 8</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> MAINEGENERAL MEDICAL CENTER PROVIDES COMPREHENSIVE HEALTHCARE SERVICES TO THE KENNEBEC VALLEY COMMUNITY, INCLUDING 24-HOUR EMERGENCY ROOMS, REGARDLESS OF A PATIENT'S ABILITY TO PAY. MGMC'S THREE HOSPITALS ARE LOCATED IN AUGUSTA AND WATERVILLE.	330,434,268.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b</b> MAINEGENERAL HEALTH ASSOCIATES PROVIDES FAMILY AND SPECIALTY MEDICINE PROGRAMS AND PROMOTES HEALTH BY PROVIDING COMPASSIONATE CARE AND RESPONDING TO THE NEEDS OF THE COMMUNITY.	36,133,419.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> HEALTHREACH NETWORK PROVIDES HOSPICE AND HOME CARE TO THE CHRONICALLY ILL. THEIR COMMUNITY SUPPORT PROGRAMS TREAT PEOPLE AFFECTED BY SUBSTANCE ABUSE AND ASSIST PEOPLE WITH MENTAL ILLNESS.	20,124,392.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> SEE STATEMENT 7	17,728,525.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) SEE STATEMENT 9	2,844,488.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	407,265,092.

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	7,851.	8,801.
	46 Savings and temporary cash investments .....	8,236,716.	11,736,504.
	47 a Accounts receivable .....	95,793,192.	
	b Less: allowance for doubtful accounts .....	49,926,046.	
		32,346,432.	45,867,146.
	48 a Pledges receivable .....	1,913,451.	
	b Less: allowance for doubtful accounts .....	38,269.	
		2,738,407.	1,875,182.
	49 Grants receivable .....	350,862.	73,534.
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		
	51 a Other notes and loans receivable .....	717,094.	
	b Less: allowance for doubtful accounts .....		
			717,094.
	52 Inventories for sale or use .....	3,691,928.	3,806,522.
	53 Prepaid expenses and deferred charges .....	1,673,721.	3,134,645.
	54 a Investments - publicly-traded securities <b>STMT 14</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	151,015,459.	104,967,299.
	b Investments - other securities .....		
	55 a Investments - land, buildings, and equipment: basis .....		
b Less: accumulated depreciation .....			
56 Investments - other .....	0.	1,900,348.	
57 a Land, buildings, and equipment: basis .....	345,365,259.		
b Less: accumulated depreciation <b>STMT 11</b> .....	167,038,982.		
	171,897,763.	178,326,277.	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 12</b> ) .....	2,476,406.	2,342,047.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	374,435,545.	354,755,399.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	26,106,443.	30,944,458.
	61 Grants payable .....		47,515.
	62 Deferred revenue .....	1,677,185.	700,406.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....	75,081,563.	69,895,564.
	b Mortgages and other notes payable .....	6,187,959.	5,430,930.
	65 Other liabilities (describe <b>SEE STATEMENT 13</b> ) .....	23,705,475.	35,295,491.
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....	132,758,625.	142,314,364.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	212,767,184.	192,146,012.
	68 Temporarily restricted .....	13,548,996.	4,514,683.
	69 Permanently restricted .....	15,360,740.	15,780,340.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	241,676,920.	212,441,035.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	374,435,545.	354,755,399.





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	38,146.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 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.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			X
88 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
88b			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
89g	N/A		
90 a	List the states with which a copy of this return is filed		
90a	NONE		
90b	Number of employees employed in the pay period that includes March 12, 2007		
90b	3470		
91 a	The books are in care of		
91a	MARY GRISWOLD	Telephone no.	207-626-1289
91a	Located at	ZIP + 4	04330
91a	6 EAST CHESTNUT STREET, AUGUSTA, ME		
91 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		
91b	N/A		X
91b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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

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

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

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>PROGRAM SERVICE REVENUE</b>					168,979,728.
b					
c					
d					
e					
f Medicare/Medicaid payments					259,646,316.
g Fees and contracts from government agencies					95,370.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	774,395.	
96 Dividends and interest from securities			14	7,136,524.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	761,872.	
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					-5,441,872.
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</b>		573,268.			16,226,629.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		573,268.		8,672,791.	439,506,171.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					448,752,230.

**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).
▼	<b>SEE STATEMENT 20</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Please Sign Here**

Signature of officer	Date
<b>MICHAEL KOZIOL, CHIEF FINANCIAL OFFICER &amp; TREASURER</b>	
Type or print name and title	

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.

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

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

OMB No. 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>MAINEGENERAL HEALTH AND AFFILIATES</b>	Employer identification number <b>32 0265031</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANTHONY MANCINI</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	PHYSICIAN 40.00	694,422.	38,567.	0.
<u>DONALD MAGIONCALDA</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	PHYSICIAN 40.00	538,614.	38,966.	0.
<u>BRUCE GOMBERG</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	PHYSICIAN 40.00	512,553.	36,279.	0.
<u>ANN TRAYNOR</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	PHYSICIAN 40.00	487,270.	27,071.	0.
<u>JOHN THALLER</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	PHYSICIAN 40.00	379,900.	30,682.	0.
Total number of other employees paid over \$50,000 ▶	957			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>MAINE DARTMOUTH FAMILY PRACTICE RESIDENCY</u> 15 E. CHESTNUT ST, AUGUSTA, ME 04330	OPERATION OF PHYSICIAN RESIDEN	6596847.
<u>WATERVILLE ANESTHESIA ASSOCIATES</u> P.O. BOX 232, WATERVILLE, ME 04903	ANESTHESIA SERVICES	1275070.
<u>MAYO MEDICAL LABORATORY</u> P.O. BOX 9146, MINNEAPOLIS, MN 55480-9146	MEDICAL LABORATORY SERVIC	1050503.
<u>MAINEGENERAL CARDIAC CATHERTIZATION LAB</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	CARDIAC CATHETERZATION SE	948,575.
<u>ANESTHESIA &amp; RESPIRATORY CARE ASSOCIATES</u> 6 EAST CHESTNUT STREET, AUGUSTA, ME 04330	ANESTHESIA SERVICES	805,742.
Total number of others receiving over \$50,000 for professional services ▶	61	

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ATWOOD AND SON ELECTRIC</u> P.O. BOX 7, FAIRFIELD, ME 04937	ELECTRICAL INSTALATION AND R	888,244.
<u>AMEDISTAF LLC</u> P.O. BOX 595, TONTITOWN, AR 72770	TEMPORARY STAFFING	486,528.
<u>HERBERT CONSTRUCTION LLC</u> 8 GOULD RD, LEWISTON, ME 04240	BUILDING CONSTRUCTION AND	391,115.
<u>MCGEE CONSTRUCTION</u> 537 HIGH STREET, W. GARDINER, ME 04345	BUILDING CONSTRUCTION AND	381,898.
<u>PINE STATE ELEVATOR CO.</u> 230 ANDERSON ST, PORTLAND, ME 04101	BUILDING CONSTRUCTION AND	277,215.
Total number of other contractors receiving over \$50,000 for other services ▶	11	

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(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? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

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

**N/A**

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

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

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

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

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

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

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

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

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

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



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	12/15/06	SL	.000	16	4366911.			4366911.			0.
2	LAND	12/15/07	SL	.000	16	801,164.			801,164.			0.
3	BUILDINGS AND IMPROVEMENTS	12/15/07	SL	20.00	16	42454941.			42454941.			1061343.
4	BUILDINGS AND IMPROVEMENTS	12/15/06	SL	20.00	16	142290656			142290656	67691153.		5633273.
5	LAND IMPROVEMENTS	12/15/07	SL	15.00	16	1909884.			1909884.			63,663.
6	LAND IMPROVEMENTS	12/15/06	SL	15.00	16	6192255.			6192255.	3727537.		256,799.
7	EQUIPMENT	12/15/07	SL	7.00	16	38301489.			38301489.			2735821.
8	EQUIPMENT	12/15/06	SL	7.00	16	109047959			109047959	73688777.		12180616.
	* TOTAL 990 PAGE 2 DEPR					345365259		0.	345365259	145107467	0.	21931515.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	
	2	761,872.
TOTAL TO FORM 990, PART I, LINE 6A		761,872.

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF POOLED INVESTMENTS	57,607,599.	62,254,119.	0.	-4,646,520.
TO FORM 990, PART I, LINE 8	57,607,599.	62,254,119.	0.	-4,646,520.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALES AND DISPOSAL OF PROPERTY, PLANT AND EQUIPMENT			PURCHASED		
				GROSS SALES PRICE	COST OR OTHER BASIS
					EXPENSE OF SALE
					DEPREC
					NET GAIN OR (LOSS)
NAME OF BUYER					
VARIOUS				61,466.	8,243,350.
					0.
					7,386,532.
					-795,352.
TO FM 990, PART I, LN 8				61,466.	8,243,350.
					0.
					7,386,532.
					-795,352.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	-11,614,849.
PENSION RELATED CHANGES OTHER THEN NET PERIODIC PENSION COST	-11,461,063.
TOTAL TO FORM 990, PART I, LINE 20	-23,075,912.

THE REASON THIS RETURN IS LATE IS DUE TO A NUMBER OF REASONS. FIRST, INITIALLY, WE WERE NOT AWARE THAT OUR SOFTWARE REQUIRED US TO HAVE AN ELECTRONIC FILING IDENTIFICATION NUMBER (EFIN) IN ORDER TO EFILE THE FORM 990. WE SUBMITTED AN EFILE APPLICATION REQUESTING AN EFIN NUMBER ON MAY 7, 2009. WE HAD THREE COMMUNICATIONS IN THE SUBSEQUENT WEEK TO RESOLVE ISSUES AND GET THE CASE EXPEDUATED. THE CASE WAS NOT ASSIGNED TO AN IRS ANALYST UNTIL MAY 18, 2009. WE WERE CONTACTED BY TIWANA HOLLAND, FROM THE 990 EFILE OFFICE IN WASHINGTON, DC, ON MAY 19, 2009, WITH QUESTIONS REGARDING OUR EFILE APPLICATION, AS WELL AS SOME PROBLEMS WITH OUR ACCOUNT INFORMATION.

ON MAY 19, 2009, WE FAXED MRS. HOLLAND, A COPY OF OUR DETERMINATION LETTER. SHE PROVIDED US WITH OUR NEWLY ASSIGNED EFIN NUMBER ON MAY 20, 2009, AND WE EFILED THE RETURN ON MAY 21, 2009. THE RETURN REJECTED BECAUSE OF A GROUP EXEMPTION NUMBER (GEN) MISMATCH. AFTER SPEAKING WITH MRS. HOLLAND, WE LEARNED THAT THE EIN THAT WE WERE USING TO FILE, HAD NOT BEEN SETUP AS A GROUP EIN. ALSO, TWO (2) OF THE SUBORDINATES WERE NOT INCLUDED IN THE GROUP.

WE FAXED HER A COPY OF THE DETERMINATION LETTER FOR TWO (2) OF OUR AFFILIATES THAT WERE NOT ASSOCIATED WITH OUR GROUP ACCORDING TO IRS RECORDS, AS WELL AS, A COPY OF IRS LETTER 15820 E (DATED JANUARY 18, 2009) REQUESTING VERIFICATION OF OUR SUBORDINATES, AND OUR RESPONSE WHICH ADDED THE TWO (2) IN QUESTION (DATED JANUARY 27, 2009). WE WERE TOLD THAT THE IRS RECORDS WOULD BE UPDATED BASED ON THE INFORMATION THAT WE PROVIDED, AND ADVISED TO WAIT TWO (2) WEEKS TO RESUBMIT THE RETURN.

ON JUNE 10, 2009 I RECEIVED AN EMAIL FROM TIWANA HOLLAND STATING THAT THE IRS RECORDS WERE STILL NOT CORRECT AND TO WAIT UNTIL JUNE 22, 2009 TO RESUBMIT THE RETURN. WE RECEIVED ANOTHER EMAIL FROM MRS. HOLLAND ON JUNE 22, 2009 CONFIRMING THAT WE SHOULD RESUBMIT TODAY.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTUAL ALLOWANCES	75,416,888.	75,416,888.		
FREE CARE	8,545,913.	8,545,913.		
PHYSICIAN FEES	9,067,945.	9,067,945.		
EDUCATIONAL LOANS	510,826.	510,826.		
INCOME GUARANTEE	393,719.	393,719.		
TEMPORARY WORKER	2,431,939.	2,431,939.		
PURCHASED SERVICES	10,254,981.	10,254,981.		
PHARMACY REVIEW	407,066.	407,066.		
TRANSCRIPTION	84,765.	84,765.		
SERVICE CHARGES	2,803.	2,803.		
CONSULTANT FEES	1,320,332.	1,320,332.		
MOVING EXPENSES	19,765.	19,765.		
ADVERTISING	1,179,298.	1,179,298.		
INSURANCE	2,003,791.	2,003,791.		
EMPLOYEE AWARDS	340.	340.		
RECRUITMENT	263,674.	263,674.		
LOCUMS COSTS	1,541,694.	1,541,694.		
INSTITUTIONAL DUES	158,627.	158,627.		
LICENSE				
ACCREDITATION	150,991.	150,991.		
STATE TAX ASSESMENT	5,972,356.	5,972,356.		
BAD DEBT EXPENSE	17,589,321.	17,589,321.		
TEMPORARY WORKER	59.		59.	
PURCHASED SERVICES	9,438,539.		9,438,539.	
CONSULTANT FEES	661,168.		661,168.	
MANAGEMENT FEES	23,904,141.		23,904,141.	
ADMINISTRATIVE EXPENSES	4,760.		4,760.	
PROFESSIONAL MEMBERSHIPS	161,304.		161,304.	
TAXES	118,773.		118,773.	
LICENSE	2,244.		2,244.	
PROFESSIONAL MEMBERSHIPS	183,569.	183,569.		
TOTAL TO FM 990, LN 43	171,791,591.	137,500,603.	34,290,988.	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

MAINEGENERAL REHABILITATION AND NURSING CARE PROVIDES CARE AND TREATMENT OF RESIDENTS REQUIRING LONG TERM HEALTHCARE AND SKILLED NURSING CARE.

THEIR ALZHEIMER'S CARE FACILITY PROVIDES BOARDING AND DAY CARE SERVICES FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE.

THE INN AT CITY HALL IS AN ASSISTED LIVING FACILITY WHICH PROVIDES ASSISTANCE WITH DAILY LIVING TO RESIDENTS THAT REQUIRE MEDICAL ASSISTANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		17,728,525.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8  
PART III

EXPLANATION

PROVIDING INPATIENT AND OUTPATIENT MEDICAL SERVICES PRIMARILY TO THE KENNEBEC COUNTY SERVICE AREA.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
ASSISTING IN THE DEVELOPMENT OF SYSTEM-WIDE DELIVERY OF NEEDED HEALTH CARE SERVICES IN AN EFFICIENT AND COORDINATED MANOR. PROVIDING ADMINISTRATIVE AND MANAGEMENT SERVICES AND DEVELOPING AND OWNING A RETIREMENT COMMUNITY PROJECT LOCATED IN AUGUSTA AND HALLOWELL, MAINE, KNOWN AS GRANITE HILL ESTATES.		0. 2,844,488.
TOTAL TO FORM 990, PART III, LINE E		2,844,488.

FORM 990	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION	VALUATION METHOD	AMOUNT	
INVESTMENT IN JOINT VENTURES	MARKET VALUE	1,900,348.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,900,348.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	4,366,911.	0.	4,366,911.
LAND	801,164.	0.	801,164.
BUILDINGS AND IMPROVEMENTS	42,454,941.	1,061,343.	41,393,598.
BUILDINGS AND IMPROVEMENTS	142,290,656.	73,324,426.	68,966,230.
LAND IMPROVEMENTS	1,909,884.	63,663.	1,846,221.
LAND IMPROVEMENTS	6,192,255.	3,984,336.	2,207,919.
EQUIPMENT	38,301,489.	2,735,821.	35,565,668.
EQUIPMENT	109,047,959.	85,869,393.	23,178,566.
TOTAL TO FORM 990, PART IV, LN 57	345,365,259.	167,038,982.	178,326,277.

FORM 990	OTHER ASSETS	STATEMENT	12
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
DUE FROM AFFILIATES-	1,484,693.	1,418,935.	
DEFERRED ISSUANCE COSTS	991,713.	923,112.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,476,406.	2,342,047.	

FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACC PENSION COST NET CURR PORT-	1,633,750.	11,509,678.
DEFERRED REVENUE REFUNDABLE-	13,579,388.	14,690,079.
DEFERRED REVENUE NONREFUNDABLE-	1,539,321.	1,607,188.
DUE TO AFFILIATES	5,854,103.	6,212,638.
PURCHASE DEPOSITS-		2,400.
SECURITY DEPOSITS-		121,071.
OTHER LONG-TERM LIABILITIES-	46,777.	55,159.
FIN47 ENVIRONMENTAL LIABILITY-	1,052,136.	1,097,278.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>23,705,475.</b>	<b>35,295,491.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BOARD DESIGNATED FUNDS	FMV			76,629,943.	76,629,943.
TRUSTEE HELD FUNDS	FMV			7,570,057.	7,570,057.
PERPETUAL TRUSTS PERMANENTLY	FMV			11,011,398.	11,011,398.
RESTRICTED INVEST-TEMPORARILY	FMV			4,708,699.	4,708,699.
RESTRICTED FUNDS				2,639,500.	2,639,500.
WORKERS COMPENSATION TRUST-	FMV			2,347,459.	2,347,459.
PERMANANTLY RESTRICTED ENDOWMENTS	FMV			60,243.	60,243.
<b>TO FORM 990, LINE 54A, COL B</b>				<b>104967299.</b>	<b>104967299.</b>

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
CONTRACTUAL ALLOWANCES	-75,416,888.
CHARITY CARE	-8,545,913.
TOTAL TO FORM 990, PART IV-A	-83,962,801.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
CONTRACTUAL ALLOWANCES	75,416,888.
CHARITY CARE	8,545,913.
TOTAL TO FORM 990, PART IV-B	83,962,801.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
ELIZABETH MITCHELL 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD CHAIR-MGRC 0.00	0.	0.	0.
BARBARA MAYER 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD CHAIR-MGMC, MGRNC 0.00	0.	0.	0.
TIM BLANCHARD 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
MARILYN WEBBER 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
ERNEST MARRINER 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.

ROBERT BOND 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
WENDELL DAVIS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 0.00	0.	0.	0.
CHUCK HAYS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	PRESIDENT - MGMC 40.00	0.	0.	0.
NONA BOYINK, 6 EAST CHESTNUT ST AUGUSTA, ME 04330	PRESIDENT - HRN, MGRNC, MGRC 40.00	177,498.	17,716.	0.
REBECCA COLWELL 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGRC 40.00	0.	0.	0.
WILLIAM ADAMS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
CONRAD AYOTTE 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
SCOTT BULLOCK 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 40.00	0.	0.	0.
DIANE CAMPBELL 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
DOUGLAS CUTCHIN 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
STEVEN DIAZ, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	CHIEF OF STAFF-MGMC 40.00	0.	0.	0.
MARGARET GRIFFIN, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
JEFFREY HUBERT 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.

FREDERICK LAROCHELLE, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 40.00	248,358.	23,074.	0.
ROBERT MARDEN 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
ROY MILLER, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
GORDON POW 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
BRIAN RINES, PH.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
TOBI SCHNEIDER, ESQ. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
SYDNEY SEWALL, M.D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 40.00	155,753.	33,000.	0.
WILLIAM SPRAGUE 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
KENNETH VIENS 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
BAARBARA WOODLEE, ED. D. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
PETER ALFOND 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
PETER GUZZETTI, D.O., D.D.S. 6 EAST CHESTNUT ST AUGUSTA, ME 04330	BOARD MEMBER-MGMC, MGRNC, MGHA 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>581,609.</u>	<u>73,790.</u>	<u>0.</u>

FORM 990 PART V-A OFFICER COMPENSATION FROM STATEMENT 18  
 RELATED ORGANIZATIONS

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
SCOTT BULLOCK	415,644.	109,785.	4,606.
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MAINEGENERAL HEALTH		04-3369649	
RELATIONSHIP BETWEEN ORGANIZATIONS			
PARENT			
COMPENSATION DESCRIPTION			
SALARY AS PRESIDENT OF MGH			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
KAREN TOBIAS	56,680.	10,956.	0.
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MAINEGENERAL HEALTH		04-3369649	
RELATIONSHIP BETWEEN ORGANIZATIONS			
PARENT			
COMPENSATION DESCRIPTION			
SALARY AS ADMINISTRATIVE ASSISTANT FOR PRESIDENT OF MGH			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
CHARLES HAYS	191,318.	14,297.	1,592.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS PRESIDENT MGMC			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
STEVEN DIAZ, M.D.	238,955.	17,719.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT, MEDICAL ADMINISTRATION			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
BARBARA CROWLEY, M.D.	290,679.	33,150.	3,998.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS EXECUTIVE VICE PRESIDENT			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
SHARON WOODWARD	165,288.	20,382.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT OF PATIENT SERVICES			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
REBECCA LAMEY	148,327.	27,174.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT OF HUMAN RESOURCES			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
GAIL EVANS	201,125.	17,129.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MAINEGENERAL HEALTH		04-3369649	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
PARENT			
<u>COMPENSATION DESCRIPTION</u>			
SALARY AS SENIOR VICE PRESIDENT OF MARKETING			

FORM 990 OTHER REVENUE STATEMENT 19

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
JOINT VENTURE REVENUE-KP&HC	446110	573,268.			
OTHER REVENUE - RELATED OR EXEMPT					4,170,051.
CONSULTING REVENUE					112,343.
JOINT VENTURE REVENUE					1,946,540.
LAUNDRY REVENUE					196,048.
RETIREMENT COMMUNITY REVENUE					2,839,307.
VENDOR REBATES AND DISCOUNTS					636,963.
TIF REFUND REVENUE					204,043.
AMORTIZATION OF ENTRANCE FEES					1,100,889.
DAY CARE REVENUE					421,875.
THERAPY REVENUE					1,722,420.
LIFELINE REVENUE					18,874.
ANSWERING SERVICE REVENUE					29,875.
MANAGEMENT FEES OTHER					155,004.
CONTRACT SERVICE REVENUE					1,070,403.
FREE CARE - ASSISTED LIVING					-42,071.
INTERCOMPANY OTHER					115,639.
OPERATING INCOME					1,528,426.
CAFETERIA SALES					
TO FORM 990, PART VII, LINE 103		573,268.			16,226,629.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 20

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93B	PROVIDED HEALTHCARE SERVICES TO PATIENTS IN OUR SERVICE AREA
93F	PROVIDED HEALTHCARE SERVICES TO ELDERLY AND LOW INCOME PATIENTS
93G	PROVIDED HEALTHCARE SERVICES FUNDED BY GRANTS FROM VARIOUS SOURCES
100	LOSSES FROM SALES OF EXEMPT FUNCTION ASSETS AND INVESTMENTS
103A	PROVIDED PHARMACY AND MRI SERVICES TO COMMUNITY THROUGH JOINT VENTURES
103A	PROVIDED ASSISTED LIVING SERVICES THROUGH GRANITE HILL ESTATES
103A	PROVIDED THERAPY SERVICES TO OTHER AREA FACILITIES FOR REHAB PATIENTS
103A	PROVIDE MANAGEMENT & ADMINISTRATIVE SERVICES TO NONPROFIT ORGANIZATION

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT      21  
PART III, LINE 3A

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MAINEGENERAL MEDICAL CENTER AND MAINEGENERAL REHABILITATION AND NURSING CARE AWARD EDUCATIONAL SCHOLARSHIPS TO STUDENTS IN POST-SECONDARY EDUCATION WHO ARE PURSUING CAREERS IN THE HEALTHCARE INDUSTRY. APPLICATIONS ARE REVIEWED BY A SCHOLARSHIP COMMITTEE AND AWARDED BASED ON THE REQUIREMENTS OF EACH INDIVIDUAL SCHOLARSHIP.