

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 **JUN 1, 2007** and ending **MAY 31, 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 HENRIETTA D GOODALL HOSPITAL, INC.		D Employer identification number 01-0078060
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 25 JUNE STREET		E Telephone number 207-324-4310
		City or town, state or country, and ZIP + 4 SANFORD, ME 04073-2621		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

G Website: ▶ **WWW.GOODALLHOSPITAL.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.

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**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **165,050,202.**

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				357,233.							
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)								702,382.			
e Total (add lines 1a through 1d) (cash \$ 1,059,057. noncash \$ 558.)										1,059,615.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										127,842,207.	
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments										1,131,931.	
5 Dividends and interest from securities											
6 a Gross rents SEE STATEMENT 1		6a		749,210.							
b Less: rental expenses SEE STATEMENT 2		6b		1,229,516.							
c Net rental income or (loss). Subtract line 6b from line 6a										-480,306.	
7 Other investment income (describe ▶)											
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		32,255,338.		432,230.		8a					
b Less: cost or other basis and sales expenses		32,142,532.		420,361.		8b					
c Gain or (loss) (attach schedule)		112,806.		11,869.		8c					
d Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 3		STMT 4						124,675.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ of contributions reported on line 1b)		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	
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)										1,579,671.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										131,257,793.	
13 Program services (from line 44, column (B))										123,835,994.	
14 Management and general (from line 44, column (C))										8,960,584.	
15 Fundraising (from line 44, column (D))											
16 Payments to affiliates (attach schedule)											
17 Total expenses. Add lines 16 and 44, column (A)										132,796,578.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										-1,538,785.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										62,725,262.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5										-1,883,112.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										59,303,365.	

FOR PUBLIC INSPECTION

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"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
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	1,087,377.	0.	1,087,377.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	29,908.	0.	29,908.	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	31,939,493.	29,736,645.	2,202,848.	
27 Pension plan contributions not included on lines 25a, b, and c	295,352.	266,439.	28,913.	
28 Employee benefits not included on lines 25a-27	5,229,026.	4,836,489.	392,537.	
29 Payroll taxes	1,766,223.	1,558,048.	208,175.	
30 Professional fundraising fees				
31 Accounting fees	73,795.		73,795.	
32 Legal fees	389,575.		389,575.	
33 Supplies	6,747,478.	6,747,478.		
34 Telephone				
35 Postage and shipping				
36 Occupancy	1,309,058.	1,180,770.	128,288.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	52,276.	38,534.	13,742.	
40 Conferences, conventions, and meetings	156,828.	115,602.	41,226.	
41 Interest	1,585,522.	1,585,522.		
42 Depreciation, depletion, etc. (attach schedule)	3,513,509.	3,513,509.		
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	78,621,158.	74,256,958.	4,364,200.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	132,796,578.	123,835,994.	8,960,584.	0.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 10	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 7 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	102,783,875.
b SEE STATEMENT 8 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,383,599.
c SEE STATEMENT 9 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,668,520.
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	123,835,994.

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	2,975.	45	3,575.
	46	Savings and temporary cash investments	5,724,546.	46	1,970,130.
	47 a	Accounts receivable	13,659,860.		
		47a			
	b	Less: allowance for doubtful accounts	3,357,354.	47b	
		47b			
			8,873,224.	47c	10,302,506.
	48 a	Pledges receivable		48a	
		48a			
	b	Less: allowance for doubtful accounts		48b	
		48b			
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable		51a	
	51a				
b	Less: allowance for doubtful accounts		51b		
	51b				
52	Inventories for sale or use	1,040,617.	52	1,294,207.	
53	Prepaid expenses and deferred charges	1,764,513.	53	2,788,981.	
54 a	Investments - publicly-traded securities STMT 17 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	18,403,254.	54a	18,320,823.	
b	Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a	Investments - land, buildings, and equipment: basis		55a		
	55a				
b	Less: accumulated depreciation		55b		
	55b				
56	Investments - other SEE STATEMENT 11	17,271,754.	56	16,706,378.	
57 a	Land, buildings, and equipment: basis 57a 68,054,403.				
	57a				
b	Less: accumulated depreciation STMT 12 57b 30,477,525.	26,830,805.	57b	37,576,878.	
	57b				
58	Other assets, including program-related investments (describe SEE STATEMENT 13)	25,104,710.	58	14,432,821.	
59	Total assets (must equal line 74). Add lines 45 through 58	105,016,398.	59	103,396,299.	
Liabilities	60	Accounts payable and accrued expenses	11,178,110.	60	12,386,947.
	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	14,913,388.	64a	14,196,730.
	b	Mortgages and other notes payable STMT 15 STMT 16	16,199,638.	64b	17,509,257.
	65	Other liabilities (describe)	0.	65	0.
66	Total liabilities. Add lines 60 through 65	42,291,136.	66	44,092,934.	
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	49,162,587.	67	46,455,266.
	68	Temporarily restricted	1,671,157.	68	1,540,527.
	69	Permanently restricted	11,891,518.	69	11,307,572.
	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)	62,725,262.	73	59,303,365.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	105,016,398.	74	103,396,299.

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	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.)		
			N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
			N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
			N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
			N/A
85c	Dues, assessments, and similar amounts from members		
			N/A
85d	Section 162(e) lobbying and political expenditures		
			N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
			N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
			N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
			N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
			N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
			N/A
86b	Gross receipts, included on line 12, for public use of club facilities		
			N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
			N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
			N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007		728
91a	The books are in care of <u>RONALD BRYANT</u> Telephone no. <u>207-324-4310</u> Located at <u>25 JUNE STREET, SANFORD, ME</u> ZIP + 4 <u>04073-2621</u>		
91b	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 <u>N/A</u>		X
	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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PATIENT FEES					53,451,283.
b					
c					
d					
e					
f Medicare/Medicaid payments					74,390,924.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,131,931.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-480,306.	
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	124,675.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 23		505,960.		389,236.	684,475.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		505,960.		1,165,536.	128,526,682.
105 Total (add line 104, columns (B), (D), and (E))					130,198,178.

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 & 103	FEES FROM SERVICES ALLOW US TO PROVIDE CARE TO OUR PATIENTS AND ARE SUBSTANTIALLY RELATED TO OUR NONPROFIT MISSION.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 24	%			
	%			
	%			
	%			

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
	<input type="checkbox"/>	<input type="checkbox"/>

	(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
	<input type="checkbox"/>	<input type="checkbox"/>

	(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
	<input type="checkbox"/>	<input type="checkbox"/>

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: *Ronald Bryant* Date: *4/2/09*

RONALD BRYANT, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Barbara J McQueen* Date: *4/1/09* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BERRY DUNN MCNEIL & PARKER, LLC
P.O. BOX 1100
PORTLAND, ME 04104-1100

Preparer's SSN or PTIN (See Gen. Inst. X):
EIN: _____
Phone no.: (207) 775-2387

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **HENRIETTA D GOODALL HOSPITAL, INC.**
Employer identification number: **01 0078060**

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
FRANK GOUDREAU 25 JUNE STREET, SANFORD, ME 04073	ORTHOPEDIC SURGEON 40.00	356,799.	26,670.	4,439.
ROLAND BAKER 25 JUNE STREET, SANFORD, ME 04073	ER MEDICAL DIRECTOR 40.00	193,789.	19,451.	470.
CATHERINE E. O'CONNOR 25 JUNE STREET, SANFORD, ME 04073	PHYSICIAN 40.00	251,816.	17,480.	3,500.
TIMOTHY A. THEOBALD 25 JUNE STREET, SANFORD, ME 04073	PHYSICIAN 40.00	235,143.	20,382.	3,500.
STEVEN E. JOHNSON 25 JUNE STREET, SANFORD, ME 04073	PHYSICIAN 40.00	270,342.	21,931.	3,500.
Total number of other employees paid over \$50,000	182			

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
THOMAS MOORE, M.D. 100 SLIGO ROAD, ROLLINSFORD, NH 03869	PHYSICIAN	300,150.
ANDREW POWELL, M.D. 38 ROCKWOOD DRIVE, SANFORD, ME 04073	PHYSICIAN	258,913.
JOHN H. BARTLEY, M.D. 17A BODWELL STREET, SANFORD, ME 04073	PHYSICIAN	164,186.
MARSHALL CHAMBERLIN, M.D. P.O. BOX 807, NORTH BERWICK, ME 03906	PHYSICIAN	155,862.
FRANKLIN BERTUCH 34 MADDOX POND RD, BIDDEFORD, ME 04005	PHYSICIAN	55,769.
Total number of others receiving over \$50,000 for professional services	1	

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
JOSLIN LAKE DESIGN 4433-37 NORTH RAVENSWOOD, AVE, CHICAGO, IL 60640	DESIGNER	126,509.
LECTYPING 40 DEERFIELD, DRIVE, WATERBORO, ME 04061	TRANSCRIBER	65,327.
JOHN MACKIE 68 BOULDER RIDGE, HOLLIS, ME 04042	CONTRACTOR	60,762.
STEVEN JOHNSON, MD 15 DAIGLE LANE STE 104, SANFORD, ME 04073	RENT	56,260.
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
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>104,721.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	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? SEE STATEMENT 25	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
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.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966? N/A	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
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.)

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. **N/A**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

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

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

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

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

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

N/A

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

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

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

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
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 (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
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	
Publications, or published or broadcast statements		X	
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		104,721.
i Total lobbying expenditures (Add lines c through h.)			104,721.

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

SEE STATEMENT 26

Schedule B

(Form 990, 990-EZ, 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

Employer identification number

HENRIETTA D GOODALL HOSPITAL, INC.

01-0078060

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

HENRIETTA D GOODALL HOSPITAL, INC.

01-0078060

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 483,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 36,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 238,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 8,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
1 EAGLE DRIVE	1	749,210.
TOTAL TO FORM 990, PART I, LINE 6A		749,210.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		1,229,516.	
- SUBTOTAL -	1		1,229,516.
TOTAL TO FORM 990, PART I, LINE 6B			1,229,516.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	32,255,338.	32,142,532.	0.	112,806.
TO FORM 990, PART I, LINE 8	32,255,338.	32,142,532.	0.	112,806.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE	DATE	METHOD		
	ACQUIRED	SOLD	ACQUIRED		
SALE OF PROPERTY, PLANT AND EQUIPMENT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	432,230.	420,361.	0.	0.	11,869.
TO FM 990, PART I, LN 8	432,230.	420,361.	0.	0.	11,869.

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

DESCRIPTION	AMOUNT
DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-583,945.
CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	-418,922.
EQUITY IN LOSS ON INVESTMENT IN SUBSIDIARIES	-103,436.
OTHER THAN TEMPORARY DECLINES IN INVESTMENTS	-403,756.
LOSS ON EXTINGUISHMENT OF DEBT	-243,916.
EQUITY IN LOSS OF AFFILIATES	-129,137.
TOTAL TO FORM 990, PART I, LINE 20	-1,883,112.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACTUAL ALLOWANCES	60,046,215.	60,046,215.		
CHARITY CARE	1,282,778.	1,282,778.		
PROVISION FOR UNCOLLECTIBLE ACCOUNTS	4,341,883.	4,341,883.		
INSURANCE	984,376.	888,012.	96,364.	
PHYSICIAN FEES	3,723,454.	3,723,454.		
HEALTHIER CARE PROVIDER AND OTHER	1,249,281.	1,249,281.		

PURCHASED SERVICES	2,435,479.	2,180,686.	254,793.
CONTRACTS	3,791,888.		3,791,888.
LABORING	104,721.		104,721.
ADVERTISING	71,756.		71,756.
OFFICE EXPENSES	44,678.		44,678.
INFORMATION TECHNOLOGY	544,649.	544,649.	
TOTAL TO FM 990, LN 43	78,621,158.	74,256,958.	4,364,200.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

GOODALL HOSPITAL IS A 53 BED HOSPITAL WHICH STRIVES TO MEET THE HEALTH CARE NEEDS OF INDIVIDUALS AND FAMILIES THROUGHOUT YORK COUNTY. YORK COUNTY CONSISTS OF 18 TOWNS AND CITIES LOCATED ON THE SOUTHERN MAINE COAST WITH A POPULATION OF 201,340. GOODALL HOSPITAL PROVIDES ACCESS TO NEEDED HEALTH CARE SERVICES 365 DAYS A YEAR, 24 HOURS A DAY. GOODALL HOSPITAL EMBRACES ITS ROLE AS THE LEADER IN COMMUNITY HEALTH AND FEELS PRIVILEGED TO BE MEETING THE NEEDS OF THE COMMUNITY.

GOODALL HOSPITAL OFFERS A BROAD RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND REHABILITATION SERVICES, WELLNESS EDUCATION, SUPPORT GROUPS AND OTHER COMMUNITY OUTREACH PROGRAMS. GOODALL HOSPITAL HAS HAD 22,852 EMERGENCY ROOM CASES, 39,644 RADIOLOGY PROCEDURES, 261,505 LABORATORY PROCEDURES, 59,344 OUTPATIENT VISITS, 256 INFANTS BORN AND 4,407 MAJOR AND MINOR SURGERY PROCEDURES. GOODALL HOSPITAL HAS ADMITTED 2,336 PATIENTS AND TOOK CARE OF THEM FOR 8,895 DAYS.

GOODALL HOSPITAL PROVIDED FOR MORE THAN \$5,700,000 IN CHARITABLE AND SUBSIDIZED CARE TO THE COMMUNITY IN FISCAL YEAR END MAY 31, 2008. THIS INCLUDES PATIENTS WHO ARE UNDERINSURED OR THOSE WITHOUT ANY INSURANCE. IN ADDITION TO THE CHARITABLE CARE SERVICES, WE ARE CONTINUALLY ABSORBING ALL THE COSTS ASSOCIATED WITH PROVIDING THE COMMUNITY A VARIETY OF SPECIAL COMPLIMENTARY SERVICES. INCLUDED IN THIS GROUP IS THE WOMEN'S HEALTH EXPO. GOODALL PROUDLY SPONSORS COMMUNITY ORGANIZATIONS, SCHOOL GROUPS, CIVIC ORGANIZATIONS AND SPECIAL EVENTS (LIKE THE LOCAL BASEBALL TEAM). GOODALL HOSPITAL SPONSORS TWO TO FOUR FREE EDUCATION EVENTS EACH

MONTH OF THE YEAR ALONG WITH DOZENS OF SUPPORT GROUPS. GOODALL HOSPITAL ALSO ROUTINELY PARTICIPATES IN HEALTH FAIRS AND BUSINESS EVENTS, PERFORMING BLOOD PRESSURE CHECKS, CHOLESTEROL SCREENINGS AND CPR TRAINING.

THE ALLIANCE FOR HEALTHY FAMILIES, A GRANT PROGRAM CO-SPONSORED BY GOODALL HOSPITAL, PROVIDED 3,582 HOME VISITS TO 272 FAMILIES WITH CHILDREN DURING THE DAY AND EVENING HOURS. HOME VISITATIONS MAKE A DIFFERENCE FOR CHILDREN FROM BIRTH TO AGE 5 BY PROMOTING OPTIMAL HEALTH AND WELL BEING, SUPPORTING HEALTHY FAMILY RELATIONSHIPS, CREATING CONNECTIONS TO COMMUNITY, PROVIDING RESEARCH-BASED PARENTING ACTIVITIES AND INFORMATION AND PREPARING CHILDREN TO BE READY FOR SCHOOL. 122 GROUP EVENTS WERE HELD FOR A TOTAL ATTENDANCE OF OVER 1,700 PARENTS AND CHILDREN.

GOODALL HOSPITAL'S SENIOR ADVOCATE PROVIDES FREE ADVICE AND SERVICES TO ELDERLY MEMBERS OF THE COMMUNITY. SERVICES INCLUDE HELP WITH INSURANCE AND MEDICAL ISSUES, AS WELL AS PERSONAL ISSUES INCLUDING TAX INFORMATION, FINANCES AND HOME NEEDS. THE SENIOR ADVOCATE RECEIVED MORE THAN 1,700 CALLS FROM SENIORS IN THE COMMUNITY NEEDING ASSISTANCE.

PARTNERS FOR HEALTHIER COMMUNITIES (PHC), A PROGRAM OF GOODALL HOSPITAL, WORKS WITH AREA BUSINESSES, ORGANIZATIONS AND INTERESTED COMMUNITY MEMBERS TO PROMOTE HEALTH AND WELLNESS THROUGH POLICY AND ENVIRONMENTAL CHANGE. EMPHASIS IS PLACED ON TOBACCO CESSATION, PROPER NUTRITION, PHYSICAL ACTIVITY, CHRONIC DISEASE PREVENTION AND MANAGEMENT AND SUBSTANCE ABUSE PREVENTION. IN ADDITION, THE PHC GRANT SUPPORTS THE SCHOOL HEALTH COORDINATOR POSITION IN THE SANFORD SCHOOL DEPARTMENT AND VARIOUS PROGRAMS AT THE SANFORD-SPRINGVALE YMCA.

TO FORM 990, PART III, LINE A.

GRANTS	EXPENSES
_____	102,783,875.
=====	=====

990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE TWO

GOODALL HEALTH PARTNERS CONSISTS OF MANY PHYSICIANS WITH MULTI-SPECIALTY PRACTICES IN DIFFERENT LOCATIONS THROUGHOUT YORK COUNTY. THESE PHYSICIANS COMPLIMENT THE HOSPITAL IN MAINTAINING ITS MISSION "TO SERVE AS A LEADER IN IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY" BY SERVING THE POPULOUS. THESE SPECIALTIES INCLUDE (BUT ARE NOT LIMITED TO) CARDIOLOGY, ENT, FAMILY PRACTICES, INTERNAL MEDICINE, PEDIATRICS AND GENERAL SURGERY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		12,383,599.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

GOODALL HOSPITAL ELDERCARE SERVICES PROVIDE LONG-TERM CARE AND REHABILITATION SERVICES TO OUR SENIOR CITIZENS. WE CONTINUE TO GROW AND ADAPT TO THE NEEDS OF OUR COMMUNITY WITH THIS SERVICE. GOODALL HOSPITAL ELDERCARE PRIDES THEMSELVES BY CREATING A HOME-LIKE, COMFORTABLE ENVIRONMENT FOR THE RESIDENTS AND STAFF. THE NEWTON CENTER FOR REHABILITATION AND NURSING CARE PROMOTES HIGH QUALITY CARE; WITH DEDICATED STAFF, FAMILY EDUCATION, AND INVOLVEMENT THAT MAKE THIS PROGRAM SPECIAL. WE HAVE ACHIEVED HIGH MARKS IN THIS HEALTHCARE ORGANIZATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	_____	8,668,520.
	=====	=====

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 10
PART III

EXPLANATION

GOODALL HOSPITAL OWNS AND OPERATES H.D. GOODALL HOSPITAL INC. (ACUTE CARE HOSPITAL), GOODALL HEALTH PARTNERS (A MULTI-SPECIALTY PHYSICIAN AND SURGEON GROUP) AND GOODALL ELDERCARE SERVICES (A LONG-TERM CARE FACILITY).

FORM 990 OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	AMOUNT
ALTERNATIVE INVESTMENTS	MARKET VALUE	3,817,820.
BENEFICIAL INTEREST IN PREPETUAL TRUST	MARKET VALUE	10,400,139.
INVESTMENT IN REAL PROPERTY	MARKET VALUE	2,488,419.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		16,706,378.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND IMPROVEMENTS	4,418,337.	909,906.	3,508,431.
BUILDINGS AND IMPROVEMENTS	42,727,957.	16,220,630.	26,507,327.
EQUIPMENT	18,180,003.	13,346,989.	4,833,014.
LAND	2,728,106.	0.	2,728,106.
TOTAL TO FORM 990, PART IV, LN 57	68,054,403.	30,477,525.	37,576,878.

FORM 990 OTHER ASSETS STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
AMOUNT DUE FROM THIRD PARTY REIMBURSING AGENCIES	6,615,985.	16,682.
TRUSTEE HELD FUNDS	2,854,083.	1,688,191.
DUE FROM AFFILIATE	941,066.	1,210,474.
DEFERRED FINANCING COSTS LESS AMORTIZATION	295,656.	230,393.
FROM EMPLOYEES	62,479.	32,022.
CONSTRUCTION IN PROGRESS	11,885,498.	429,785.
CASH SURRENDER VALUE OF LIFE INSURANCE	765,027.	851,677.
JOINT VENTURES/INVESTMENT IN SUB	1,342,718.	1,110,145.
SYNERNET CAPITAL CONTRIBUTION	39,633.	42,804.
CONTRIBUTION RECEIVABLE FROM REMAINDER TRUST	302,565.	59,354.
ESTIMATED SETTLEMENTS FOR MAINECARE	0.	8,761,294.
TOTAL TO FORM 990, PART IV, LINE 58	25,104,710.	14,432,821.

990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 14

PURPOSE OF ISSUE

MHHEFA SERIES 1997B REVENUE BONDS

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	06/30/09	0.	101,738.

PURPOSE OF ISSUE

MHHEFA SERIES 2002A REVENUE BONDS

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	07/01/12	0.	2,836,005.

PURPOSE OF ISSUE

MHHEFA SERIES 2006F REVENUE BONDS

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	07/01/26	0.	6,090,445.

PURPOSE OF ISSUE

MHHEFA SERIES 2007A REVENUE BONDS

USE BY THIRD PARTY	BOND RETIREMENT DATE	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	07/01/26	0.	5,168,542.

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

14,196,730.

990

MORTGAGES PAYABLE

STATEMENT 15

DESCRIPTIONBALANCE DUE

SANFORD INSTITUTION FOR SAVINGS	4,466,492.
SANFORD INSTITUTION FOR SAVINGS	756,544.
BANGOR SAVINGS BANK	4,399,308.
BANGOR SAVINGS BANK	1,366,566.
SANFORD INSTITUTION FOR SAVINGS	182,621.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	<u>11,171,531.</u>

LENDER'S NAME TERMS OF REPAYMENT
 BANK OF AMERICA MONTHLY INTEREST PAYMENTS
 WITH REPAYMENT OF
 PRINCIPAL AT MATURITY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
03/15/06	01/29/09	6,000,000.	5.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	LINE OF CREDIT

RELATIONSHIP OF LENDER
 NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	5,545,257.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		6,337,726.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 17

<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>CORPORATE STOCKS</u>	<u>CORPORATE BONDS</u>	<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>TOTAL NON-GOV'T SECURITIES</u>
COMMON STOCKS	FMV			4,529,257.	4,529,257.
MUTUAL FUNDS	FMV			13791566.	13791566.
TO FORM 990, LINE 54A, COL B				18320823.	18320823.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 18

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DECREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-583,945.
EQUITY IN LOSS ON INVESTMENT IN SUBSIDIARIES	-103,436.
LOSS ON EXTINGUISHMENT OF DEBT	-243,916.
EQUITY IN LOSS OF AFFILIATES	-129,137.
TOTAL TO FORM 990, PART IV-A	-1,060,434.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 19

DESCRIPTION	AMOUNT
CONTRACTUAL AND OTHER ADJUSTMENTS	60,046,215.
CHARITY CARE	1,282,778.
TOTAL TO FORM 990, PART IV-A	61,328,993.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 20

DESCRIPTION	AMOUNT
CONTRACTUAL AND OTHER ADJUSTMENTS	60,046,215.
CHARITY CARE	1,282,778.
TOTAL TO FORM 990, PART IV-B	61,328,993.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
DARLENE STROMSTAD 25 JUNE STREET SANFORD, ME 04073	PRESIDENT 40.00	378,594.	20,805. 0.
RONALD BRYANT 25 JUNE STREET SANFORD, ME 04073	CFO 40.00	127,789.	9,679. 0.
GEORGE E. HISSONG, JR. 25 JUNE STREET SANFORD, ME 04073	CHAIRMAN 1.00	0.	0. 0.
MERILEE MAPES PERKINS 25 JUNE STREET SANFORD, ME 04073	VICE CHAIR/TREASURER 1.00	0.	0. 0.
LORRAINE D. MASURE 25 JUNE STREET SANFORD, ME 04073	SECRETARY 1.00	0.	0. 0.

HENRIETTA D GOODALL HOSPITAL, INC.

01-0078060

MICHAEL L. RALSTON 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
ROB REINKEN 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
SUSAN T. ROBERTS 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
LORI ANN BLACK 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
ANN M. BROOKS, M.D. 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
ROBERT I. HARDISON 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
MARK MICKERIZ 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
DAVID C. NICKERSON 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
RICHARD K. HEALY 25 JUNE STREET SANFORD, ME 04073	TRUSTEE 1.00	0.	0.	0.
DAVID HAMLIN 25 JUNE STREET SANFORD, ME 04073	VP OF PATIENT CARE 40.00	154,978.	14,186.	0.
CHARLIE CARUSO 25 JUNE STREET SANFORD, ME 04073	VICE PRESIDENT IS 40.00	164,045.	20,604.	0.
PATSY APRIL 25 JUNE STREET SANFORD, ME 04073	VICE PRESIDENT OPERATIONS 40.00	175,152.	21,545.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>1,000,558.</u>	<u>86,819.</u>	<u>0.</u>

990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 22
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE MANOR AT PHILLIPSTOWN PLACE	X	
JUNE STREET PHARMACY, LLC		X
GOODALL HEALTH PARTNERS	X	

FORM 990 OTHER REVENUE STATEMENT 23

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC-TION INCOME
LABORATORY REVENUE	621500	505,960.			
CAFETERIA SALES			03	227,564.	
PHARMACY			03	90.	
CARDIAC REHAB REVENUE					20,661.
LIFELINE REVENUE					134,050.
VENDING MACHINE REVENUE			03	58,744.	
MEDICAL RECORDS REVENUE					20,045.
PHYSICIAN REVENUE					245,618.
PURCHASE DISCOUNTS					6,436.
SUPPLY REVENUE			03	7,179.	
MISCELLANEOUS REVENUE					257,665.
CCCYC REVENUE			01	95,659.	
TO FORM 990, PART VII, LINE 103		<u>505,960.</u>		<u>389,236.</u>	<u>684,475.</u>

F 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 24

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

GOODALL HOSPITAL REAL ESTATE HOLDING COMPANY, LLC

ADDRESS

25 JUNE STREET, SANFORD, ME 04073

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
01-0078060	100.00%	REAL ESTATE HOLDING	0.	0.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

WATERBORO MEDICAL OFFICE BUILDING, LLC

ADDRESS

25 JUNE STREET, SANFORD, ME 04073

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
01-0078060	100.00%	REAL ESTATE HOLDING	0.	0.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

GOODALL HOSPITAL MEDICAL OFFICE BUILDING, LLC

ADDRESS

25 JUNE STREET, SANFORD, ME 04073

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
01-0078060	100.00%	REAL ESTATE HOLDING	0.	0.

OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

GOODALL MEDICAL OFFICE BUILDING CONDO ASSOCIATION

ADDRESS

25 JUNE STREET, SANFORD, ME 04073

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
01-0078060	100.00%	CONDO ASSOCIATION	0.	0.

MODULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C.

STATEMENT 25

MEMBERS OF GOVERNANCE OF H.D. GOODALL HOSPITAL ARE AFFILIATED WITH OR ARE DIRECTORS OF VARIOUS BUSINESSES IN THE COMMUNITY WHICH HAVE A BUSINESS RELATIONSHIP WITH H.D. GOODALL HOSPITAL. PURCHASING DECISIONS ARE NOT MADE BY THESE INDIVIDUALS. ALL TRANSACTIONS ARE MADE WITHIN THE NORMAL COURSE OF BUSINESS.

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HENRIETTA D GOODALL HOSPITAL, INC.

FORM 990 PAGE 2

01-0078060

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

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

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,513,509.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,513,509.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HENRIETTA D GOODALL HOSPITAL, INC.	Employer identification number 01-0078060
	Number, street, and room or suite no. if a P.O. box, see instructions. 25 JUNE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANFORD, ME 04073-2621	

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 ▶ **RON BRYANT**
Telephone No. ▶ **207-324-4310** FAX No. ▶ _____

- 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 **JANUARY 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 **JUN 1, 2007**, and ending **MAY 31, 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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number		
	HENRIETTA D GOODALL HOSPITAL, INC.		01-0078060		
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 JUNE STREET		For IRS use only		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANFORD, ME 04073-2621					

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **RON BRYANT**
Telephone No. **207-324-4310** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **APRIL 15, 2009**.

5 For calendar year _____, or other tax year beginning **JUN 1, 2007**, and ending **MAY 31, 2008**.

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

7 State in detail why you need the extension
INFORMATION FROM THIRD PARTIES HAS NOT YET BEEN RECEIVED. THEREFORE, ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Barbara J McGuan** Title **CPA** Date **1/10/09**