

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: CENTRAL MAINE MEDICAL CENTER. D Employer identification number: 01-0211494. E Telephone number: (207) 795-2268. F Accounting method: Accrual.

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

G Website: WWW.CMMC.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.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. I Group Exemption Number. M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 263,855,647.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

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.)

				(A)		(B)
				Beginning of year		End of year
Assets	45 Cash - non-interest-bearing				45	
	46 Savings and temporary cash investments			2,753,530.	46	19,088.
	47a Accounts receivable	47a	38,845,019.			
	b Less: allowance for doubtful accounts	47b	11,444,000.	21,538,890.	47c	27,401,019.
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).	STMT. 10		46,440.	50a	35,504.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			2,866,931.	52	2,888,826.
	53 Prepaid expenses and deferred charges			2,917,306.	53	3,038,052.
	54a Investments - publicly-traded securities	STMT. 11	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	25,670,234.	54a	16,017,773.
	b Investments - other securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)	STMT. 12		14,499,368.	56	14,162,563.
	57a Land, buildings, and equipment: basis	57a	241,369,765.			
	b Less: accumulated depreciation (attach schedule)	57b	123,848,981.	109,753,481.	57c	117,520,784.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 13)			37,918,281.	58	48,957,658.	
59 Total assets (must equal line 74). Add lines 45 through 58			217,964,461.	59	230,041,267.	
Liabilities	60 Accounts payable and accrued expenses			20,832,969.	60	31,884,917.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)	STMT. 14		76,625,313.	64a	74,350,928.
	b Mortgages and other notes payable (attach schedule)	STMT. 15		15,657,551.	64b	18,575,083.
	65 Other liabilities (describe <input type="checkbox"/> STMT 16)			9,919,669.	65	7,986,793.
	66 Total liabilities. Add lines 60 through 65			123,035,502.	66	132,797,721.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			80,435,011.	67	83,206,345.
	68 Temporarily restricted			2,866,166.	68	1,489,435.
	69 Permanently restricted			11,627,782.	69	12,547,766.
	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)			94,928,959.	73	97,243,546.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73			217,964,461.	74	230,041,267.

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 SVC REVE					162,598,780.
b LABORATORY TESTING	621500	1,419,209.			
c OTHER REVENUE					4,019,439.
d FOOD SERVICE					534,287.
e INTERCOMPANY SVCS					
f Medicare/Medicaid payments					92,840,207.
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	342,942.	
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			14	252,492.	
100 Gain or (loss) from sales of assets other than inventory			18	-9,268.	
101 Net income or (loss) from special events					
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))		1,419,209.		586,166.	259,992,713.
105 Total (add line 104, columns (B), (D), and (E))					261,998,088.

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	THE MEDICAL CENTER PROVIDES MEDICAL SERVICES TO RESIDENTS OF
93F	THE CENTRAL MAINE REGION WHICH IS THE BASIS OF EXEMPTION.

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	SEE STATEMENT 27 ----- -----			
b	----- -----			
c	----- -----			
Totals				1,513,446.

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

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

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 28				

Total number of other employees paid over \$50,000 . . . ▶ 717

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 29		

Total number of others receiving over \$50,000 for professional services ▶ 38

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 30		

Total number of other contractors receiving over \$50,000 for other services ▶ 15

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

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Transactions with substantial contributors; 3a-3d. Grants and other activities; 4a-4g. Donor advised funds.

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 categories 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: NOT APPLICABLE

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:

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)... 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	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				
	(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
=====

GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY
FORM 990, PART I, LINE 8

=====

CENTRAL MAINE MEDICAL CENTER HOLDS INVESTMENTS IN PUBLICLY TRADED
SECURITIES. DURING THE PERIOD ENDED JUNE 30, 2008, THE MEDICAL CENTER
REALIZED A LOSS ON THE SALES OF SUCH SECURITIES IN THE AMOUNT OF \$9,268.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSET DETAIL
FORM 990, PART IV, LINE 57C

	06/30/2007	06/30/2008
	-----	-----
LAND & LAND IMPROVEMENTS	8,820,424	8,910,249
BUILDINGS & BUILDING IMPROVEMENTS	105,155,366	113,786,430
MAJOR MOVABLE & FIXED EQUIPMENT	92,957,570	104,381,844
CONSTRUCTION IN PROGRESS	15,628,379	14,291,242
	-----	-----
TOTAL	222,021,739	241,369,765
LESS ACCUMULATED DEPRECIATION	(112,268,258)	(123,848,981)
	-----	-----
TOTAL TO LINE 57C	109,753,481	117,520,784
	=====	=====
CURRENT YEAR DEPRECIATION EXPENSE		13,244,687
		=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

MORTGAGES & OTHER NOTES PAYABLE
 FORM 990, PART IV, LINE 64B

	06/30/2007	06/30/2008
	-----	-----
REVOLVING LINE OF CREDIT WITH BANKNORTH, NA INTEREST ONLY PAYMENTS AT LIBOR PLUS 1.25%	7,200,000	10,700,000
NOTE PAYABLE TO BANKNORTH, NA (LOAN B) WITH INTEREST PAYMENTS AT 30-DAY LIBOR PLUS 1.65%	4,908,411	4,571,158
NOTE PAYABLE TO BANKNORTH, NA (LOAN C) WITH INTEREST PAYMENTS AT 30-DAY LIBOR PLUS 1.65%	3,549,140	3,303,925
TOTAL TO LINE 64B	----- 15,657,551 =====	----- 18,575,083 =====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS ON SECURITIES	217,390.
CHANGE IN NET ASSETS OF CMHC - PERM RES	987,839.
CHANGE IN FUND BALANCE REPORTED ON CMMC COLLEGE OF NURSING AND HEALTH PROFESSIONS FORM 990	27,779.

TOTAL	1,233,008.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
CHANGE IN NET ASSETS OF CMHC - TEMP RES	763,394.
OTHER	18,319.
TOTAL	----- 781,713. =====

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

=====

CURRENT OFFICER NAME -----		PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
DAVID LAUVER MD	EMPLOYEE			
COMPENSATION:		157,377.	41,840.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		27,981.	7,439.	NONE
EXPENSE ACCOUNT:		NONE	NONE	NONE
RAYMOND J TARDIF MD	EMPLOYEE			
COMPENSATION:		92,897.	24,697.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:		26,124.	6,945.	NONE
EXPENSE ACCOUNT:		NONE	NONE	NONE
TOTALS		----- 304,379. =====	----- 80,921. =====	----- NONE =====

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

=====

FORMER OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
NICHOLETTE L ERICKSON MD			
COMPENSATION:	526,385.	139,944.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	32,638.	8,677.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
 PAMELA RIETSCHERL			
COMPENSATION:	248,021.	65,938.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	16,567.	4,404.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
 LANNY OLIVER			
COMPENSATION:	212,694.	56,546.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	38,436.	10,219.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
 TOTALS	----- 1,074,741. =====	----- 285,728. =====	----- NONE =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
PURCHASED SERVICES	18,134,338.	14,325,720.	3,808,618.
INTERCOMPANY CHARGES	1,897,432.	1,897,432.	
BAD DEBT EXPENSE	11,001,187.	11,001,187.	
ADVERTISING	1,257,024.	993,021.	264,003.
INSURANCE	4,740,557.	3,744,934.	995,623.
CONSULTING	517,996.	409,205.	108,791.
ASSOCIATION DUES	613,634.	484,757.	128,877.
OTHER EXPENSES	3,851,101.	3,042,282.	808,819.
TOTALS	42,013,269.	35,898,538.	6,114,731.
	=====	=====	=====

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

=====

PROGRAM SERVICE ACCOMPLISHMENT A

CENTRAL MAINE MEDICAL CENTER IS A 250-BED, NOT-FOR-PROFIT HOSPITAL LOCATED IN LEWISTON, MAINE OFFERING COMPREHENSIVE HEALTHCARE SERVICES TO THE RESIDENTS OF THE CENTRAL AND WESTERN MAINE REGION. WITH AN ACTIVE MEDICAL STAFF OF MORE THAN 150 PHYSICIANS REPRESENTING SOME 30 SPECIALTIES OVER 1,000 HIGHLY SKILLED EMPLOYEES AND WITH THE SUPPORT OF THE LATEST TECHNOLOGIES, CMMC IS WELL POSITIONED TO MEET THE REGION'S HEALTHCARE NEEDS WITH THE UTMOST COMPASSION, KINDNESS, AND UNDERSTANDING.

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.

=====

BORROWER: DR. PAMELA REITSCHEL
 ORIGINAL AMOUNT: 56,956.
 INTEREST RATE: 4.000000
 DATE OF NOTE: 05/26/2007
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: TAIL COVERAGE
 DESCRIPTION AND FMV CASH
 OF CONSIDERATION:

BEGINNING BALANCE DUE	46,440.
ENDING BALANCE DUE	35,504.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.	46,440.
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TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC.	35,504.
--	---------

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FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CASH AND CASH EQUIVALENTS	15,394,012.	10,897,905.
US GOVT SECURITIES	2,568,712.	2,666,642.
MUTUAL FUNDS	15,114.	68,545.
FIXED INCOME SECURITIES	5,545,571.	1,458,779.
EQUITY SECURITIES	2,146,825.	925,902.
	-----	-----
TOTALS	25,670,234.	16,017,773.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
BENEFICIAL INTEREST IN NET ASSEST OF CENTRAL MAINE HEALTHCARE	14,499,368.	14,162,563.
TOTALS	----- 14,499,368. =====	----- 14,162,563. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ESTIMATED THIRD PARTY SETTLEMENTS	31,173,207.	41,515,634.
EQUITY IN JOINT VENTURES	2,394,443.	2,635,628.
OTHER ASSETS	4,234,930.	4,703,209.
DUE FROM AFFILIATES	115,701.	103,187.
	-----	-----
TOTALS	37,918,281.	48,957,658.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MAINE HEALTH & HIGHER ED FACILITIES AUTHORITY FIXED RATE REVENUE BONDS, SERIES 2003A INTEREST RATES VARYING FROM 2.5% TO 5.0%	48,975,313.	47,865,928.
MAINE HEALTH & HIGHER ED FACILITIES AUTHORITY FIXED RATE REVENUE BONDS, SERIES 2005B, INTEREST RATE VARYING FROM 3.5% TO 4.4%	27,650,000. -----	26,485,000. -----
TOTALS	76,625,313. =====	74,350,928. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: MORTGAGES & NOTES PAYABLE - SEE STMT 3

BEGINNING BALANCE DUE	15,657,551.
ENDING BALANCE DUE	18,575,083.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	15,657,551.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	18,575,083.
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FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED SELF-INSURANCE	1,633,142.	1,590,552.
ACCRUED PENSION OBLIGATION	6,601,187.	4,609,781.
ACCRUED ASSET RETIREMENT OBL.	1,685,340.	1,786,460.
	-----	-----
TOTALS	9,919,669.	7,986,793.
	=====	=====

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

=====

DESCRIPTION -----	AMOUNT -----
INCOME REPORTED ON BOOKS OF CMMC COLLEGE OF NURSING AND HEALTH PROFESSIONS	1,714,360.
CHANGE IN INTEREST IN NET ASSETS OF CMHC	224,445.

TOTAL	1,938,805.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

EXPENSES REPORTED ON RETURN
OF CMMC COLLEGE OF NURSING AND
HEALTH PROFESSIONS

1,946,653.

TOTAL

1,946,653.

=====

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

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PAULINE V BEALE C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	CHAIRMAN 1.00	NONE	NONE	NONE
RICHARD L ROY C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	VICE CHAIRMAN 1.00	NONE	NONE	NONE
MARK A ADAMS C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
DEBORAH DUNLAP AVASTHI C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
PETER E CHALKE C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	PRESIDENT OF CMHC 1.00	NONE	NONE	NONE
MARY ELLEN COSTELLO C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
STEVEN M COSTELLO	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	EMPLOYEE TRUSTEE 40.00	199,217.	35,420.	NONE
DAVID LAUVER MD C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
STEVEN A CLOSSON C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
VERN E PARADIE JR C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
CHARLES T ORNE C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TREASURER 1.00	NONE	NONE	NONE
CAROL J MORIN C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	SECRETARY 1.00	NONE	NONE	NONE
RENE R MORIN C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500	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
-----	-----	-----	-----	-----
LEWISTON, ME 04243-4500				
RAYMOND J TARDIF MD C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	EMPLOYEE TRUSTEE 1.00	117,594.	33,069.	NONE
JULIE SHACKLEY C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	TRUSTEE 1.00	NONE	NONE	NONE
	GRAND TOTALS	316,811.	68,489.	NONE
		----- =====	----- =====	----- =====

FORM 990, PART V-A RELATIONSHIP SCHEDULE

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RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	MARY ELLEN COSTELLO
NAME OF RELATED ENTITY:	STEVEN M COSTELLO
	CENTRAL MAINE MEDICAL CENTER
TITLE OR ROLE:	TRUSTEE
RELATIONSHIP:	SPOUSE

NAME OF OFFICER, DIRECTOR, ETC:	STEVEN M COSTELLO
NAME OF RELATED ENTITY:	MARY ELLEN COSTELLO
	CENTRAL MAINE MEDICAL CENTER
TITLE OR ROLE:	TRUSTEE
RELATIONSHIP:	SPOUSE

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

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----		-----	-----	-----
PETER E CHALKE CENTRAL MAINE HEALTHCARE CORP. PRESIDENT OF CMHC	01-0386913	521,695.	628,724.	NONE
CHARLES T ORNE CENTRAL MAINE HEALTHCARE CORP.	01-0386913	324,026.	157,700.	NONE
CAROL J MORIN CENTRAL MAINE HEALTHCARE CORP.	01-0386913	59,691.	28,033.	NONE
GRAND TOTALS		905,412.	814,457.	NONE
		=====	=====	=====

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

=====

NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
NICHOLETTE L ERICKSON MD C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243-4500	NONE	666,329.	41,315.	NONE
PAMELA RIETSCHER C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243 4500	35,504.	313,959.	20,971.	NONE
LANNY OLIVER C/O CENTRAL MAINE MEDICAL CENTER PO BOX 4500 LEWISTON, ME 04243 4500	NONE	269,240.	48,655.	NONE
GRAND TOTALS	----- 35,504. =====	----- 1,249,528. =====	----- 110,941. =====	----- NONE =====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: CENTRAL MAINE HEART AND VASCULAR INST

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL MAINE COMMUNITY HEALTH CORPORATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL MAINE REAL ESTATE MANAGEMENT CORPORATION

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CMMC COLLEGE OF NURSING AND HEALTH PROFESSIONS

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CENTRAL MAINE HEALTH VENTURES, INC.

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: RUMFORD HOSPITAL

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: BRIDGTON 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:

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT

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CONTROLLED ENTITY'S NAME: CMMC COLLEGE OF NURSING & HEALTH PROF
CONTROLLED ENTITY'S ADDRESS: PO BOX 4500
CITY, STATE & ZIP: LEWISTON, ME 04243-4500
EIN: 01-0356077
TRANSFER AMOUNT: 443,521.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
RENT

CONTROLLED ENTITY'S NAME: CMMC COLLEGE OF NURSING & HEALTH PROF
CONTROLLED ENTITY'S ADDRESS: PO BOX 4500
CITY, STATE & ZIP: LEWISTON, ME 04243-4500
EIN: 01-0356077
TRANSFER AMOUNT: 1,069,925.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
MANAGEMENT FEES

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

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
PATRICIA MUJICA C/O CENTRAL MAINE MED CENTER PO BOX 4500 LEWISTON, ME 04243-4500	PHYSICIAN 40.00	756,020.	50,821.	NONE
DANIEL LALONDE C/O CENTRAL MAINE MEDICAL CTR PO BOX 4500 LEWISTON, ME 04243-4500	PHYSICIAN 40.00	788,156.	13,065.	NONE
GUILLERMO CANDIA C/O CENTRAL MAINE MEDICAL CTR PO BOX 4500 LEWISTON, ME 04243-4500	PHYSICIAN 40.00	746,778.	47,882.	NONE
RICHARD COCHRAN C/O CENTRAL MAINE MEDICAL CTR PO BOX 4500 LEWISTON, ME 04243-4500	PHYSICIAN 40.00	609,962.	55,143.	NONE
CARLO GAMMAITONI C/O CENTRAL MAINE MEDICAL CTR PO BOX 4500 LEWISTON, ME 04243-4500	PHYSICIAN 40.00	606,026.	46,911.	NONE
	TOTAL COMPENSATION	----- 3,506,942. =====	----- 213,822. =====	----- NONE =====

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

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
COMPHEALTH PO BOX 972651 DALLAS, TX 75397-2651	MEDICAL STAFFING	748,863.
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397-2633	MEDICAL STAFFING	1,217,192.
ASSOCIATED REG AND UNIV PATHOLOGISTS PO BOX 27964 SALT LAKE CITY, UT 84127	MEDICAL SERVICES	898,796.
VISTA STAFFING FILE 50834 ATLANTA, GA 30384	MEDICAL STAFFING	1,778,291.
STAFF CARE PO BOX 281923 ATLANTA, GA 30384-1923	MEDICAL STAFFING	562,306.
TOTAL COMPENSATION		----- 5,205,448. =====

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

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
NORMAN R BERNIER PO BOX 354 GREENE, ME 04236	CONTRACTOR	205,702.
ACS CONSULTANT COMPANY PO BOX 633877 HEBRON, ME 04238	IT SERVICES	776,296.
UNITED LINEN SERVICES 55 E FIFTH ST STE 960 ST PAUL, MN 55101	LAUNDRY SERVICES	459,245.
NASON MECHANICAL 194 MERROW RD AUBURN, ME 04210	CONTRACTOR SERVICES	398,367.
LEDGEWOOD CONSTRUCTION 27 MAIN ST SOUTH PORTLAND, ME 04106	CONTRACTOR	335,051.
TOTAL COMPENSATION		----- 2,174,661. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V, FORM 990