

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

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

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

C Name of organization BRIDGTON HOSPITAL
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10 HOSPITAL DRIVE
City or town, state or country, and ZIP + 4 BRIDGTON, ME 04009

D Employer identification number 01-0130427
E Telephone number (207) 795-2268
F Accounting method: Cash [X] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes [] No [X]

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

I Group Exemption Number

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

G Website: WWW.BRIDGTONHOSPITAL.ORG

J Organization type (check only one) [X] 501(c)(03) (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 36,589,358.

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

Table with 21 rows and columns for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, sales of assets, special events, and inventory.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-39, 40-43, and 44 Total functional expenses.

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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See the instructions.)

Table with columns for description, (A) Beginning of year, and (B) End of year. Rows include Assets (45-59), Liabilities (60-66), and Net Assets or Fund Balances (67-74). Includes sub-rows for investments and receivables with cost and FMV options.

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 82a through 91a regarding organizational information, dues, lobbying, and tax shelter status.

Table with columns for question ID, question text, and Yes/No columns. Row 91b asks about foreign 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? Yes No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a PATIENT SERVICES					18,352,277.
b OTHER REVENUE					437,555.
c CAFETERIA SALES					64,000.
d _____					
e _____					
f Medicare/Medicaid payments					17,440,513.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	100,122.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,279.	
101 Net income or (loss) from special events			01	11,098.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				113,499.	36,294,345.
105 Total (add line 104, columns (B), (D), and (E))					36,407,844.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INCOME IS EARNED FROM THE PROVISION OF HEALTH CARE SERVICES
93C	TO THE PEOPLE OF BRIDGTON, ME AND THE SURROUNDING AREA

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
	%			
	%			
	%			
	%			

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

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

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

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

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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer 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
	X

	(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
	X

Please Sign Here

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

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00037953
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	EIN <input type="checkbox"/>		13-5565207
KPMG LLP 99 HIGH STREET BOSTON, MA		Phone no. <input type="checkbox"/>	617-988-1000
		02110-2371	Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

BRIDGTON HOSPITAL

Employer identification number

01-0130427

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
SEE STATEMENT 25				

Total number of other employees paid over \$50,000 . . ▶ 75

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
SEE STATEMENT 26		

Total number of others receiving over \$50,000 for professional services ▶ 3

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
SEE STATEMENT 27		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2007

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year NONE

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

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

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

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 15-25 include items like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE... b Prepare a list for your records to show the name of and amount contributed by each person... c Total support for section 509(a)(1) test: Enter line 24, column (e)... d Add: Amounts from column (e) for lines: 18, 19, 22, 26b... e Public support (line 26c minus line 26d total)... f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

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... d Add: Line 27a total and line 27b total... e Public support (line 27c total minus line 27d total)... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f... g Public support percentage (line 27e (numerator) divided by line 27f (denominator))... h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

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.) NOT APPLICABLE
(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?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL FOR GAIN ON SALE OF SECURITIES
PART I, LINE 8

BRIDGTON HOSPITAL HOLDS INVESTMENTS IN PUBLICLY TRADED SECURITIES. DURING THE PERIOD ENDED JUNE 30, 2008, THE HOSPITAL REALIZED GAIN ON THE SALES OF SUCH SECURITIES IN THE AMOUNT OF \$2,279. FURTHER DETAILS ARE AVAILABLE UPON REQUEST.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

 =====
 DETAIL FOR FIXED ASSETS
 PART IV, BALANCE SHEET, LINE 57
 =====

DESCRIPTION	06/30/2007	06/30/2008
-----	-----	-----
LAND & IMPROVEMENTS	986,842	986,842
BUILDING & IMPROVEMENTS	17,837,442	19,368,745
MAJOR MOVABLE & FIXED EQUIPMENT	9,462,447	10,182,674
CONSTRUCTION IN PROGRESS	906,376	NONE
	-----	-----
TOTAL	29,193,107	30,538,261
LESS ACCUM. DEPRECIATION	(13,946,901)	(14,786,781)
	-----	-----
TOTAL TO LINE 57C	15,246,206	15,751,480
	=====	=====
CURRENT YEAR DEPRECIATION EXPENSE		954,018
		=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

 =====
 DETAIL FOR MORTGAGES AND OTHER NOTES PAYABLE
 FORM 990, PART IV, LINE 64B
 =====

DESCRIPTION -----	06/30/2007 -----	06/30/2008 -----
5% RURAL DEVELOPMENT NOTES PAYABLE COLLATERALIZED BY PROPERTY THROUGH 2010	466,264	320,115
5% RURAL DEVELOPMENT NOTES PAYABLE COLLATERALIZED BY PROPERTY THROUGH 2033	430,198	421,767
5% RURAL DEVELOPMENT NOTES PAYABLE COLLATERALIZED BY PROPERTY THROUGH 2034	258,649	253,818
4.875% RURAL DEVELOPMENT NOTES PAYABLE COLLATERALIZED BY PROPERTY THROUGH 2037	130,697	128,789
TOTAL TO LINE 64B	1,285,808 =====	1,124,489 =====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

GOLF TOURNAMENT

9,700.

TOTAL

9,700.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
GOLF TOURNAMENT	18,998.	7,900.	11,098.
TOTALS	18,998.	7,900.	11,098.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON SECURITIES	131,786.
CHANGE IN VALUE OF PERPETUAL TRUST	24,325.

TOTAL	156,111.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
EDWARD ENOS 52 BUSH ROW ROAD DENMARK, ME 04022	EMPLOYEE STUDENT	EDUCATIONAL SCHOLARSHIP	1,750.
SUSAN RIVET 257 POND ROAD BRIDGTON, ME 04009	EMPLOYEE STUDENT	EDUCATIONAL SCHOLARSHIP	1,750.
KATHLEEN HARJU 33 WAYSIDE AVE, APT #2 BRIDGTON, ME 04009	EMPLOYEE STUDENT	EDUCATIONAL SCHOLARSHIP	627.
JANIAH RODERICK 297 NORTH BRIDGTON ROAD BRIDGTON, ME 04009	EMPLOYEE STUDENT	EDUCATIONAL SCHOLARSHIP	300.
NICOLETTE BOIS 174 TRIPPTOWN ROAD SOUTH HIRAM, ME 04041	EMPLOYEE STUDENT	EDUCATIONAL SCHOLARSHIP	200.
MELISSA DOUGLAS 133 WHITNEY ROAD BRIDGTON, ME 04009	NONE STUDENT	EDUCATIONAL SCHOLARSHIP	334.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
SHEILA FLANAGIN 37 WILLISH PARK ROAD BRIDGTON, ME 04009	NONE STUDENT	EDUCATIONAL SCHOLARSHIP	365.
LINDSAY DIGIROLAMO 633 NORTH HIGH STREET BRIDGTON, ME 04009	NONE STUDENT	EDUCATIONAL SCHOLARSHIP	180.
DEBORAH NOBLE PO BOX 91 BRIDGTON, ME 04009	NONE STUDENT	EDUCATIONAL SCHOLARSHIP	550.
SHANNON HATCH 51 PINHOOK ROAD BRIDGTON, ME 04009	NONE STUDENT	EDUCATIONAL SCHOLARSHIP	800.
		TOTAL CONTRIBUTIONS PAID	----- 6,856. =====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME		PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RONALD CILLEY MD	EMPLOYEE			
COMPENSATION:		174,187.	40,855.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		29,354.	6,885.	NONE
EXPENSE ACCOUNT:		NONE	NONE	NONE
PAUL LABAND	EMPLOYEE			
COMPENSATION:		168,996.	39,638.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		31,168.	7,311.	NONE
EXPENSE ACCOUNT:		NONE	NONE	NONE
SUZANNE DATER MD	EMPLOYEE			
COMPENSATION:		139,631.	32,751.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		14,921.	3,500.	NONE
EXPENSE ACCOUNT:		NONE	NONE	NONE
TOTALS		558,257.	130,940.	NONE

FORM 990, PART II, LINE 25B - FORMER OFFICER COMPENSATION SCHEDULE

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FORMER OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
WENDA SAUNDERS			
COMPENSATION:	73,658.	17,276.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	16,246.	3,811.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
	-----	-----	-----
TOTALS	89,904.	21,087.	NONE
	=====	=====	=====

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

BRIDGTON HOSPITAL IS A CRITICAL ACCESS HOSPITAL SERVING 20 SURROUNDING COMMUNITIES PLUS THE MOUNT WASHINGTON VALLEY COMMUNITIES OF NEW HAMPSHIRE. THE HOSPITAL HAS A MEDICAL/SURGICAL UNIT, CRITICAL CARE UNIT, AND OBSTETRICAL UNIT WITH TWO BIRTHING SUITES. OUR TWO OPERATING ROOMS HANDLE GENERAL, ORTHOPEDIC, AND AMBULATORY SURGERY. THE HOSPITAL HAS A 24 HOUR EMERGENCY DEPARTMENT & NUMEROUS PROFESSIONAL SERVICES INCLUDING CT SCANNING, MRI, NUCLEAR MEDICINE SPECT SCANNING, TREADMILL INCLUDING THALLIUM ONCOLOGY CLINIC, INPATIENT AND OUTPATIENT PHYSICAL THERAPY AND MEDICAL SCIENCES LIBRARY.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

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BORROWER: PRACTICE SUPPORT LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	60,805.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	NONE
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TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	60,805.
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FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
EQUITY SECURITIES	2,386,958.	1,552,836.
FIXED INCOME SECURITIES	659,648.	700,355.
CASH & CASH EQUIVALENTS	2,694,823.	2,875,686.
MUTUAL FUNDS	53,062.	419,618.
PRIVATE LIMITED PARTNERSHIPS	764,467.	1,219,405.
	-----	-----
TOTALS	6,558,958.	6,767,900.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED FINANCING COSTS	94,815.	87,771.
BENEFICIAL INTEREST IN CHARITABLE TRUST	418,818.	367,094.
ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	4,280,592.	4,535,498.
	-----	-----
TOTALS	4,794,225.	4,990,363.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MHHEFA REVENUE BONDS, SERIES		
2001A, ANNUAL PRINCIPAL		
PAYMENTS BEGAN IN 2003 RANGING		
FROM \$60,000 TO \$595,000 WITH		
FINAL PAYMENT DUE IN 2032 AND		
INTEREST RATES VARYING FROM		
3.45% TO 5.25%	8,599,464.	8,419,300.
	-----	-----
TOTALS	8,599,464.	8,419,300.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

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LENDER: MORTGAGES & NOTES PAYABLE - SEE STMT 3

BEGINNING BALANCE DUE	1,285,808.
ENDING BALANCE DUE	1,124,489.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,285,808.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,124,489.
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FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
ACCRUED ASSET RETIREMENT OBLIGATION	441,698.	468,199.
TOTALS	----- 441,698.	----- 468,199.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

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DESCRIPTION	AMOUNT
-----	-----
CHANGE IN VALUE OF TRUST	-24,325.
TOTAL	----- -24,325.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
RONALD CILLEY MD C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	EMPLOYEE TRUSTEE 40.00	215,042.	36,239.	NONE
PAUL LABAND C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	EMPLOYEE VICE CHAIR 40.00	208,634.	38,479.	NONE
PHILLIP R LIBBY C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	CHAIRMAN 1.00	NONE	NONE	NONE
WAYNE KUVAJA C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
AUDREY J MACINTYRE C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	SECRETARY 1.00	NONE	NONE	NONE
WILLIAM CHALMERS C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
CAROL S SUDDUTH	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500				
NEAL GRAFFAM C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TREASURER 1.00	NONE	NONE	NONE
PETER CHALKE C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
SUZANNE DATER MD EMPLOYEE C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 40.00	172,382.	18,421.	NONE
SANDRA WEYGANDT C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
JOHN M CARLSON C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	PRESIDENT OF BRIDGTON HOSPITAL 1.00	NONE	NONE	NONE
	GRAND TOTALS	596,058.	93,139.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

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NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----		-----	-----	-----
WILLIAM CHALMERS CENTRAL MAINE HEALTHCARE CORP.	01-0386913	NONE	30,698.	NONE
PETER CHALKE CENTRAL MAINE HEALTHCARE CORP. PRESIDENT OF CMHC	01-0386913	521,695.	628,724.	NONE
JOHN M CARLSON CENTRAL MAINE HEALTHCARE CORP. PRESIDENT OF BRIDGTON HOSPITAL	01-0386913	170,241.	140,192.	NONE
GRAND TOTALS		691,936.	799,614.	NONE
		=====	=====	=====

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WENDA SAUNDERS C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	NONE	90,934.	20,057.	NONE
GRAND TOTALS	----- NONE	----- 90,934.	----- 20,057.	----- NONE
	=====	=====	=====	=====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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RELATED ORGANIZATION NAME: CENTRAL MAINE HEALTH VENTURES, INC.

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: CENTRAL MAINE COMMUNITY HEALTH CORPORATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL MAINE MEDICAL CENTER

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CMMC COLLEGE OF NURSING AND HEALTH PROFESSIONS

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL MAINE REAL ESTATE MANAGEMENT CORPORATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL MAINE HEALTHCARE CORPORATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: RUMFORD COMMUNITY FAMILY HEALTH CENTER

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: RUMFORD COMMUNITY HOME CORPORATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: RUMFORD HOSPITAL

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BRIDGTON HOSPITAL PHYSICIANS GROUP

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CWM INSURANCE, LTD.

EXEMPT: X NONEXEMPT:

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: CENTRAL MAINE HEART AND VASCULAR
INSTITUTE

EXEMPT: X NONEXEMPT:

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
BRUCE LASTRA C/O BRIDGTON HOSPITAL 10 HOSPITAL DRIVE BRIDGTON, ME 04009	PHYSICIAN 40.00	252,287.	38,900.	NONE
CRAIG SMITH C/O BRIDGTON HOSPITAL 10 HOSPITAL DRIVE BRIDGTON, ME 04009	PHYSICIAN 40.00	224,367.	25,962.	NONE
ANITA PATT C/O BRIDGTON HOSPITAL 10 HOSPITAL DRIVE BRIDGTON, ME 04009	PHYSICIAN 40.00	182,663.	30,314.	NONE
JENNIFER SMITH C/O BRIDGTON HOSPITAL 10 HOSPITAL DRIVE BRIDGTON, ME 04009	PHYSICIAN 40.00	187,931.	31,380.	NONE
HENRY ROY C/O BRIDGTON HOSPITAL 10 HOSPITAL DRIVE BRIDGTON, ME 04009	PHYSICIAN 40.00	179,226.	40,969.	NONE
	TOTAL COMPENSATION	----- 1,026,474. =====	----- 167,525. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
ASSOCIATED REG AND UNIV PATHOLOGISTS INC PO BOX 27964 SALT LAKE CITY, UT 84127	MEDICAL SERVICES	209,111.
SUSAN SZWED PA PMB 815, PO BOX 9715 PORTLAND, ME 04104-5015	LEGAL SERVICES	87,942.
PATHOLOGY MEDICAL GROUP PO BOX 2005 NORWAY, ME 04268	MEDICAL SERVICES	72,000.
VISTA STAFFING FILE 50834 LOS ANGELES, CA 90074-0834	MEDICAL STAFFING	165,194.
CONCENTRA HEALTH PO BOX 20127 CRANSTON, RI 02920	MEDICAL SERVICES	87,993.
	TOTAL COMPENSATION	----- 622,240. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

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NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
ACS CONSULTANT COMPANY PO BOX 633877 CINCINNATI, OH 45263-3877	IT SERVICES	241,117.
NORMAN R BERNIER PO BOX 354 GREENE, ME 04236	CONTRACTOR	61,968.
NASON MECHANICAL 194 MERROW ROAD AUBURN, ME 04210	CONTRACTOR SERVICES	125,371.
TOTAL COMPENSATION		----- 428,456. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
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SEE FORM 990, PART V.