MMH 07/29/2009 10:17 AM

Form **990**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2007
Open to Public Inspection

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
MILES MEMORIAL HOSPITAL

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
35 MILES STREET

City or town, state or country, and ZIP + 4
DAMARISCOTTA ME 04543

D Employer identification number
01-0211796

E Telephone number
207-563-1234

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

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

G Website: ↖ WWW.MILESHEALTHCARE.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 ▶ 56,970,564

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 ▶

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).

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	197,880	
	c	Indirect public support (not included on line 1a)	1c	82,650	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 280,530 noncash $)			1e 280,530
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 53,790,142
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 54,291
	5	Dividends and interest from securities			5 23,977
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 2,274,678	8a	(B) Other
	b	Less: cost or other basis and sales expenses	1,671,926	8b	
	c	Gain or (loss) (attach schedule)	602,752	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) See Stmt 1			8d 602,752
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 546,946
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 55,298,638
Expenses	13	Program services (from line 44, column (B))			13 47,792,477
	14	Management and general (from line 44, column (C))			14 5,827,942
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 53,620,419
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 1,678,219
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 21,786,947
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2			20 -1,732,088
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 21,733,078

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 ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See Statement 3	25a	355,588	320,029	35,559	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B See Statement 4	25b	36,896	33,206	3,690	
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	15,747,387	13,869,329	1,878,058	
27 Pension plan contributions not included on lines 25a, b, and c	27	333,576	293,740	39,836	
28 Employee benefits not included on lines 25a – 27	28	2,541,212	2,238,749	302,463	
29 Payroll taxes	29	1,181,759	1,041,325	140,434	
30 Professional fundraising fees	30				
31 Accounting fees	31	957,003		957,003	
32 Legal fees	32	12,096		12,096	
33 Supplies	33	4,099,338	4,065,032	34,306	
34 Telephone	34	314,165	276,831	37,334	
35 Postage and shipping	35	69,749	37,635	32,114	
36 Occupancy	36	910,021	801,879	108,142	
37 Equipment rental and maintenance	37	824,462	657,315	167,147	
38 Printing and publications	38	23,331	23,108	223	
39 Travel	39	133,334	132,734	600	
40 Conferences, conventions, and meetings	40	90,097	59,581	30,516	
41 Interest	41	332,058	292,598	39,460	
42 Depreciation, depletion, etc. (attach schedule)	42	1,732,893	1,527,025	205,868	
43 Other expenses not covered above (itemize): a See Statement 5	43a	23,925,454	22,122,361	1,803,093	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	53,620,419	47,792,477	5,827,942	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 $; (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?

▶ COMMUNITY 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 MILES MEMORIAL HOSPITAL'S VISION IS TO PROVIDE THE BEST IN COMMUNITY HEALTH CARE. THE HOSPITAL'S MISSION IS TO WORK TOWARDS CONSTANTLY IMPROVING THE HEALTH AND WELL BEING OF THE PEOPLE AND THE COMMUNITY. HOSPITAL STATISTICS AND THE COMMUNITY BENEFITS STATEMENT FOR THE YEAR ENDED SEPTEMBER 30, 2008 ARE ATTACHED SEPARATELY.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 47,792,477

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) ▶ 47,792,477

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			95,579	45	169,142
	46 Savings and temporary cash investments			1,772,470	46	3,140,095
	47a Accounts receivable	47a	26,562,247			
	b Less: allowance for doubtful accounts	47b	18,247,520	7,232,165	47c	8,314,727
	48a Pledges receivable	48a	6,935			
	b Less: allowance for doubtful accounts	48b	3,650	14,625	48c	3,285
	49 Grants receivable				49	14,116
	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) See Worksheet	51a	28,709			
	b Less: allowance for doubtful accounts	51b		70,367	51c	28,709
	52 Inventories for sale or use			823,990	52	881,152
	53 Prepaid expenses and deferred charges			236,478	53	180,836
	54a Investments—publicly-traded securities See Statement 6 ▶ ☐ Cost ☒ FMV			2,470,817	54a	2,083,687
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a Investments—land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule) See Stmt 7			3,829,846	56	3,086,540
	57a Land, buildings, and equipment: basis	57a	38,522,357			
	b Less: accumulated depreciation (attach schedule) See Statement 8	57b	22,031,595	16,622,926	57c	16,490,762
	58 Other assets, including program-related investments (describe ▶ See Statement 9)			20,781,283	58	2,170,315
	59 **Total assets** (must equal line 74). Add lines 45 through 58			53,950,546	59	36,563,366
Liabilities	60 Accounts payable and accrued expenses			2,304,544	60	2,402,987
	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			6,030,381	64a	5,780,802
	b Mortgages and other notes payable (attach schedule) See Worksheet			349,760	64b	524,324
	65 Other liabilities (describe ▶ See Statement 10)			23,478,914	65	6,122,175
	66 **Total liabilities.** Add lines 60 through 65			32,163,599	66	14,830,288
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			16,830,421	67	17,470,583
	68 Temporarily restricted			139,871	68	108,857
	69 Permanently restricted			4,816,655	69	4,153,638
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			21,786,947	73	21,733,078
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			53,950,546	74	36,563,366

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	54,115,162
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-1,183,476		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	-1,183,476
c	Subtract line b from line a			c	55,298,638
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	55,298,638

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	53,620,419
b	Amounts included on line a but not Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	53,620,419
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	53,620,419

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 11				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 22			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c	X	
	If "Yes," attach a statement that includes the information described in the instructions. See Statement 12			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RORY MALLOY DAMARISCOTTA 35 MILES STREET ME 04543	0	36,896	0	0

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X	
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ See Statement 13 and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
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	85g		
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	85h		
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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
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 493			
91a	The books are in care of ▶ CHIEF FINANCIAL OFFICER Telephone no. ▶ 207-563-1234			
	Located at ▶ 35 MILES STREET DAMARISCOTTA, ME ZIP + 4 ▶ 04543			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	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		X
	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)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue:					
a	PATIENT SERVICE REVENUE					53,790,142
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	54,291	
96	Dividends and interest from securities			14	23,977	
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	602,752	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b	MISCELLANEOUS					546,946
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		681,020	54,337,088
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					55,018,108

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 INPATIENT, OUTPATIENT AND ANCILLARY
103b	SERVICES AS WELL AS OTHER HEALTH RELATED SERVICES TO THE
	GENERAL PUBLIC REGARDLESS OF RACE, COLOR, CREED OR ABILITY
	TO PAY.

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).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

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

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

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

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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.

Signature of officer — Date: 07/31/09

WAYNE PRINTY — CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Instr. X)
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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: MILES MEMORIAL HOSPITAL

Employer identification number: 01-0211796

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
Karen Philbrick 35 MILES STREET DAMARISCOTTA ME 04543	PHARMACY DIRECTOR 40	129,181	10,643	0
Thomas Rodrigues 35 MILES STREET DAMARISCOTTA ME 04543	CI PHARMACIST 40	125,500	11,410	0
Karen Howell 35 MILES STREET DAMARISCOTTA ME 04543	SURG SRV MGR 40	102,348	5,093	0
Valerie Drever 35 MILES STREET DAMARISCOTTA ME 04543	REGISTERED NURSE II 40	93,274	13,838	0
Brent Peters 35 MILES STREET DAMARISCOTTA ME 04543	STAFF PHARMACIST 40	94,619	11,943	0
Total number of other employees paid over $50,000 ▶	94			

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
NORDX 102 CAMPUS DRIVE SCARBOROUGH ME 04074	EXTERNAL SERVICES	2,213,384
NAVIX DIAGNOSTICS PO BOX 3698 BOSTON MA 02241	EXTERNAL SERVICES	440,259
WEATHERBY LOCUMS, INC. PO BOX 972633 DALLAS TX 75397	HEALTHCARE PROF	342,596
KFORCE, INC. PO BOX 277997 ATLANTA GA 30384	EXTERNAL SERVICES	246,287
COMPHEALTH, INC. PO BOX 972670 DALLAS TX 75397	HEALTHCARE PROF	182,107
Total number of others receiving over $50,000 for professional services ▶ 8		

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
G & E ROOFING 669 RIVERSIDE DRIVE AUGUSTA ME 04330	CONTRACTOR	62,004
JASON LEFORT, SUPERIOR CLEANING PO BOX 932 WISCASSET ME 04572	EXTERNAL SERVICES	57,309
ALBERT MONACO, OYSTER CREEK ELECTRIC 692 BRISTOL ROAD BRISTOL ME 04539	ELECTRICIAN	50,103
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 8,050 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	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?	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)? See Part V-A, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		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.)	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
4a	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		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
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: **N/A**

(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: **N/A**

(2006) (2005) (2004) (2003)

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**

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?	29		
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?	30		
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?	31		
	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.)			
34a	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.

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(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	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		8,050
i Total lobbying expenditures (Add lines c through h.)			8,050

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. See Statement 14

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
MILES PROPERTIES, INC.	501(C)(2)	BROTHER-SISTER COMPANY

Forms **990 / 990-PF**

Other Notes and Loans Receivable

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

2007

Name

MILES MEMORIAL HOSPITAL

Employer Identification Number

01-0211796

Form 990, Part IV, Line 51a - Additional Information

	Name of borrower	Relationship to disqualified person
(1)	DR. MAINELLA	
(2)	DR. FEDER	
(3)	DR. ETZWEILER	
(4)	DR. CARR	
(5)	DR. RUSS	
(6)	DR. ROKAVEC	
(7)	DR. TRASK-EATON	
(8)	DR. KAPLAN	
(9)	DR. SANDICK	
(10)	DR. HUNOLD	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	10,000	4/20/07		DUE AT TERMINATION	8.000
(2)	10,000	8/12/05		DUE AT TERMINATION	8.000
(3)	10,000	11/17/06		DUE AT TERMINATION	8.000
(4)	10,000	11/17/06		DUE AT TERMINATION	8.000
(5)	10,000	9/07/07		DUE AT TERMINATION	8.000
(6)	10,000	11/26/06		DUE AT TERMINATION	8.000
(7)	10,000	1/12/07		DUE AT TERMINATION	8.000
(8)	10,000	8/24/07		DUE AT TERMINATION	8.000
(9)	10,000	8/24/07		DUE AT TERMINATION	8.000
(10)	10,000	8/10/07		DUE AT TERMINATION	8.000

	Security provided by borrower	Purpose of loan
(1)		RELOCATION & RECRUITMENT INCENTIVE
(2)		RELOCATION & RECRUITMENT INCENTIVE
(3)		RELOCATION & RECRUITMENT INCENTIVE
(4)		RELOCATION & RECRUITMENT INCENTIVE
(5)		RELOCATION & RECRUITMENT INCENTIVE
(6)		RELOCATION & RECRUITMENT INCENTIVE
(7)		RELOCATION & RECRUITMENT INCENTIVE
(8)		RELOCATION & RECRUITMENT INCENTIVE
(9)		RELOCATION & RECRUITMENT INCENTIVE
(10)		RELOCATION & RECRUITMENT INCENTIVE

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		4,167		
(2)		9,167		
(3)		833		
(4)		833		
(5)		8,392		
(6)		833	-9,167	
(7)		2,500		
(8)		6,667		
(9)		8,005	✓ 3,019	
(10)		8,333		
Totals		49,730	-6,148	

Forms **990 / 990-PF**

Other Notes and Loans Receivable

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

2007

Name

MILES MEMORIAL HOSPITAL

Employer Identification Number

01-0211796

Form 990, Part IV, Line 51a - Additional Information

	Name of borrower	Relationship to disqualified person
(1)	DR. FOX	
(2)	DR. WEISMAN	
(3)	DR. RUSS	
(4)	DR. HUNOLD	
(5)	DR. FOX	
(6)	DR. BHE	
(7)	DR. WEISMAN	
(8)	DR. RUEHSEN	
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	10,000	9/21/07		DUE AT TERMINATION	8.000
(2)	16,667	3/09/07		DUE AT TERMINATION	8.000
(3)	10,000	9/23/08		DUE AT TERMINATION	8.000
(4)	10,000	8/10/08		DUE AT TERMINATION	8.000
(5)	10,000	9/21/08		DUE AT TERMINATION	8.000
(6)	10,000	12/01/07		DUE AT TERMINATION	8.000
(7)	16,667	1/24/08		DUE AT TERMINATION	8.000
(8)	10,000	6/24/08		DUE AT TERMINATION	8.000
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		RELOCATION & RECRUITMENT INCENTIVE
(2)		RELOCATION & RECRUITMENT INCENTIVE
(3)		RELOCATION & RECRUITMENT INCENTIVE
(4)		RELOCATION & RECRUITMENT INCENTIVE
(5)		RELOCATION & RECRUITMENT INCENTIVE
(6)		RELOCATION & RECRUITMENT INCENTIVE
(7)		RELOCATION & RECRUITMENT INCENTIVE
(8)		RELOCATION & RECRUITMENT INCENTIVE
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		10,030		
(2)		10,607		
(3)			8,333	
(4)			8,333	
(5)			4,196	
(6)			5,455	
(7)			207	
(8)			8,333	
(9)				
(10)				
Totals		20,637	34,857	

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

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

2007

Name

MILES MEMORIAL HOSPITAL

Employer Identification Number

01-0211796

Form 990, Part IV, Line 64b - Additional Information

	Name of lender	Relationship to disqualified person
(1)	BANK OF AMERICA LEASING & CAPITAL	
(2)	THE FIRST, N.A.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	559,919	9/30/05	10/01/10	MTHLY P&I PMTS FOR 60 MTHS	4.940
(2)	300,000	6/20/08	6/20/13	MTHLY P&I PMTS FOR 60 MTHS	6.125
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	CT SCANNER	PURCHASE OF CT SCANNER
(2)		PURCHASE OF DIGITAL MAMMOGRAPHY
(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)		349,760	237,285
(2)			287,039
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		349,760	524,324

Tax-Exempt Bond Liabilities

Form **990**

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

2007

Name

MILES MEMORIAL HOSPITAL

Employer Identification Number

01-0211796

Form 990, Part IV, Line 64a - Additional Information

	Name of lender	Purpose of issue
(1)	MHHEFA SERIAL BONDS SERIES 2001D	CONSTRUCTION AND RENOVATION OF FAC.
(2)	MHHEFA REVENUE BONDS SERIES 1999A	REFINANCE SERIES 1991 REVENUE BONDS
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Issue date	Original amount of issue	Form 8038 filed: Y/N	Form 8038 filed: Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1)	11/15/01	3,865,000	N		7/01/31		
(2)	7/01/99	4,500,000	N		7/01/21		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

	Third party use percent	Maturity date	Repayment terms	Interest rate
(1)		7/01/31	29.5 YRS SEMI-ANNUAL PMTS	3.500
(2)		7/01/21	22 YEARS - ANNUAL PMTS	4.250
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

	Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1)		3,126,703	3,044,700
(2)		2,903,678	2,736,102
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		6,030,381	5,780,802

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

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
Publicly Traded Securities					$2,274,678	$1,671,926	$	$ 602,752
Total					$2,274,678	$1,671,926	$ 0	$ 602,752

Federal Statements

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

Description	Amount
Net Unrealized Gains on Investments	$-1,183,476
INTERCOMPANY TRANSFERS	194,694
INCREASE IN PERPETUAL TRUST	-743,306
Total	$-1,732,088

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	$	$	$
ARLENE WING-COMPENSATION			
Compensation	106,416	11,824	
ARLENE WING-EE BENEFITS			
Benefit Plan Contribution	14,288	1,588	
CYNTHIA LEAVITT-COMPENSATION			
Compensation	181,404	20,156	
CYNTHIA LEAVITT-EE BENEFITS			
Benefit Plan Contribution	17,921	1,991	
Total	$ 320,029	$ 35,559	$ 0

Statement 4 - Form 990, Part II, Line 25b - Compensation of Former Officers

Name	Program Services	Management & General	Fundraising
Expenses	$	$	$
RORY MALLOY-COMPENSATION			
Compensation	33,206	3,690	
Total	$ 33,206	$ 3,690	$ 0

Federal Statements

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	$	$	$	$
MISCELLANEOUS	1,065,998	1,044,294	21,704	
LICENSES & TAXES	109,436	84,638	24,798	
DUES & SUBSCRIPTIONS	95,035	22,610	72,425	
BAD DEBTS	3,312,035	3,312,035		
STATE TAXES	759,567	759,567		
ADVERTISING & MARKETING	55,267	28,383	26,884	
CONTRACTED LABOR	18,159,939	16,563,728	1,596,211	
PROFESSIONAL SERVICES	89,821	89,821		
INSURANCE	278,356	217,285	61,071	
Total	$23,925,454	$22,122,361	$ 1,803,093	$ 0

Federal Statements

Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	$	$	
MARKETABLE EQUITIES	1,985,134	1,714,847	Market
Corporate Bonds			
BONDS AND NOTES	485,683	368,840	Market
Total	$ 2,470,817	$ 2,083,687	

Statement 7 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
PERPETUAL TRUST	$ 3,829,846	$ 3,086,540	Market
Total	$ 3,829,846	$ 3,086,540	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDING & IMPROVEMENTS	$21,492,280	$ 9,203,900	$21,661,236	$ 9,799,749
EQUIPMENT	14,363,704	10,507,490	15,877,359	11,801,659
LEASEHOLD IMPROVEMENTS	632,527	395,085	638,700	430,187
CONSTRUCTION IN PROGRESS	19,883		124,055	
LAND	221,007		221,007	
Total	$36,729,401	$20,106,475	$38,522,357	$22,031,595

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEFERRED CHARGES & AMORTIZATION	$ 120,027	$ 115,436
DUE FROM THIRD PARTIES	23,467	19,378
REIMBURSEMENT OBLIGATIONS		1,460,000
CSV LIFE INSURANCE	334,817	247,040
DUE FROM AFFILIATES	20,299,928	138,405
OTHER	3,044	2,555
INVESTMENT IN LCHC		187,501
Total	$20,781,283	$ 2,170,315

Federal Statements

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
DUE TO AFFILIATES	$21,801,557	$ 4,836,936
DEFERRED COMPENSATION LIABILITY	331,818	244,040
REIMBURSEMENT OBLIGATIONS	1,065,429	769,169
MALPRACTICE INSURANCE	182,760	182,760
FN 47 ASSET RETIREMENT OBLIGATION	73,350	71,270
OTHER LIABILITIES	24,000	18,000
Total	$23,478,914	$ 6,122,175

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BROOKS BETTS 35 MILES STREET DAMARISCOTTA ME 04543	VP IS	15	0	0	0
JOHN BOWERS 35 MILES STREET DAMARISCOTTA ME 04543	VP OPERATION	37	0	0	0
JAMES DONOVAN 35 MILES STREET DAMARISCOTTA ME 04543	PRES/CEO	15	0	0	0
CYNTHIA LEAVITT 35 MILES STREET DAMARISCOTTA ME 04543	VP PAT. CARE	50	201,560	19,912	0
RUSSELL MACK, MD 35 MILES STREET DAMARISCOTTA ME 04543	VP MED AFF	50	0	0	0
JUDY MCGUIRE 35 MILES STREET DAMARISCOTTA ME 04543	VP ELDER SRV	20	0	0	0
LISA MCILWAIN 35 MILES STREET DAMARISCOTTA ME 04543	VP HR	15	0	0	0
STACEY MILLER 35 MILES STREET DAMARISCOTTA ME 04543	VP PHYS SRVS	50	0	0	0
WAYNE PRINTY 35 MILES STREET DAMARISCOTTA ME 04543	CFO	15	0	0	0

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SCOTT SHOTT 35 MILES STREET DAMARISCOTTA ME 04543	VP DVLPMNT	15	0	0	0
ARLENE WING 35 MILES STREET DAMARISCOTTA ME 04543	VP MHH/HOSPI	50	118,240	15,876	0
PETER BLANTON 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
RUTH ANN BRYANT 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
ALAN DAVIS 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
JACK DEXTER, JR. 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
MARK FOURRE, M.D. 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
JANET FOWLE, M.D. 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
DANIEL FRIEDLAND, M.D. 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOHN GERMAN, M.D. 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
THOMAS GREGG 35 MILES STREET DAMARISCOTTA ME 04543	TREASURER	2	0	0	0
NORMAN HOCHGRAF 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
JANE KENNEDY 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
PHILIP LATHROP 35 MILES STREET DAMARISCOTTA ME 04543	CHAIR	2	0	0	0
PATRICK LYDON 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
BARBARA MITCHELL 35 MILES STREET DAMARISCOTTA ME 04543	VICE CHAIR	2	0	0	0
JOHN PEACOCK 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
REPRESENTATIVE DAVID TRAHAN 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
EDWARD WHITE, M.D. 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	2	0	0	0
WILLIAM CARON 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	1	0	0	0
REVEREND DR. ROBERT GEORGE 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	1	0	0	0
PAMELA NICHOLS 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	1	0	0	0
DANIEL PYKETT 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	1	0	0	0
J. RICHARD SHAND 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	1	0	0	0
ANNE RUSSELL 35 MILES STREET DAMARISCOTTA ME 04543	TRUSTEE	1	0	0	0

Statement 12 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Related Organization Name1			Related Organization Name2		
	Organization EIN	Relationship	Compensation	Benefits	Expenses	Compensation Description
Judy McGuire		COVE'S EDGE, INC.				
	01-0382340	SISTER-BROTHER CO	210,110	21,707		COMP & BENEFITS
Brooks Betts		LINCOLN COUNTY HEALTH CARE, INC.				
	26-1475629	SEE STATEMENT 15	104,073	16,122		COMP & BENEFITS
James Donovan		LINCOLN COUNTY HEALTH CARE, INC.				
	26-1475629	SEE STATEMENT 15	252,300	40,328		COMP & BENEFITS
Wayne Printy		LINCOLN COUNTY HEALTH CARE, INC.				
	26-1475629	SEE STATEMENT 15	122,216	10,199		COMP & BENEFITS
John Bowers		MILES HEALTH CARE, INC.				
	01-0382339	SEE STATEMENT 15	137,956	10,789		COMP & BENEFITS
Lisa McIlwain		MILES HEALTH CARE, INC.				
	01-0382339	SEE STATEMENT 15	163,983	17,848		COMP & BENEFITS
Stacey Miller		MILES HEALTH CARE, INC.				
	01-0382339	SEE STATEMENT 15	148,635	17,577		COMP & BENEFITS
Scott Shott		MILES HEALTH CARE, INC.				
	01-0382339	SEE STATEMENT 15	124,479	16,200		COMP & BENEFITS
Russell Mack, M.D.		MILES MEDICAL GROUP, LLC				
	01-0530751	SEE STATEMENT 15	280,752	23,656		COMP & BENEFITS
Mark Fourre, M.D.		MILES MEDICAL GROUP, LLC				
	01-0530751	SEE STATEMENT 15	258,664	22,486		COMP & BENEFITS
Janet Fowle, M.D.		MILES MEDICAL GROUP, LLC				
	01-0530751	SEE STATEMENT 15	155,460	17,176		COMP & BENEFITS
Daniel Friedland, M.D.		MILES MEDICAL GROUP, LLC				
	01-0530751	SEE STATEMENT 15	134,646	16,718		COMP & BENEFITS
Edward White, M.D.		MILES MEDICAL GROUP, LLC				
	01-0530751	SEE STATEMENT 15	199,151	7,124		COMP & BENEFITS
William Caron		MAINEHEALTH				
	01-0431680	SEE STATEMENT 15	1,019,527	194,002		COMP & BENEFITS
Anne Russell		MILES HEALTH CARE, INC.				
	01-0382339	SEE STATEMENT 15	21,773	1,995		COMP & BENEFITS

Federal Statements

Statement 13 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

Name of related organization(s)	Type
MAINEHEALTH	Exempt
MILES HEALTH CARE, INC.	Exempt
COVE'S EDGE, INC.	Exempt
MILES MEDICAL GROUP, LLC	Exempt
LINCOLN COUNTY HEALTH CARE, INC.	Exempt
MILES PROPERTIES, INC.	Exempt

Statement 14 - Schedule A, Part VI-B - Description of Lobbying Activities

Description
PERCENTAGE OF ANNUAL DUES ALLOCATED TOWARDS LOBBYING EXPENSES: MAINE HOSPITAL ASSOCIATION: $4,745 AMERICAN HOSPITAL ASSOCATION: $3,021 HOME CARE & HOSPICE ALLIANCE OF MAINE: $284 TOTAL LOBBYING EXPENSES: $8,050

Miles Memorial Hospital
EIN # 01-0211796
9/30/08

Statement 15 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

For the period October 1, 2007 through September 30, 2008, Miles Memorial Hospital, Cove's Edge (EIN 01-0382340) and Miles Medical Group (EIN 01-0530751) were the wholly owned subsidiaries of Miles Health Care Inc. (EIN 01-0382339). Miles Medical Group files a consolidated return with Miles Health Care Inc. (MHC). Miles Memorial Hospital files a stand-alone return. Miles Health Care Inc. was the wholly owned subsidiary of MaineHealth (EIN 01-0431680) from October 1, 2007 through December 31, 2007.

Miles Health Care Inc. (EIN 01-0382339) became the wholly owned subsidiary of Lincoln County Health Care, Inc. (EIN 26-1475629) on January 1, 2008. Lincoln County Health Care, Inc. is the wholly owned subsidiary of MaineHealth.

Subsequent Information:

On December 31, 2008, Miles Health Care Inc. (MHC) was dissolved and ownership of Miles Memorial Hospital was transferred to MHC's parent company, Lincoln County Health Care, Inc.

Payee Name	Compensation Explanation	Relationship to Miles Memorial Hospital
Judy McGuire	All of this individual's compensation and benefits are paid by Cove's Edge, Inc. (CEI) (EIN 01-0382340), the subsidiary of Miles Health Care, Inc. Judy McGuire received salary of $210,110 and benefits of $21,707. CEI is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
Brooks Betts	All of this individual's compensation and benefits are paid by Lincoln County Health Care, Inc. (LCHC) (EIN 26-1475629), the parent company of Miles Health Care, Inc. Brooks Betts received salary of $104,073 and benefits of $16,122. LCHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
	St. Andrews Hospital (EIN 01-0153960)	Common Parent Company - LCHC
	Coves Edge, Inc. (EIN 01-0382340)	Common Parent Company - MHC
James Donovan	This individual's compensation and benefits were paid by Maine Medical Center (MMC) (EIN 01-0238552) until June 2008. From June 2008 through September 2008, this individual's compensation and benefits were paid by Lincoln County Health Care, Inc (LCHC) (EIN 26-1475629). James Donovan received salary of $184,219 and benefits of $35,053 from MMC and salary of $68,081 and benefits of $5,275 from LCHC. LCHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
	St. Andrews Hospital (EIN 01-0153960)	Common Parent Company - LCHC
	Coves Edge, Inc. (EIN 01-0382340)	Common Parent Company - MHC
Wayne Printy	All of this individual's compensation and benefits are paid by Lincoln County Health Care, Inc. (LCHC) (EIN 26-1475629), the parent company of Miles Health Care, Inc. Wayne Printy received salary of $122,216 and benefits of $10,199. LCHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
	St. Andrews Hospital (EIN 01-0153960)	Common Parent Company - LCHC
	Coves Edge, Inc. (EIN 01-0382340)	Common Parent Company - MHC

Miles Memorial Hospital
EIN # 01-0211796
9/30/08

Statement 15 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Compensation Explanation	Relationship to Miles Memorial Hospital
John Bowers	All of this individual's compensation and benefits are paid by Miles Health Care, Inc. (MHC) (EIN 01-0382339), the subsidiary of Lincoln County Health Care, Inc. John Bowers received salary of $137,956 and benefits of $10,789. MHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
	Coves Edge, Inc. (EIN 01-0382340)	Common Parent Company - MHC
Lisa McIlwain	All of this individual's compensation and benefits are paid by Miles Health Care, Inc. (MHC) (EIN 01-0382339), the subsidiary of Lincoln County Health Care, Inc. Lisa McIlwain received salary of $163,983 and benefits of $17,848. MHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
	Coves Edge, Inc. (EIN 01-0382340)	Common Parent Company - MHC
Stacey Miller	All of this individual's compensation and benefits are paid by Miles Health Care, Inc. (MHC) (EIN 01-0382339), the subsidiary of Lincoln County Health Care, Inc. Stacey Miller received salary of $148,635 and benefits of $17,577. MHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
Scott Shott	All of this individual's compensation and benefits are paid by Miles Health Care, Inc. (MHC) (EIN 01-0382339), the subsidiary of Lincoln County Health Care, Inc. Scott Shott received salary of $124,479 and benefits of $16,200. MHC is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
	Coves Edge, Inc. (EIN 01-0382340)	Common Parent Company - MHC
Russell Mack	All of this individual's compensation and benefits are paid by Miles Medical Group, LLC (MMG) (EIN 01-0530751), member of Miles Health Care, Inc. Russell Mack received salary of $280,752 and benefits of $23,656. MMG is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
Mark Fourre	All of this individual's compensation and benefits are paid by Miles Medical Group, LLC (MMG) (EIN 01-0530751), member of Miles Health Care, Inc. Mark Fourre received salary of $258,664 and benefits of $22,486. MMG is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
Janet Fowle	All of this individual's compensation and benefits are paid by Miles Medical Group, LLC (MMG) (EIN 01-0530751), member of Miles Health Care, Inc. Janet Fowle received salary of $155,460 and benefits of $17,176. MMG is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization

Miles Memorial Hospital
EIN # 01-0211796
9/30/08

Statement 15 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Compensation Explanation	Relationship to Miles Memorial Hospital
Daniel Friedland, MD	All of this individual's compensation and benefits are paid by Miles Medical Group, LLC (MMG) (EIN 01-0530751), member of Miles Health Care, Inc. Daniel Friedland received salary of $134,646 and benefits of $16,718. MMG is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
Edward White	All of this individual's compensation and benefits are paid by Miles Medical Group, LLC (MMG) (EIN 01-0530751), member of Miles Health Care, Inc. Edward White received salary of $199,151 and benefits of $7,124. MMG is reimbursed for a portion of the compensation for this individual from the following related exempt organizations:	
	Miles Memorial Hospital (EIN 01-0211796)	Filing Organization
William Caron	All of this individual's compensation and benefits are paid by MaineHealth (EIN 01-0431680), parent of Miles Health Care, Inc. William Caron received salary of $1,019,527 and benefits of $194,002.	
Anne Russell	All of this individual's compensation and benefits are paid by Miles Health Care, Inc. (EIN 01-0382339), parent of Miles Memorial Hospital. Anne Russell received salary of $21,773 and benefits of $1,995 for the three months that she served on MHC's Board.	

Miles Memorial Hospital
Page 3, Part III - Statement of Program Service Accomplishments
September 30, 2008 EIN 01-0211796

Statistics for the Year Ending September 30, 2008

Patient Days:

Adults	7,474
Nursery	443
Total	7,917

Admissions:

Adults	1,745
Nursery	195
Total	1,940

Department	Amount	Statistic
Surgical Services	2,028	Procedures
Cardiopulmonary	29,982	Procedures
Lab	153,352	Procedures
Diagnostic Imaging	35,964	Procedures
ASU	3,931	Visits
Cardiopulmonary	5,180	Visits
Diabetes Education	528	Visits
Diagnostic Imaging	15,903	Visits
Emergency Department	12,843	Visits
Lab	35,929	Visits
Mammography	3,281	Visits
Medical Nutrition	314	Visits
Nuclear Medicine	459	Visits
OB Outpatient	520	Visits
Occupational Therapy	1,868	Visits
Physical Therapy	8,078	Visits
Speech Therapy	411	Visits
Home Health	24,676	Visits

Lincoln County Health Care, Inc. – FY08 Community Benefits

I. Why create a Community Benefits report?

Lincoln County Health Care, Inc.'s (LCH) day-to-day operations as a tax-exempt organization include many system-wide initiatives to provide inpatient, outpatient, chronic and acute health care services to the people of Lincoln County, Maine. With these programs, LCH hopes to fill existing local gaps, while making a positive impact in the communities we serve. This report will summarize Lincoln County Health Care Inc.'s community benefits efforts over the last year. The final section (VII) 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

Lincoln County Health Care, Inc., dba Lincoln County Healthcare, is the parent company for Miles Health Care, Inc. and its subsidiaries Miles Memorial Hospital, Inc., Cove's Edge, Inc., and Miles Medical Group, LLC; and St. Andrews Hospital, Inc.:

In the Damariscotta Region: Miles Health Care includes: Miles Memorial Hospital, a 38-bed community hospital; Miles Home Health and Hospice; Miles Medical Group, an employer of physicians and mid-level staff providing those professions to the physician practices of Miles Memorial Hospital; Cove's Edge, a skilled rehabilitation and long-term care facility; Chase Point, an assisted living facility which includes a residential and adult day care program for people living with Alzheimer's and related dementia.

In Boothbay Harbor: St. Andrews Hospital and Healthcare Center, a 25-bed Critical Access Hospital; St. Andrews Village Community, which includes assisted living, independent living, Alzheimer's care, adult day services, and long-term nursing care; the Family Care Center; a multi-specialty medical arts facility; and St. Andrews Home Health.

Our hospitals provide a broad array of primary health care services to our region including: Emergency medicine, acute and swing inpatient care; laboratory, diagnostic imaging, and orthopedic surgery and general surgical services; a Palliative Care program; Social Services; Rehabilitation Services including physical therapy, occupational therapy, speech and language therapy, plus outpatient cardiac and pulmonary rehabilitation and outpatient oncology programs at St. Andrews, and obstetric care at Miles Memorial Hospital.

Lincoln County Healthcare's mission is to ensure access to high-quality, patient-centered and affordable health care to the people of our region. As renowned rural healthcare centers, St. Andrews' and Miles' primary focus is patient care, comfort, and safety provided by a personable, professional staff, utilizing the finest technology and equipment. We are active members of the MaineHealth® Family of healthcare providers and function in collaboration with other member organizations throughout southern, western, and central Maine.

The Lincoln County Healthcare Leadership Team, under the governance of a Board of Trustees, is responsible for the coordination, quality and efficiency of care provided.

III. Community Needs Assessment

The Board of Trustees is made up of a diverse set of community members. The Board requires a thorough Community Needs Assessment on behalf of the organization, and directs the organization to analyze and respond to the current needs assessment. Lincoln County Healthcare and its subsidiaries also participate 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, Lincoln County Healthcare also 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 Lincoln County Healthcare Community Programs and Other Support

Subsidized Health Services

- Lincoln Academy School-Based Health Clinic – Miles Medical Group provides a mid-level clinician for the clinic at no charge. Miles Health Care provides medical supplies at no charge.
- Miles Home Health Foot Clinic -- offered at a reduced rate.
- Mammography Clinic -- offered once a year at a subsidized fee
- Breast Health Case Management -- these services are offered free of charge
- Weekly blood pressure screening clinic -- offered at no charge.
- Hepatitis B vaccination program, TB Testing, and blood-borne pathogen and exposure testing -- for health care volunteers at no charge
- Skin Cancer Screening /Education -- American Cancer Society "No Sun for Babies" Program. Free of charge
- Subsidized Community Physician Services -- Lincoln County has few private practice physicians. In order to ensure access to primary care and certain specialty care physicians, Lincoln County Healthcare employs physicians and provides their services through its hospital based practices at St. Andrews Hospital and Miles Memorial Hospital. Services include: Family Medicine, General Surgery, Orthopedic Surgery, Pediatrics, Internal Medicine, Obstetrics and Gynecology. Services are provided without regard to ability to pay. Given the demographics of Lincoln County, these services – although critical – are not self-sufficient.
- School Health Center: St. Andrews practitioners provide discounted healthcare services to the students of the Boothbay Region School District.
- Maine Breast and Cervical Health Program: reduced fees services for women.

Community Health Services

- Hospice Volunteer Training -- seminars offered in the spring and fall (40 hour course) Free of charge. 24 participants.
- Monthly Alzheimer's Support Group -- Provided for free to the community
- Free Bi-Weekly Grief Support Group -- Provided to anyone in the community who has suffered a recent loss.
- Weekly Telephone Grief Support & Referral Service -- Provided through Miles Home Health & Hospice.
- Remembrance Gathering -- Memorial Service Sponsored by MHHH 25 participants
- Childbirth Classes offered through the Obstetrics Unit at Miles at a subsidized cost
- Physician referral answering service and physician referral guide -- mailed to all residents of Lincoln County at no charge.
- Local Speaker's Bureau -- Staff provided health-related presentations for nonprofit and service organizations.
- Provide class space for Emergency Medical Technician Training (no charge)
- Provide C.P.R. courses to local nonprofit agencies at a minimal cost
- Provide Infant and Child CPR classes and course materials for parents and family members at no charge
- Miles Memorial Hospital Emergency Department is a clinical site for Emergency Medical Technician Training.
- Miles Memorial Hospital Laboratory provides clinical training to EMTs.
- Flu Clinic: St. Andrews provides staff to administer influenza vaccine.
- Memory screenings: held annually in conjunction with the Alzheimer's Foundation of America
- Matter of Balance: a fall prevention program targeted to seniors hosted by St. Andrews Village in partnership with the Boothbay YMCA.
- Blood Pressure Screenings
- Nutritional Counseling Services
- Dental Hygiene Program: offered through the Family Care Center and the School Health Center.

Community-building activities

- Lincoln County Healthy Maine Partnership -- As a co-sponsor for this organization, Miles co-develops, provides funding and staffing, and implements a winter community health event each year. Miles staff participate on their Advisory Group and on various committees
- Lincoln Academy/Wiscasset High School, JMG -- The J.M.G. (Jobs for Maine's Graduates) program offers classes to sophomores, juniors, and seniors, as well as follow-up work with post-graduates that focus on appropriate attitudes and skills for the transition from high school to the workplace. Miles volunteer program provides opportunities to develop job skills
- Youth Promise -- The Mentor Assisted Community Service Program was developed to help juvenile offenders who, left on their own, would be unable to fulfill their court required community service commitment. Placed as volunteers for community service hours.

- Sweetser -- Sweetser's adult community-based services provide support and resources for individuals with behavioral and mental health needs who are eligible for services under state guidelines, to assist them in remaining in the community of their choice. These individuals are placed in volunteer positions at LCH, and LCH staff work with these individuals to assist them in developing job skills.
- ASPIRE/ TANF: Maine's Welfare Program -- The TANF Program provides cash assistance; employment, training and education opportunities; and work supports, such as childcare, to low-income parents with children. Most parents receiving TANF are required to participate in a work activity for 30 hours per week. Failure to participate results in a loss of benefits to the family. Parents are placed as volunteers for 30 hours a week at Miles.
- Senior Community Service Employment Program -- The goals are the enhancement of employment opportunities for older Americans and the promotion of older workers as a solution for businesses seeking a trained, qualified, and reliable workforce. The strategy is to utilize a service approach that can respond quickly and effectively to the changing needs of business.
- High School Job Fairs and Career Days -- Human Resources and various departments at Miles go to area high schools presenting health care career opportunities and provide job interview training and other job-seeking skills.
- Participate and support disaster preparedness in community.
- Lincoln County Physician Guide: provided to communities
- Meals On Wheels
- Friends in Service Helping (FISH): In partnership with FISH, St. Andrews Village coordinates scheduling of drivers.
- Domestic Abuse Prevention Council: partnership with community groups/individuals to address domestic violence

Charitable Giving

- Host and sponsor of the American Cancer Society Making Strides against Breast Cancer - provides volunteer leadership, meeting facilities, and is a sponsor for this event.
- Host and sponsor of the American Cancer Society Daffodil Days.
- Healthy Kids (Child Abuse and Neglect Council of Lincoln County) -- Miles Health Care is a Corporate Sponsor of the programs "Strawberry Shuffle" fundraiser.
- American Diabetes Association -- Miles Medical Group in Wiscasset actively raises funds in support of diabetes research and participates in the "Walk with your Doc Event."
- Salvation Army, Holiday Wish Tags in Lincoln County -- Provide volunteers and leadership to collect toys/gifts throughout Lincoln County Healthcare for area needy families.
- Food Donations -- The Dietary Departments donates extra food to Meals-on-Wheels, the local food pantry and the Salvation Army.
- Skidompha Summer Reading Program -- Miles sponsors this local Children's literacy program.
- Support of the Boothbay Region Ambulance Service: providing the Medical Director, supplies and pharmaceuticals.
- Donation of medical supplies for local and overseas missions

Health Professions Education

Internships – Lincoln County Health Care provides internship opportunities for nursing, social services, and resident physicians who are completing their rural rotations.
CNA Training – Provided three 12-week CNA classes at no charge to students
ED Training for EMS personnel – 4 reviews and in-services in trauma care for 20 E.M.S. personnel. EMS EKG course 12 students.
Miles Professional Development Program – Miles provided scholarships and continuing education opportunities to its employees and members of the community
Nursing School Clinical Placements – provide 3 to 12 week clinical placements for nursing school students in long-term care and in the hospital
Job Shadow Experience – provide half-day to day-long experiences to community members and high school students interested in pursuing a health care career.
Certified Residential Medication Aide Full Certification – provide this 40-hour course and the re-certification course at a reduced rate to community members and area assisted living facilities.
Personal Support Specialist – provide this 50-hour course at a reduced rate to community members.
The Lincoln County Healthcare Education Center is a collaborative effort of Central Maine Community College and Lincoln County Healthcare. The new school, the first college degree program in Lincoln County, opened in September 2008 to eight students. Next year, eight more students will begin classes. First year students have the option to earn a Licensed Practical Nursing (LPN) within a year and will have a five year grace period to complete the requirements for the RN credential, should they choose, or continue on for a second year to become a Registered Nurse. The program collaboratively works with colleges, clinical departments of the hospital, long term care facilities, MaineHealth, Lincoln Academy, and local businesses. Students receive classroom training at Central Maine Community College and in classrooms at the Lincoln County Healthcare Education Center located at 66A Chapman Street, in Damariscotta. An agreement with Lincoln Academy will allow students to use their labs for a percentage of their work. Clinical training will be at Miles Memorial Hospital, St. Andrews Hospital, and at our long-term facilities in both communities. Lincoln County Healthcare provides administration services, clinical training, equipment, supplies, technical support, and two full scholarships to the school.

Lincoln County Healthcare's Aggregate "Net Community Benefit Investment" = $ 5,113,115 *

* In addition to the aforementioned programs, Lincoln County Health Care, Inc. 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

Lincoln County Healthcare charges all patients the same price for the same services, regardless of payor source. Individuals are not required to pay or make arrangements to pay prior to the services being provided. On average, the first bill is sent to a patient 7-10 days after services are provided. After that initial billing date, the patient has 30 days to pay for those services. Before collection action is taken, three notices must be sent to patients informing them of their lack of proper payments and continued attempts 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, LCH 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 120 days. MaineHealth hospitals may pursue legal action for collecting an outstanding bill only with prior Board approval. The LCH Board has not voted to pursue such legal action in the past several years. Member organizations offering long-term and residential care services have, from time to time, taken legal action to collect amounts due from patients or residents who are not covered under the MaineCare program and have the sufficient resources to pay for the services they received.

VI. Charity Care Policies

Charity Care

Lincoln County Healthcare'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 after they have already been billed. In addition to monitoring collection practices, copies of the charity care policy are made available to patients at the main entrance and with bill/collection notices. The organization uses simple application procedures for charity care or financial assistance that do not intimidate or confuse applicants. LCH's employees who work in billing, and accounts receivable distribute applications, and actively encourage patients to contact our financial counselor as needed. All patient financial records are completely confidential.

NOTICE OF AVAILABILITY OF UNCOMPENSATED SERVICES

Miles Memorial Hospital and St. Andrews Hospital are required by law to give a reasonable amount of its services without charge to eligible persons who can not afford to pay for care. To be eligible to receive uncompensated service, your family income must be at or below the following levels:

	100% write off	**75% write off**	**50% write off**
1	0 – $17,868	up to $20,240	up to $22,973
2	0 - $23,958	up to $27,380	up to $30,803
3	0 - $30,048	up to $34,340	up to $38,633
4	0 - $36,138	up to $41,300	up to $46,463
5	0 - $42,228	up to $48,260	up to $54,293
6	0 - $48,318	up to $55,220	up to $62,123
7	0 - $54,408	up to $62,180	up to $69,953
8	0 - $60,498	up to $69,140	up to $77,783

VII. Good Governance and Executive Compensation Policies

Good Governance

LCH has a Board of 20 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 12 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 LCH do not receive loans on behalf of the organization. The organization ensures that a substantial part of its activities do 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 yearly 990s and audited financial statements, the Board of Trustees must also have 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

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 LCH 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 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 (her/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 LCH's revenues or other similar profit-sharing strategies.

VIII. Aggregate Financial Data

Lincoln County Healthcare's Community Benefit Summary ***

1. Charity care (at cost)	$ 1,046,985
2. Bad debt (at cost)	$ 1,178,913
3. Government-sponsored health care (shortfall) - Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs	$ 17,077,816
4. Net Community Benefit Investment Programs (net expense), e.g.	$ 5,113,115
Total Value of Quantifiable Benefits Provided to the Community	**$24,416,829**

*** **Form created based on AHA guidelines**

Miles Memorial Hospital **EIN #01-0211796**
Form 990 – Additional Worksheet
FYE 9/30/08

Form 990, Part II, 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.