

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization YORK HOSPITAL Number and street (or P.O. box if mail is not delivered to street address) Room/suite 15 HOSPITAL DRIVE City or town, state or country, and ZIP + 4 YORK, ME 03909	D Employer identification number 01-0212444 E Telephone number (207) 363-4321 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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G Website: ▶ **WWW.YORKHOSPITAL.COM**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **255,710,788.**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

	1 Contributions, gifts, grants, and similar amounts received:				
Revenue	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,040,244.		
	c Indirect public support (not included on line 1a)	1c	108,415.		
	d Government contributions (grants) (not included on line 1a)	1d	556,290.		
	e Total (add lines 1a through 1d) (cash \$ <u>1,648,663.</u> noncash \$ <u>56,286.</u>)	1e		1,704,949.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		240,425,574.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		91,390.	
	5 Dividends and interest from securities	5		754,816.	
	6 a Gross rents	6a	208,606.		
	b Less: rental expenses	6b			
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		208,606.	
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
		8a	10,889,318.		
	(B) Other	8b			
		8b	470,087.		
b Less: cost or other basis and sales expenses	8c	-1,456,802.			
c Gain or (loss) (attach schedule)	8c		-470,087.		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		-1,926,889.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ <u>45,375.</u> of contributions reported on line 1b)	9a	44,877.			
b Less: direct expenses other than fundraising expenses	9b	38,157.			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		6,720.		
10 a 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		1,591,258.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		242,856,424.		
Expenses	13 Program services (from line 44, column (B))	13		233,380,970.	
	14 Management and general (from line 44, column (C))	14		10,455,529.	
	15 Fundraising (from line 44, column (D))	15		152,451.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		243,988,950.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-1,132,526.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		58,285,537.	
	20 Other changes in net assets or fund balances (attach explanation)	20		-4,184,524.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		52,968,487.	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				STATEMENT 7
22b Other grants and allocations (attach schedule) (cash \$ 101191 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	101,191.	101,191.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	1,952,555.	1,808,158.	144,397.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	443,844.	443,844.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	52,282,729.	49,825,437.	2,457,292.	
27 Pension plan contributions not included on lines 25a, b, and c	3,472,637.	3,309,108.	163,529.	
28 Employee benefits not included on lines 25a - 27	9,470,089.	9,023,979.	446,110.	
29 Payroll taxes	3,658,285.	3,484,555.	173,730.	
30 Professional fundraising fees				
31 Accounting fees	251,921.	100,768.	151,153.	
32 Legal fees	50,439.		50,439.	
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy	1,797,582.	1,527,945.	269,637.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	1,044,876.	940,388.	104,488.	
42 Depreciation, depletion, etc. (attach schedule)	5,569,237.	4,585,965.	983,272.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	163893565.	158229632.	5,511,482.	152,451.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	243,988,950.	233,380,970.	10,455,529.	152,451.

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

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

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

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

What is the organization's primary exempt purpose? 	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p style="text-align: center;">COMMUNITY HOSPITAL</p> <p>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.)</p>	
<p>a SEE STATEMENT 8</p>	
<p>(Grants and allocations \$ 101,191.) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	233,380,970.
<p>b</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>c</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>d</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) </p>	233,380,970.

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	39,324.	45	2,890.	
	46 Savings and temporary cash investments	3,845,712.	46	3,481,060.	
	47 a Accounts receivable	18,923,166.			
	b Less: allowance for doubtful accounts	4,384,000.	13,157,000.	47c	14,539,166.
	48 a Pledges receivable	360,000.			
	b Less: allowance for doubtful accounts			48c	360,000.
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use	3,260,888.	52		3,570,052.
	53 Prepaid expenses and deferred charges	710,088.	53		879,271.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	33,776,914.	54a		28,686,700.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment: basis STMT 9					
b Less: accumulated depreciation			55c		
56 Investments - other SEE STATEMENT 11	1,461,878.	56		1,351,133.	
57 a Land, buildings, and equipment: basis	84,869,975.				
b Less: accumulated depreciation STMT 12	44,211,102.	40,474,095.	57c	40,658,873.	
58 Other assets, including program-related investments (describe SEE STATEMENT 13)	849,320.	58		5,348,349.	
59 Total assets (must equal line 74). Add lines 45 through 58	97,575,219.	59		98,877,494.	
Liabilities	60 Accounts payable and accrued expenses	11,480,166.	60	13,162,569.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities STMT 14	16,946,201.	64a		17,834,961.
	b Mortgages and other notes payable STMT 15	3,451,977.	64b		3,369,557.
	65 Other liabilities (describe SEE STATEMENT 16)	7,411,338.	65		11,541,920.
66 Total liabilities. Add lines 60 through 65	39,289,682.	66		45,909,007.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	49,972,183.	67	45,344,973.	
	68 Temporarily restricted	5,674,361.	68	5,189,899.	
	69 Permanently restricted	2,638,993.	69	2,433,615.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	58,285,537.	73		52,968,487.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	97,575,219.	74		98,877,494.

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

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 27		
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.		
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
ROBERTA SULLIVAN 15 HOSPITAL DRIVE YORK, ME 03909	0.	57,199.	6,261.	0.
MARY ELLEN BARRON 15 HOSPITAL DRIVE YORK, ME 03909	0.	74,220.	10,040.	0.
BRIAN COLLINS, DO 15 HOSPITAL DRIVE YORK, ME 03909	0.	253,767.	42,357.	0.

Part VI Other Information (See the instructions.)

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?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	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
80 a	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 YORK HEALTH SERVICES and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	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
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 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?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.; section 4955 \blacktriangleright 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed \blacktriangleright NONE		
90 b	Number of employees employed in the pay period that includes March 12, 2007		829
91 a	The books are in care of \blacktriangleright ROBIN LABONTE, CFO Telephone no. \blacktriangleright (207) 363-4321 Located at \blacktriangleright 15 HOSPITAL DRIVE, YORK, ME ZIP + 4 \blacktriangleright 03909		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued) Yes No

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

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PATIENT SERVICE REVENUE	446110	1,252,752.			122,243,865.
b	621500	1,880,130.			
c					
d					
e					
f Medicare/Medicaid payments					115,048,827.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	91,390.	
96 Dividends and interest from securities			14	754,816.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					208,606.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,926,889.	
101 Net income or (loss) from special events			01	6,720.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 22		31,107.			1,560,151.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		3,163,989.		-1,073,963.	239,061,449.
105 Total (add line 104, columns (B), (D), and (E))					241,151,475.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93,	PROVISION OF PATIENT SERVICES AND CARE IS THE PRIMARY PURPOSE
97 &	OF YORK HOSPITAL AS STATED IN ITS GOVERNING DOCUMENTS.
103	

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

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

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

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

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

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here

Signature of officer: ROBIN LABONTE, CFO Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Robin Labonte Date: 02.05.09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BAKER NEWMAN & NOYES
P.O. BOX 507
PORTLAND, ME 04112

EIN: _____ Phone no.: (207) 879-2100

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

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

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

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

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

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

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

Type or print	Name of Exempt Organization YORK HOSPITAL	Employer identification number 01-0212444
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 15 HOSPITAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YORK, ME 03909	

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

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

- The books are in the care of ▶ **ROBIN LABONTE**
Telephone No. ▶ **(207) 363-4321** FAX No. ▶ **(207) 351-2477**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization YORK HOSPITAL	Employer identification number 01 0212444
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFFREY THURLOW 15 HOSPITAL DR, YORK, ME 03909	SURGEON 40.00	600,987.	29,077.	0.
NINA EDWARDS 15 HOSPITAL DR, YORK, ME 03909	SURGEON 40.00	438,556.	30,048.	0.
JEFFREY LOCKHART, MD 15 HOSPITAL DR, YORK, ME 03909	ANESTHESIOLOGIST 40.00	427,382.	35,155.	0.
JOHN LIDDY, MD 15 HOSPITAL DR, YORK, ME 03909	ANESTHESIOLOGIST 40.00	387,020.	31,906.	0.
PHILIP ANDERSON 15 HOSPITAL DR, YORK, ME 03909	SURGEON 40.00	385,136.	55,727.	0.
Total number of other employees paid over \$50,000	▶ 334			

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
SEACOAST CARDIOLOGY ASSOCIATES 12 HOSPITAL DR, YORK, ME 03909	PHYSICIAN FEES	840,781.
DAVID POPLAWSKI 15 HOSPITAL DR, YORK, ME 03909	PHYSICIAN COVERAGE	487,734.
WEBHANNET INTERNAL MEDICINE 277 POST RD, PO BOX 496, MOODY, ME 04054	PHYSICIAN	446,155.
LAVALLEE BRESINGER ARCHITECTS 155 DOW ST, SUITE 400, MANCHESTER, NH 03101	ARCHITECT	354,376.
SAGENT HEALTHSTAFF PO BOX 55553, BOSTON, MA 02205	LOCUM TENUMS SERVICE	305,621.
Total number of others receiving over \$50,000 for professional services	▶ 24	

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
QUEST DIAGNOSTIC 415 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	LAB SERVICES	617,561.
TUCKER ASSOCIATES PO BOX 493, RYE, NH 03870	CONSTRUCTION	584,022.
EBPA/CBA PO BOX 2365, SO. BURLINGTON, VT 05407-2365	HEALTH INSURANCE ADMINISTER	369,681.
KLEEN, INC. 1 FOUNDRY ST, LEBANON, NH 03766	LAUNDRY SERVICES	253,405.
JOHNSON CONTROLS PO BOX 905240, CHARLOTTE, NC 28290-5240	HVAC SYSTEMS	252,600.
Total number of other contractors receiving over \$50,000 for other services	▶ 11	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>9,352.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. VI-B, LINE I	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 31	X	
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

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

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

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

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

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

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

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

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

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

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

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

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		9,352.
i Total lobbying expenditures (Add lines c through h.)			9,352.

SEE STATEMENT 32

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

YORK HOSPITAL

Employer identification number

01-0212444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

YORK HOSPITAL

01-0212444

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 20,688.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 72,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 82,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YORK HOSPITAL

01-0212444

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 35,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 35,598.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YORK HOSPITAL

01-0212444

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 556,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 69,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YORK HOSPITAL

01-0212444

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 39,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 6,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YORK HOSPITAL

01-0212444

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YORK HOSPITAL	Employer identification number 01-0212444
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SECURITIES _____ _____ _____	\$ 20,688.	12/06/07
12	SECURITIES _____ _____ _____	\$ 35,598.	11/28/07
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
MEDICAL OFFICES	1	208,606.
TOTAL TO FORM 990, PART I, LINE 6A		208,606.

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	10,889,318.	12,346,120.	0.	-1,456,802.
TO FORM 990, PART I, LINE 8	10,889,318.	12,346,120.	0.	-1,456,802.

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

DESCRIPTION	DATE	DATE	METHOD		
	ACQUIRED	SOLD	ACQUIRED		
FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
DISPOSAL	0.	470,087.	0.	0.	-470,087.
TO FM 990, PART I, LN 8		470,087.	0.	0.	-470,087.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
LIGHT TO LIGHT	15,450.	10,700.	4,750.	4,260.	490.
5K ROAD RACE	8,235.	4,200.	4,035.	3,198.	837.
GOLF TOURNAMENT	40,660.	21,025.	19,635.	14,909.	4,726.
STRIPER TOURNAMENT	25,907.	9,450.	16,457.	15,790.	667.
TO FM 990, PART I, LINE 9	90,252.	45,375.	44,877.	38,157.	6,720.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	-1,771,158.
ADJUSTMENTS TO LONG-TERM PENSION OBLIGATIONS	-2,413,366.
TOTAL TO FORM 990, PART I, LINE 20	-4,184,524.

FORM 990

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADULT HEALTH WOMEN, CHILDREN, FAMILY CARE	2,624,634.	2,624,634.		
HEART HEALTH	202,202.	202,202.		
DIAGNOSTIC CARE	6,411,535.	6,411,535.		
ONCOLOGY	3,905,686.	3,905,686.		
SURGERY & SPECIAL PROCEDURES	2,153,228.	2,153,228.		
EMERGENCY CARE	7,563,474.	7,563,474.		
REHABILITATIVE CARE	835,229.	835,229.		
PHYSICIAN PRACTICES	421,720.	421,720.		
MEDICAL STAFF CARE	2,790,183.	2,790,183.		
PATIENT QUALITY & SAFETY	174,522.	174,522.		
PHARMACEUTICAL CARE	114,785.	114,785.		
GUEST SERVICES	5,136,343.	5,136,343.		
WELLS REGIONAL MEDICAL FACILITY	2,035,490.	2,035,490.		
BERWICK MEDICAL SERVICES	2,876,616.	2,876,616.		
SOUTH BERWICK MEDICAL SERVICES	1,151,240.	1,151,240.		
KITTERY	949,530.	949,530.		
COMMUNITY HEALTH PROMOTION	477,018.	477,018.		
FINANCIAL & ADMINISTRATIVE SERVICES	399,479.	399,479.		
PROVISION FOR BAD DEBT	5,591,364.		5,438,913.	152,451.
3RD-PARTY CONTRACTUAL ADJUSTMENTS	4,834,751.	4,834,751.		
PROVISION FOR CHARITY CARE	104,741,855.	104,741,855.		
AMORTIZATION	4,944,245.	4,944,245.		
HEALTH CARE PROVIDER TAX	37,507.		37,507.	
WORKERS' COMPENSATION	1,778,507.	1,778,507.		
OTHER	738,304.	703,242.	35,062.	
LOSS ON EXTINGUISHMENT OF DEBT	441,561.	441,561.		
TOTAL TO FM 990, LN 43	562,557.	562,557.		
	163,893,565.	158,229,632.	5,511,482.	152,451.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS SCHOLARSHIPS TO APPROXIMATELY 57 EMPLOYEES WORKING TOWARD A NURSING DEGREE 15 HOSPITAL DRIVE YORK, ME 03909	EMPLOYER/EMPLOYEE	101,191.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		101,191.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

YORK HOSPITAL IS A NOT-FOR-PROFIT HEALTH CARE CENTER ESTABLISHED TO PROVIDE HEALTH CARE SERVICES TO THE YORK COUNTY AREA. IT OFFERS BOTH INPATIENT AND OUTPATIENT ACUTE SERVICES AND HAS 79 LICENSED ACUTE BEDS AND 13 LICENSED SKILLED NURSING CARE BEDS. THE HOSPITAL HAS OUTPATIENT SATELLITE SERVICES IN WELLS, KITTERY, BERWICK AND SOUTH BERWICK.

IT IS THE MISSION OF THE HOSPITAL TO PROVIDE EXCEPTIONAL CARE TO ALL ITS PATIENTS. THIS IS ACCOMPLISHED BY BEING COMPASSIONATE, PROMPT AND FOCUSED ON THE INDIVIDUAL'S NEEDS AND DESIRES. THE HOSPITAL AND MEDICAL STAFF WORK AS ONE TO SERVE OUR PATIENTS. EACH STAFF MEMBER'S CONTRIBUTIONS ARE EQUALLY IMPORTANT.

THE HOSPITAL IS RESPONSIBLE TO ITS COMMUNITY. WE MUST LISTEN AND RESPOND. WE MUST BE INNOVATIVE, OUR COSTS FAIR AND OUR SERVICES OFFERED TO ALL. NO PERSON SHALL BE DENIED MEDICALLY NECESSARY SERVICES REGARDLESS OF THEIR ABILITY TO PAY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	101,191.	233,380,970.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS MARKETABLE SECURITIES	FMV		1,771,176.		1,771,176.
MUTUAL FUNDS	FMV	16128572.			16128572.
MORTGAGE-BACKED SECURITIES	FMV			3,876,434.	3,876,434.
	FMV			1,952,570.	1,952,570.
TO FORM 990, LINE 54A, COL B		16128572.	1,771,176.	5,829,004.	23728752.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 10
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOV'T OBLIGATIONS	FMV	3,924,429.		3,924,429.
MUNICIPAL BONDS	FMV		1,033,519.	1,033,519.
TOTAL TO FORM 990, LINE 54A, COL B		3,924,429.	1,033,519.	4,957,948.

FORM 990	OTHER INVESTMENTS	STATEMENT 11
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DESCRIPTION	VALUATION METHOD	AMOUNT
OTHER INVESTMENTS	MARKET VALUE	1,351,133.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,351,133.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 12
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND & IMPROVEMENTS	7,410,246.	2,382,097.	5,028,149.
BUILDINGS	37,925,116.	14,930,819.	22,994,297.
EQUIPMENT	36,682,910.	26,898,186.	9,784,724.
CONSTRUCTION IN PROGRESS	2,851,703.	0.	2,851,703.
TOTAL TO FORM 990, PART IV, LN 57		44,211,102.	40,658,873.

FORM 990	OTHER ASSETS	STATEMENT 13
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
UNAMORTIZED BOND COSTS	262,495.	262,600.
OTHER RECEIVABLES	536,298.	985,749.
ESTIMATED 3RD-PARTY PAYOR SETTLEMENTS	50,527.	4,100,000.
TOTAL TO FORM 990, PART IV, LINE 58		5,348,349.

FORM 990

TAX-EXEMPT BOND LIABILITIES OUTSTANDING

STATEMENT 14

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 2006F

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	1,864,748.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 2004B

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	1,571,659.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 2003C

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	646,682.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 2001D

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	857,048.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 2008B

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	1,544,879.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 2007A

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	6,886,112.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 1999A

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	1,686,151.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 1998A

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	1,822,682.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, YORK HOSPITAL ISSUE, SERIES 1993D

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	955,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 17,834,961.

FORM 990 MORTGAGES PAYABLE STATEMENT 15

DESCRIPTION	BALANCE DUE
CONSTRUCTION LOAN	1,357,460.
CONSTRUCTION LOAN	2,012,097.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	3,369,557.

FORM 990 OTHER LIABILITIES STATEMENT 16

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ASSETS HELD ON BEHALF OF THIRD PARTY	886,174.	780,760.
PENSION OBLIGATION	6,525,164.	9,082,577.
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS		1,678,583.
TOTAL TO FORM 990, PART IV, LINE 65	7,411,338.	11,541,920.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 17

DESCRIPTION	AMOUNT
LOSSES REPORTED ON PART I, LINE 20	1,928,818.
SPECIAL EVENTS EXPENSES	38,157.
TOTAL TO FORM 990, PART IV-A	1,966,975.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	18
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DESCRIPTION	AMOUNT
LOSSES ON INVESTMENTS	1,928,818.
SPECIAL EVENTS EXPENSES	38,157.
TOTAL TO FORM 990, PART IV-B	1,966,975.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	19
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DESCRIPTION	AMOUNT
CONTRACTUAL ADJUSTMENTS	104,741,855.
CHARITY CARE	4,944,245.
OTHER ADJUSTMENTS	441,561.
TOTAL TO FORM 990, PART IV-A	110,127,661.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	20
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DESCRIPTION	AMOUNT
CONTRACTUAL ADJUSTMENTS	104,741,855.
CHARITY CARE	4,944,245.
OTHER ADJUSTMENTS	441,561.
TOTAL TO FORM 990, PART IV-B	110,127,661.

 FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 21
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JUD KNOX 15 HOSPITAL DRIVE YORK, ME 03909	PRESIDENT/LEADER 40.00	394,508.	59,216.	0.
LORRAINE BOSTON 15 HOSPITAL DRIVE YORK, ME 03909	VICE CHAIRMAN 1.00	0.	0.	0.
DAVID COUSINEAU 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
THOMAS ALBRIGHT, MD 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE/PHYSICIAN 40.00	407,523.	48,366.	0.
TONY CILLUFFO 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
CRYSTAL BUTLER, RN 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE/RN 34.00	72,028.	30,909.	0.
JAY BARROWS 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
JENNIFER EATON, DO 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE/PHYSICIAN 40.00	267,903.	37,093.	0.
DIANNE CHADBOURNE 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
STEPHEN JENDZEJEC, DO 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
MICHAEL E. MCGRATH 15 HOSPITAL DRIVE YORK, ME 03909	CHAIRMAN 1.00	0.	0.	0.

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SUZI RAESIDE 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
DEBORAH PEASE 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
MARK FOSTER 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
ROBIN LABONTE 15 HOSPITAL DRIVE YORK, ME 03909	CFO/LEADER 40.00	229,486.	38,776.	0.
DOUG BRACY 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
ALICE EMERY 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
KEN FELLOWS, MD 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
ANN HUSSEY 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
LEISA MUCCIO 15 HOSPITAL DRIVE YORK, ME 03909	ASS'T TREAS/DIETARY FACILIT 50.50	82,849.	5,200.	0.
OSCAR STONE 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
ALA REID 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
HUNT WALTON 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
HENRY F. WARNER, JR. 15 HOSPITAL DRIVE YORK, ME 03909	TREASURER 1.00	0.	0.	0.

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DANAL EPSTEIN 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
RICHARD BROWN 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
DEDE CADIEUX 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
CHRISTOPHER CRANE 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE 1.00	0.	0.	0.
DAVID YARIAN, MD 15 HOSPITAL DRIVE YORK, ME 03909	TRUSTEE/PHYSICIAN 40.00	249,621.	29,077.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,703,918.</u>	<u>248637.</u>	<u>0.</u>

FORM 990 OTHER REVENUE STATEMENT 22

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
CAFETERIA					639,240.
DIETARY CONSULTING					244,592.
CHEMICAL DEPENDENCY					38,933.
LIFELINE					153,230.
MRI					20,647.
DIABETIC					31,690.
GIFT SHOP					169,338.
OTHER	446110	31,107.			262,481.
TO FORM 990, PART VII, LINE 103		<u>31,107.</u>			<u>1,560,151.</u>

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 23

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, LINE 42 - DEPRECIATION

DEPRECIATION EXPENSE

GENERAL EXPLANATION

STATEMENT 24

LAND AND IMPROVEMENTS	253,165
BUILDINGS	1,544,870
EQUIPMENT	3,141,500
TOTAL	4,939,535

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 25

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PART I, LINE 6

RENTAL EXPENSES

GENERAL EXPLANATION

STATEMENT 26

THE EXPENSES RELATED TO THE RENTAL INCOME ARE INCLUDED IN THE OTHER EXPENSES. THERE IS NO SIGNIFICANT INCOME OR LOSS ON THE RENTAL ACTIVITY.

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 27

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PARTS V-A AND V-B

REPORTED COMPENSATION

GENERAL EXPLANATION

STATEMENT 28

THE BOARD OF TRUSTEES RECEIVE NO COMPENSATION FOR THEIR SERVICES TO THE BOARD. THE COMPENSATION REPORTED UNDER PARTS V-A AND V-B RELATES TO EMPLOYMENT AT YORK HOSPITAL.

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 29

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PART VI, LINE 82B

VOLUNTEER SERVICES

GENERAL EXPLANATION

STATEMENT 30

TOTAL VOLUNTEER SERVICE HOURS PROVIDED TO THE HOSPITAL WERE APPROXIMATELY 51,000 IN 2008. THE VOLUNTEERS PROVIDE VARIOUS NONSPECIALIZED SERVICES TO THE HOSPITAL, NONE OF WHICH HAS BEEN RECOGNIZED AS REVENUE OR EXPENSE ON THE FORM 990.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 31
PART III, LINE 3A

YORK HOSPITAL PROVIDED EDUCATIONAL ASSISTANCE TO APPROXIMATELY 57 CLINICAL NURSING STAFF PERSONNEL DURING THE PAST YEAR, 4 OF WHICH RECEIVED COLLEGE TUITION. THE EDUCATIONAL PROGRAM IS FUNDED BY PRIVATE DONATIONS EARMARKED TO PROVIDE NURSING EDUCATION AND SCHOLARSHIP AWARDS. A MULTIDISCIPLINARY NURSING LEADERSHIP GROUP OVERSEES THE PROGRAM AND DETERMINES WHO WILL RECEIVE MONIES AND HOW MUCH THEY WILL RECEIVE BASED UPON CRITERIA ESTABLISHED BY THE DONOR. THE MONIES ARE DISTRIBUTED TO STAFF PERSONNEL IN ALL NURSING AREAS ON PRO RATA FTE BASIS.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 32

MAINE HOSPITAL ASSOCIATION DUES WERE \$48,768 OF WHICH 16.9% WERE USED FOR LOBBYING.

SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 33
PART VII, LINE 51, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MAINE HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

ANNUAL DUES

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AMERICAN HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

ANNUAL DUES