

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: RUMFORD HOSPITAL. D Employer identification number: 01-0215227. E Telephone number: (207) 795-2268. F Accounting method: Cash, Accrual, Other (specify).

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

G Website: WWW.RUMFORDHOSPITAL.ORG. J Organization type: 501(c)(03). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 30,881,611.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 7 Other investment income; 8a Gross amount from sales of assets; 9 Special events; 10a Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets at beginning; 20 Other changes; 21 Net assets at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2007)

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 Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, 25b Compensation of former officers, 25c Compensation and other distributions, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a - 27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a ADVERTISING AND WANT ADS, b BAD DEBTS, c PURCHASED SERVICES, d ASSOCIATION DUES, e INSURANCE, f OTHER EXPENSES, g CONSULTING, 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) and Liabilities (60-66). A section for Net Assets or Fund Balances (67-74) follows, with checkboxes for SFAS 117 compliance.

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 82a through 91a regarding organizational expenses, lobbying, and state filings.

Table with columns for question number, 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 SERVICE					30,668,275.
b OTHER OPERATING REVENUE					77,431.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	67,368.	
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	194.	
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))				67,562.	30,745,706.
105 Total (add line 104, columns (B), (D), and (E))					30,813,268.

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 HOSPITAL RECEIVES PAYMENT FROM INDIVIDUALS, & OTHER
93C	THIRD PARTIES BY PROVIDING MEDICAL SERVICES WHICH FORMS
	THE BASIS OF THEIR EXEMPT PURPOSE.

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
STMT 19	%		-6,755.	225,892.
	%			
	%			
	%			

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 20			
b				
c				
Totals				1,158.

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 checked="" 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 checked="" type="checkbox"/>

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

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

RUMFORD HOSPITAL

Employer identification number

01-0215227

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 21				

Total number of other employees paid over \$50,000 . . ▶ 63

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 22		

Total number of others receiving over \$50,000 for professional services ▶ 7

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 23		

Total number of other contractors receiving over \$50,000 for other services ▶ 2

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... 26a 26b 26c 26d 26e 26f 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 (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 27d 27e 27f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ... % 27h 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
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 FIXED ASSETS
 FORM 990, PART IV, LINE 57
 =====

	06/30/2007	06/30/2008
	-----	-----
LAND	89,148	89,148
LAND IMPROVEMENTS	323,839	340,678
BUILDINGS & IMPROVEMENTS	7,634,054	7,805,352
EQUIPMENT	11,924,817	13,027,526
CONSTRUCTION IN PROGRESS	469,842	2,940,087
	-----	-----
TOTAL TO LINE 57A	20,441,700	24,202,591
LESS ACCUMULATED DEPRECIATION	(12,119,240)	(13,075,840)
	-----	-----
TOTAL TO LINE 57C	8,322,460	11,126,751
	=====	=====
 TOTAL DEPRECIATION EXPENSE		 1,100,344
		=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

	06/30/2007	06/30/2008
	-----	-----
4.5% RURAL DEVELOPMENT NOTES PAYABLE COLLATERALIZED BY PROPERTY, PAYABLE IN MONTHLY INSTALLMENTS OF \$3,294, INCLUDING INTEREST, THROUGH OCTOBER 2035 AND \$681, INCLUDING INTEREST THROUGH MAY 2036	762,373	748,273
TOTAL TO LINE 64B	----- 762,373 =====	----- 748,273 =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

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DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSS ON INVESTMENTS	106,964.
CHANGE IN BENEFICIAL INTEREST IN	
CHARITABLE REMAINDER TRUST	4,333.

TOTAL	111,297.
	=====

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 =====			
MONIQUE CRAWFORD PO BOX 147 PERU, ME 04290	NONE STUDENT	NURSING EDUCATION	2,000.
RHONDA NORTON 23 FOREST TRAIN DRIVE TURNER, ME 04282	NONE STUDENT	NURSING EDUCATION	894.
HEIDI ROY 126 LEAVITT STREET MEXICO, ME 04257	NONE STUDENT	NURSING EDUCATION	2,000.
PAMELA SICOTTE 240 FRANKLIN STREET RUMFORD, ME 04276	NONE STUDENT	NURSING EDUCATION	2,000.
ALAN MITCHELL 221 WARREN HILL ROAD JAY, ME 04239	NONE STUDENT	NURSING EDUCATION	1,223.
		TOTAL CONTRIBUTIONS PAID	8,117.
			=====

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

=====

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----
JOHN KROGER MD			
EMPLOYEE			
COMPENSATION:	151,296.	64,841.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	10,287.	4,409.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
	-----	-----	-----
TOTALS	161,583.	69,250.	NONE
	=====	=====	=====

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

=====

FORMER OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ALBERT ANIEL MD			
COMPENSATION:	111,723.	47,881.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	29,385.	12,594.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
DIETER KRECKEL MD			
COMPENSATION:	148,126.	63,482.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	15,416.	6,607.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOTALS	----- 304,650. =====	----- 130,564. =====	----- NONE =====

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

RUMFORD HOSPITAL IS A CRITICAL ACCESS HOSPITAL, PROVIDING
COMPREHENSIVE PRIMARY CARE & SOPHISTICATED DIAGNOSTIC
SERVICES, INCLUDING CT SCANNING, ULTRASOUND AND NUCLEAR
MEDICINE. THE HOSPITAL OFFERS MEDICAL SURGICAL NURSING
SERVICES, A BIRTHING CENTER, WOMEN'S HEALTH SERVICES &
AMBULATORY SURGERY. THE SWING BED PROGRAM PROVIDES CARE FOR
PATIENTS WHO NEED SKILLED NURSING SERVICES. RUMFORD
HOSPITAL ALSO MAINTAINS A 24 HOUR EMERGENCY DEPARTMENT AND
STAFFS AN INTENSIVE CARE UNIT.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BOND DESIGNATED FUNDS	1,921,478.	1,951,470.
FUNDS HELD BY BOND TRUSTEE	48,324.	48,372.
DONOR-RESTRICTED FUNDS	907,721.	902,205.
	-----	-----
TOTALS	2,877,523.	2,902,047.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BENEFICIAL INTEREST IN		
CHARITABLE REMAINDER TRUST	77,231.	72,898.
OTHER RECEIVABLES	163,193.	401,763.
	-----	-----
TOTALS	240,424.	474,661.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

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LENDER: MORTGAGES & NOTES PAYABLE - SEE STMT 2

BEGINNING BALANCE DUE	762,373.
ENDING BALANCE DUE	748,273.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	762,373.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	748,273.
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FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
ACCRUED PENSION	3,692,228.	4,287,131.
ACCRUED ASSET RETIREMENT OBLIGATION	344,129.	364,777.
TOTALS	----- 4,036,357. =====	----- 4,651,908. =====

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

=====

DESCRIPTION	AMOUNT
-----	-----
CHANGE IN FMV: PERPETUAL TRUST	4,333.
TOTAL	----- 4,333.
	=====

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 -----
JOHN KROGER MD C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	EMPLOYEE TRUSTEE 40.00	216,137.	14,696.	NONE
BARBARA BELANGER C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	TRUSTEE 1.00	NONE	NONE	NONE
PETER E CHALKE C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	PRESIDENT OF CMHC 1.00	NONE	NONE	NONE
STUART R COOPER C/O RUMFORD MAINE PO BOX 619 RUMFORD, ME 04276	TRUSTEE 1.00	NONE	NONE	NONE
JOLAN IPPOLITO C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	CHAIRPERSON 1.00	NONE	NONE	NONE
ROGER ARSENAULT C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD LOVEJOY	SECRETARY/TREASURER 1.00	NONE	NONE	NONE

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
-----	-----	-----	-----	-----
C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276				
JOSEPH A POIRIER C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	TRUSTEE 1.00	NONE	NONE	NONE
ROBERT STICKNEY C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	VICE CHAIR 1.00	NONE	NONE	NONE
JOHN WELSH C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	PRESIDENT OF RUMFORD HOSPITAL 1.00	NONE	NONE	NONE
LINDA CAMERON OD C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	TRUSTEE 1.00	NONE	NONE	NONE
DAVID DUGUAY C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	TRUSTEE 1.00	NONE	NONE	NONE
	GRAND TOTALS	216,137.	14,696.	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
-----		-----	-----	-----
PETER E CHALKE CENTRAL MAINE HEALTHCARE CORP. PRESIDENT OF CMHC	01-0386913	521,695.	628,724.	NONE
RICHARD LOVEJOY CENTRAL MAINE HEALTHCARE CORP.	01-0386913	NONE	31,966.	NONE
JOHN WELSH CENTRAL MAINE HEALTHCARE CORP. PRESIDENT OF RUMFORD HOSPITAL	01-0386913	205,501.	70,951.	NONE
GRAND TOTALS		727,196.	731,641.	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 -----
ALBERT ANIEL MD C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	NONE	159,604.	41,979.	NONE
DIETER KRECKEL MD C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	NONE	211,608.	22,023.	NONE
GRAND TOTALS	----- NONE	----- 371,212.	----- 64,002.	----- NONE
	=====	=====	=====	=====

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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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: CENTRAL MAINE HEALTH VENTURES, INC.

EXEMPT: NONEXEMPT: X

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 IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

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NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER -----	PERCENTAGE OWNERSHIP INTEREST -----	NATURE OF BUSINESS ACTIVITIES -----	TOTAL INCOME -----	ENDING ASSETS -----
RUMFORD COMMUNITY HOSPITAL ORG 420 FRANKLIN STREET RUMFORD, ME 04276 04-3381805	50.000000	HEALTH CARE	-6,755.	225,892.
TOTAL INCOME			----- -6,755.	----- 225,892.
			=====	=====

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

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CONTROLLED ENTITY'S NAME: RUMFORD COMMUNITY HOME CORPORATION
CONTROLLED ENTITY'S ADDRESS: 11 JOHN F. KENNEDY LANE
CITY, STATE & ZIP: RUMFORD, ME 04276
EIN: 22-2844951
TRANSFER AMOUNT: 1,158.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CONTRACT SERVICES

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 -----
JACOB LEDESMA C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	PHYSICIAN 40.00	328,131.	13,210.	NONE
RICK MARDEN C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	PHYSICIAN 40.00	249,773.	45,549.	NONE
THOMAS DELUCA C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	PHYSICIAN 40.00	265,984.	26,935.	NONE
MARY DUNLAP C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	NURSE PRACTITIONER 40.00	209,717.	5,391.	NONE
WILLIAM KILEY C/O RUMFORD HOSPITAL PO BOX 619 RUMFORD, ME 04276	PHYSICIAN 40.00	198,340.	10,428.	NONE
	TOTAL COMPENSATION	----- 1,251,945. =====	----- 101,513. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
FRANKLIN HODSON JR PA 262 ALLEN HILL ROAD OXFORD, ME 04270	MEDICAL SERVICES	432,108.
ASSOC REG AND UNIVERSITY PATHOLOGISTS PO BOX 27964 SALT LAKE CITY, UT 84127	MEDICAL SERVICES	130,793.
STAFF CARE PO BOX 281923 ATLANTA, GA 30384-1923	MEDICAL STAFFING	215,270.
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397-2633	MEDICAL STAFFING	193,389.
COMPHEALTH MEDICAL STAFFING PO BOX 972670 DALLAS, TX 75397-2670	MEDICAL STAFFING	129,376.
	TOTAL COMPENSATION	----- 1,100,936. =====

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

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
LEDGEWOOD CONSTRUCTION 27 MAIN STREET SOUTH PORTLAND, ME 04106	CONTRACTOR SERVICES	1,684,541.
ACS CONSULTANT COMPANY PO BOX 633877 CINCINNATI, OH 45263-3877	IT SOLUTIONS	370,170.
RIVER VALLEY PAINTING 15 GRANITE STREET MEXICO, ME 04257	CONTRACTOR SERVICES	176,115.
NASON MECHANICAL 194 MERROW ROAD AUBURN, ME 04210	CONTRACTOR SERVICES	176,627.
NORTHERN DATA SYSTEMS PO BOX 66738 FALMOUTH, ME 04105-9966	CONTRACTOR SERVICES	105,940.
	TOTAL COMPENSATION	----- 2,513,393. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990, PART V.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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THE HEALTH PROFESSIONAL SHORTAGE STUDENT LOAN PROGRAM IS MADE AVAILABLE THROUGH THE RUMFORD HOSPITAL AND HOSPITAL AUXILIARY TO STUDENTS WHO WISH TO PURSUE CAREERS IN HEALTH CARE FIELDS AND WHO HAVE BEEN ACCEPTED INTO AN ACCREDITED SCHOOL. THE 2007 PROGRAM YEAR WILL ACCEPT APPLICATIONS FOR NURSING, LAB, RADIOLOGY, RESPIRATORY THERAPY, AND PHYSICAL THERAPY.

THESE LOANS ARE AVAILABLE TO RESIDENTS LIVING IN THE RUMFORD HOSPITAL AND RUMFORD COMMUNITY HOME SERVICE AREA WHO HAVE BEEN ACCEPTED INTO AN ACCREDITED SCHOOL ON A FULL-TIME BASIS. STUDENTS WHO ARE ACCEPTED INTO AN ACCREDITED SCHOOL ON A PART-TIME BASIS ARE ELIGIBLE AND WILL BE HANDLED ON AN INDIVIDUAL BASIS. HIGH SCHOOL GRADUATES AND AREA RESIDENTS WHO WISH TO CONTINUE THEIR EDUCATION IN THE HEALTH CARE FIELD MAY APPLY. RUMFORD HOSPITAL EMPLOYEES MAY ALSO BE ELIGIBLE, PLEASE CONTACT THE ADMINISTRATION OFFICE FOR INFORMATION ON EMPLOYEE ELIGIBILITY AND OBLIGATIONS.