

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 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>CENTRAL MAINE MEDICAL CENTER</u>	D Employer identification number <u>01-0211494</u>
		Doing Business As	E Telephone number <u>(207) 795-2972</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>PO BOX 4500</u>	G Gross receipts \$ <u>315,015,373.</u>
		City or town, state or country, and ZIP + 4 <u>LEWISTON, ME 04243-4500</u>	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: <u>LAIRD COVEY</u> <u>300 MAIN STREET LEWISTON, ME 04240</u>		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>03</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ <u>WWW.CMMC.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1888</u> M State of legal domicile: <u>ME</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE EXCEPTIONAL HEALTHCARE SERVICES IN A SAFE AND TRUSTFUL ENVIRONMENT THROUGH THE EXPERTISE, COMMITMENT AND COMPASSION OF OUR FAMILY OF CAREGIVERS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	2,429
	6	Total number of volunteers (estimate if necessary)	6	246
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,692,241.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-78,466.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,966,360.	2,161,766.
	9	Program service revenue (Part VIII, line 2g)	289,373,198.	312,363,743.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,238.	149,120.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-66,218.	-94,078.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	291,297,578.	314,580,551.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	51,062.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	163,948,378.	179,771,341.
	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25 ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	122,657,760.	139,302,725.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	286,606,138.	319,125,128.	
19	Revenue less expenses. Subtract line 18 from line 12	4,691,440.	-4,544,577.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	240,049,315.	301,663,131.
	21	Total liabilities (Part X, line 26)	139,711,679.	210,533,517.
22	Net assets or fund balances. Subtract line 21 from line 20	100,337,636.	91,129,614.	

Part II Signature Block

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.

Sign Here	▶ _____ Signature of officer	_____ Date
	▶ _____ Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>P01050195</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>KPMG LLP</u> <u>60 SOUTH STREET BOSTON, MA 02111</u>	EIN ▶ <u>13-5565207</u>	Phone no. ▶ <u>617-988-1000</u>	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO PROVIDE EXCEPTIONAL HEALTHCARE SERVICES IN A SAFE AND TRUSTFUL ENVIRONMENT THROUGH THE EXPERTISE, COMMITMENT AND COMPASSION OF OUR FAMILY OF CAREGIVERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 272,687,204. including grants of \$ _____) (Revenue \$ 309,665,441.)
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 300 PHYSICIANS REPRESENTING SOME 30 SPECIALTIES OVER 2,000 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.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 272,687,204.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (16); 1b Enter the number of voting members that are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ME,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PHIL MORISSETTE 29 LOWELL STREET LEWISTON, ME 04240 207 795-2972

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAULINE V BEALE, OD CHAIRMAN	1.00	X		X				0.	0.	0.
RICHARD L ROY VICE CHAIRMAN	1.00	X						0.	0.	0.
MARK A ADAMS TRUSTEE	1.00	X						0.	0.	0.
DEBORAH DUNLAP AVASTHI TRUSTEE	1.00	X						0.	0.	0.
PETER E CHALKE PRESIDENT OF CMHC	1.00	X						0.	664,594.	15,328.
MARY ELLEN COSTELLO TRUSTEE	1.00	X						0.	0.	0.
STEPHEN M COSTELLO TRUSTEE	1.00	X						0.	0.	0.
STEVEN A CLOSSON TRUSTEE	1.00	X						0.	0.	0.
RAYMOND J TARDIF MD TRUSTEE/PHYSICIAN	55.00	X						152,208.	0.	15,967.
JULIE SHACKLEY TRUSTEE	1.00	X						0.	0.	0.
LAWRENCE OLIVER TRUSTEE/PHYSICIAN	55.00	X						320,711.	0.	10,311.
LAIRD COVEY PRESIDENT - CENTRAL MAINE MEDI	55.00	X		X				0.	450,648.	35,106.
JOHN E BLANCHARD TRUSTEE	1.00	X						0.	0.	0.
PHILLIPE NADEAU TRUSTEE	1.00	X						0.	0.	0.
RONALD PEYSER TRUSTEE	1.00	X						0.	0.	0.
MARK CARRIER TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY WILKINS TRUSTEE	1.00	X						0.	0.	0.
JENNIFER WILEY TRUSTEE	1.00	X						0.	0.	0.
CHARLES T ORNE TREASURER	1.00			X				0.	427,042.	19,824.
CAROL J MORIN SECRETARY	1.00			X				0.	84,450.	10,591.
GUILLERMO CANDIA MD PHYSICIAN	55.00					X		783,053.	0.	12,538.
DANIEL LALONDE MD PHYSICIAN	55.00					X		1,284,509.	0.	11,461.
PATRICIO MUJICA MD PHYSICIAN	55.00					X		782,245.	0.	15,840.
MICHAEL PARKER MD PHYSICIAN	55.00					X		608,651.	0.	0.
PHILIP J. O'CONNOR PHYSICIAN	55.00					X		886,163.	0.	12,101.
1b Total								4,817,540.	1,626,734.	159,067.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 214

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 43

Part VIII Statement of Revenue

01-0211494

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,479,036.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	487,415.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	195,315.				
	g Noncash contributions included in lines 1a-1f: \$		287,500.				
	h Total. Add lines 1a-1f			2,161,766.			
Program Service Revenue		Business Code					
	2a PATIENT SVC REVENUE		621110	202,500,119.	202,500,119.		
	b MEDICARE/MEDICAID PAYMENTS		621610	98,808,211.	98,808,211.		
	c FOOD SERVICE		621110	544,142.	544,142.		
	d TUITION AND RELATED FEES		621110	158,115.	158,115.		
	e LABORATORY TESTING		621110	2,692,241.		2,692,241.	
	f All other program service revenue		621110	7,660,915.	7,660,915.		
	g Total. Add lines 2a-2f			312,363,743.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 3		88,017.	88,017.		
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents	0.	0.				
	b Less: rental expenses						
	c Rental income or (loss)	0.	0.				
	d Net rental income or (loss)			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	32,742.	28,361.				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)	32,742.	28,361.				
	d Net gain or (loss)			61,103.			
	8a Gross income from fundraising events (not including \$ <u>1,479,036.</u> of contributions reported on line 1c). See Part IV, line 18	a	ATCH 4	340,744.			
	b Less: direct expenses	b		434,822.			
c Net income or (loss) from fundraising events		ATCH 5	-94,078.	-94,078.		0.	
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0.				
12 Total Revenue. See instructions			314,580,551.	309,665,441.	2,692,241.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	20,000.	20,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	31,062.	31,062.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	168,176.	139,278.	28,898.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	152,918,297.	126,641,859.	26,276,438.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	5,445,316.	4,509,630.	935,686.	
9 Other employee benefits	13,120,720.	10,866,145.	2,254,575.	
10 Payroll taxes	8,118,832.	6,723,747.	1,395,085.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	385,049.		385,049.	
c Accounting	121,940.		121,940.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	20,792,890.	17,219,981.	3,572,909.	
12 Advertising and promotion	1,800,634.	1,491,225.	309,409.	
13 Office expenses	4,106,266.	3,400,673.	705,593.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,957,420.	4,933,738.	1,023,682.	
17 Travel	1,216,522.	1,007,483.	209,039.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	4,212,541.	3,488,687.	723,854.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	17,664,983.	14,629,553.	3,035,430.	
23 Insurance	7,520,806.	6,228,482.	1,292,324.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>MEDICAL SUPPLIES</u>	51,267,513.	51,267,513.		
b <u>BAD DEBT EXPENSE</u>	13,409,216.	11,105,068.	2,304,148.	
c <u>INTERCORPORATE CHARGES</u>	6,314,532.	5,229,486.	1,085,046.	
d <u>ASSOCIATION DUES</u>	576,233.	477,217.	99,016.	
e <u>ALL OTHER EXPENSES</u>	3,956,180.	3,276,377.	679,803.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	319,125,128.	272,687,204.	46,437,924.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	32,709.	1	33,250.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,020,490.	4	34,074,314.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	35,504.	5	5,814.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,833,123.	8	2,961,201.
	9 Prepaid expenses and deferred charges	3,127,327.	9	1,587,711.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 285,701,990.		
	b Less: accumulated depreciation	10b 150,468,006.	123,306,802.	10c 135,233,984.
	11 Investments - publicly traded securities	16,095,462.	11	48,963,871.
	12 Investments - other securities. See Part IV, line 11	12,684,441.	12	19,007,905.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	49,913,457.	15	59,795,081.
16 Total assets. Add lines 1 through 15 (must equal line 34)	240,049,315.	16	301,663,131.	
Liabilities	17 Accounts payable and accrued expenses	30,614,846.	17	65,215,794.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	72,006,545.	20	125,725,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	29,750,886.	23	11,599,287.
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities. Complete Part X of Schedule D	7,339,402.	25	7,993,436.	
26 Total liabilities. Add lines 17 through 25	139,711,679.	26	210,533,517.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	87,649,877.	27	77,562,068.
	28 Temporarily restricted net assets	464,170.	28	2,298,676.
	29 Permanently restricted net assets	12,223,589.	29	11,268,870.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	100,337,636.	33	91,129,614.	
34 Total liabilities and net assets/fund balances	240,049,315.	34	301,663,131.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2009, 2008. Row 15: Public support percentage for 2009; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2009, 2008. Row 17: Investment income percentage for 2009; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17.

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B

PORTION OF DUES FOR PROFESSIONAL ASSOCIATIONS ATTRIBUTED TO LOBBYING

EXPENSES - \$22,712.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment 89.9000 %
c Term endowment 10.1000 %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other PRIVATE LIMITED PARTNERSHIPS	803,272.	
BENEFICIAL INTEREST IN NET		
ASSETS OF CENTRAL MAINE		
HEALTHCARE	18,204,633.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	19,007,905.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ESTIMATED THIRD PARTY SETTLEMENTS	53,894,524.
EQUITY IN JOINT VENTURES	3,004,164.
OTHER ASSETS	2,823,761.
DUE FROM AFFILIATES	72,632.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	59,795,081.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED SELF-INSURANCE	1,570,392.
ACCRUED PENSION OBLIGATION	4,493,271.
ACCRUED ASSET RETIREMENT OBL.	1,929,773.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,993,436.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO SUPPORT THE ORGANIZATION IN A VARIETY OF WAYS, DEPENDING UPON THE STATED PURPOSE OF EACH FUND. MANY OF THESE FUNDS HELP TO COVER COSTS OF CAPITAL EQUIPMENT PURCHASES, CONTINUING MEDICAL EDUCATION, OR FREE CARE. OTHERS ARE DESIGNATED TO SUPPORT SPECIFIC DEPARTMENTS OF THE HOSPITAL.

OTHER LIABILITIES

PART X, LINE 2

CENTRAL MAINE MEDICAL CENTER [AND AFFILIATES] "ARE CLASSIFIED AS TAX EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER THESE ENTITIES ARE SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME."
"CMHC AND ITS CONSOLIDATED ENTITIES FILE TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THESE ENTITIES ARE NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2004."

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

FOREIGN ACTIVITIES

CENTRAL MAINE MEDICAL CENTER PROVIDED MEDICAL SUPPLIES TO HELP WITH THE
EARTHQUAKE DISASTER RELIEF EFFORTS IN HAITI.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		DEMPSEY CHALLENGE (event type)	FALL GOLF CLASS (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,632,209.	105,084.	82,487.	1,819,780.
	2	Less: Charitable contributions	1,343,379.	79,230.	56,427.	1,479,036.
	3	Gross income (line 1 minus line 2)	288,830.	25,854.	26,060.	340,744.
Direct Expenses	4	Cash prizes	0.	0.	0.	0.
	5	Noncash prizes	15,420.	1,700.	0.	17,120.
	6	Rent/facility costs	23,980.	6,870.	2,094.	32,944.
	7	Food and beverages	4,786.	5,438.	8,634.	18,858.
	8	Entertainment			3,500.	3,500.
	9	Other direct expenses	352,562.	5,485.	4,353.	362,400.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					-94,078.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					()
8	Net gaming income summary. Combine line 1, column d, and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300.0000 %	X	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%		X
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?		X
6b If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			8,112,622.	0.	8,112,622.	2.65
b Unreimbursed Medicaid (from Worksheet 3, column a)			41,725,073.	25,312,280.	16,412,793.	5.37
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			0.	0.	0.	0.00
d Total Charity Care and Means-Tested Government Programs			49,837,695.	25,312,280.	24,525,415.	8.02
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			67,436.	4,320.	63,116.	.02
f Health professions education (from Worksheet 5)			2,122,094.	800,518.	1,321,576.	.43
g Subsidized health services (from Worksheet 6)			0.	0.	0.	0.00
h Research (from Worksheet 7)			0.	0.	0.	0.00
i Cash and in-kind contributions to community groups (from Worksheet 8)			20,500.	0.	0.	.01
j Total Other Benefits			2,210,030.	804,838.	1,384,692.	.46
k Total. Add lines 7d and 7j			52,047,725.	26,117,118.	25,910,107.	8.48

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

Schedule H (Form 990) 2009

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- 2 Enter the amount of the organization's bad debt expense (at cost) **2** 6,576,083.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3** 100,000.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 74,401,454.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 81,737,178.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** -7,335,724.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

- Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? **9a** X
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. **9b** X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CENTRAL MAINE MEDICAL CENTER 300 MAIN STREET LEWISTON ME 04240	X	X		X			X		
CENTRAL MAINE ACUTE CARE CLINIC 76 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE BARIATRIC SURGERY 10 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE EAR, NOSE AND THROAT 12 BATES STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE ENDICRINOLOGY AND DIABETES 287 MAIN STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE FAMILY HEALTH CARE ASSOCIA 190 STETSON ROAD AUBURN ME 04210									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE FAMILY HEALTH CENTER RESID 76 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE FAMILY PRACTICE 12 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE GASTROENTEROLOGY 77 BATES STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE HEART ASSOCIATES 60 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE HEART ASSOCIATION 11 EVERGREEE DRIVE OAKLAND ME 04693									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE HEMATOLOGY & ONCOLOGY 12 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE INTERNAL MEDICINE 12 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE OB/GYN 12 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE PEDIATRICS 12 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE PLASTIC SURGERY 287 MAIN STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2009

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CENTRAL MAINE SPINE CENTER 10 MINOT AVENUE AUBURN ME 04210									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE SPORTS MEDICINE CLINIC 76 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE SURGICAL ASSOCIATES 12 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE UROLOGY 287 MAIN STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CENTRAL MAINE VASCULAR ASSOCIATES 60 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CMMC BLADDER CONTROL CENTER 287 MAIN STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
CMMC PAIN & HEADACHE CENTER/NEUROLOGY/DI 10 MINOT AVENUE AUBURN ME 04210									OUTPATIENT PHYSICIAN CLINIC
GRAY FAMILY CLINIC 116 SHAKER ROAD GRAY ME 04239									OUTPATIENT PHYSICIAN CLINIC
INFECTIOUS DISEASE ASSOCIATES 76 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
LISBON FAMILY PRACTICE 2 BISBEE ROAD LISBON ME 04250									OUTPATIENT PHYSICIAN CLINIC
MECHANIC FALLS FAMILY PRACTICE 22 PLEASANT STREET MECHANIC FALLS ME 04256									OUTPATIENT PHYSICIAN CLINIC
MINOT AVENUE FAMILY MEDICINE 789 MINOT AVENUE AUBURN ME 04210									OUTPATIENT PHYSICIAN CLINIC
POLAND COMMUNITY HEALTH CENTER 364 MAIN STREET POLAND ME 04274									OUTPATIENT PHYSICIAN CLINIC
PULMONARY & CRITICAL CARE ASSOCIATES 76 HIGH STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC
TOPSHAM FAMILY MEDICINE 4 HORTON PLACE TOPSHAM ME 04086									OUTPATIENT PHYSICIAN CLINIC
WOMEN'S SPECIALTY CENTER 287 MAIN STREET LEWISTON ME 04240									OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2009

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

MANY ORGANIZATIONS USE A 100% TO 200% FEDERAL POVERTY GUIDELINES (FPG) LEVEL TO DETERMINE FREE CARE, WITH A HIGHER PERCENTAGE TIER FOR DISCOUNTED CARE. CENTRAL MAINE MEDICAL CENTER USES A 300% FPG LEVEL TO DETERMINE FREE CARE, EFFECTIVELY PROVIDING A 100% DISCOUNT FOR THOSE PATIENTS WHO NORMALLY WOULD FALL INTO A DISCOUNTED CARE TIER.

PART I, LINE 7, COLUMN F:

BAD DEBT EXPENSE OF \$13,409,216 WAS DEDUCTED FROM THE AMOUNT ON FORM 990, PART IX, LINE 25, COLUMN (A) TO CALCULATE THE PERCENT OF TOTAL EXPENSE.

PART I, LINE 7:

THE COSTING METHODOLOGY USED IN THE TABLE FOR PART I, LINE 7 IS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, "RATIO OF PATIENT CARE COST-TO-CHARGES", INCLUDED WITH THE SCHEDULE H INSTRUCTIONS. THIS RATIO WAS USED IN THE AMOUNTS ON LINES 7A AND 7B.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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PART III, LINE 4:

THERE IS NO FOOTNOTE IN THE CONSOLIDATED FINANCIAL STATEMENTS
 RELATING TO BAD DEBT EXPENSE. THE AMOUNT REPORTED ON LINE 2 OF
 SCHEDULE H, PART III IS BASED ON THE COST-TO-CHARGE RATIO CALCULATED
 IN SUPPORTING WORKSHEET 2, PROVIDED WITH THE INSTRUCTIONS TO SCHEDULE
 H. THE AMOUNT ON LINE 3, IN THE SAME SECTION, IS BASED UPON A
 COMPARISON OF EXPERIENCED CHARITY CARE COVERAGE AND US CENSUS BUREAU
 DATA FOR THE MOST RECENT YEAR AVAILABLE. WHEN CHARITY CARE COVERAGE
 EXCEEDS THE CENSUS DATA, A MINIMAL AMOUNT OF BAD DEBT IS ASSUMED TO
 BE ELIGIBLE FOR CHARITY CARE TO ACCOUNT FOR THOSE PATIENTS WHO REFUSE
 TO PROVIDE INFORMATION DOCUMENTING ELIGIBILITY FOR THE PROGRAM.
 THESE ESTIMATES ARE BASED ON STATE-WIDE DATA AND DO NOT ACCOUNT FOR
 DIFFERENCES IN GEOGRAPHIC LOCATIONS WITHIN THE STATE.

PART III, LINE 8:

APPROXIMATELY 59 PERCENT OF THE POPULATION AGE 65 AND OVER IN MAINE
 IS BELOW THE 300% FPG LEVEL. IF THESE PATIENTS WERE NOT ON MEDICARE,
 THERE IS A SIGNIFICANT PROBABILITY THAT THE PATIENTS WOULD ELIGIBLE
 FOR OUR CHARITY CARE PROGRAM. IF THIS WERE THE CASE, THEN THE TOTAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

 CHARGES WOULD BE RECORDED AS CHARITY CARE RATHER THAN HAVING THE

 SHORTAGE REPORTED AS A MEDICARE SHORTFALL.

PART III, LINE 9B:

 COLLECTION PRACTICES FOR PATIENTS KNOWN TO BE ELIGIBLE FOR CHARITY

 CARE ARE LIMITED TO COLLECTING FROM ANY AVAILABLE PAYMENT SOURCES

 SUCH AS MEDICARE OR MEDICAID. IF A PATIENT IS ELIGIBLE, BUT HAS NOT

 APPLIED FOR MEDICAID COVERAGE, THE PATIENT IS REQUESTED TO APPLY.

 ASSISTANCE IS AVAILABLE TO HELP THE PATIENT WITH THE MEDICAID

 APPLICATION PROCESS.

NEEDS ASSESSMENT:

 CENTRAL MAINE MEDICAL CENTER PROVIDES A FULL RANGE OF SERVICES TO ITS

 PRIMARY SERVICE AREA, AS WELL AS THE EXTENDED AREA OF THE ENTIRE

 CENTRAL MAINE HEALTHCARE SYSTEM. IT ASSESSES THE NEEDS OF ITS

 VARIOUS COMMUNITIES FROM VARIOUS THIRD-PARTY SURVEYS AND REPORTS,

 OBSERVATIONS IN ITS PATIENT POPULATION AND THE POPULATIONS OF ITS

 AFFILIATED SYSTEM HOSPITALS, AS WELL AS ASSISTING WITH STATE-WIDE

 INITIATIVES IN PREVENTATIVE MEDICINE AND EDUCATION.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

CENTRAL MAINE MEDICAL CENTER PROVIDES NOTICES ABOUT ITS FREE CARE POLICY IN ALL CLINICAL DEPARTMENTS AND MAJOR PATIENT AREAS. AN INPATIENT FINANCIAL COUNSELOR VISITS WITH ALL UNINSURED PATIENTS TO DISCUSS OPTIONS, INCLUDING GOVERNMENTAL PROGRAM ELIGIBILITY AND FREE CARE. ASSISTANCE IS AVAILABLE TO HELP PATIENTS WITH COMPLETION OF MEDICAID APPLIATIONS. ALL PATIENT FINANCIAL SERVICES STAFF ARE TRAINED TO OFFER FREE CARE AS AN OPTION TO PATIENTS WHO INDICATE AN INABILITY OR DIFFICULTY IN PAYING FOR SERVICES. INFORMATION ABOUT FINANCIAL ASSISTANCE AVAILABILITY IS INCLUDED ON THE BACK OF EVERY PATIENT STATEMENT. ADDITIONALLY, UNINSURED PATIENTS RECEIVE A SEPARATE INFORMATION SHEET WITH THEIR STATEMENTS, FURTHER INFORMING THEM ABOUT THE AVAILABLE OPTIONS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

 TO THE HOSPITAL. THE BOARD OF DIRECTORS IS MADE UP OF A MAJORITY OF

 LOCAL COMMUNITY MEMBERS ALONG WITH SOME REPRESENTATION BY DIRECTORS

 FROM CENTRAL MAINE HEALTHCARE, THE PARENT OF THE HEALTHCARE SYSTEM

 WHICH CENTRAL MAINE MEDICAL CENTER BELONGS TO, HELPING TO BRING

 TOGETHER THE VISIONS OF THE LOCAL COMMUNITY WITH THE CAPABILITIES AND

 VISION OF THE SYSTEM AS A WHOLE FOR THE BENEFIT OF LEWISTON AND

 SURROUNDING COMMUNITIES.

AFFILIATED HEALTH CARE SYSTEM ROLES:

 CENTRAL MAINE MEDICAL CENTER (CMMC) IS A TERTIARY CARE HOSPITAL IN

 THE CENTRAL MAINE HEALTHCARE SYSTEM. TWO RURAL, CRITICAL ACCESS

 HOSPITALS ARE ALSO MEMBERS OF THIS SYTEM. CMMC PROVIDES A WIDE RANGE

 OF SPECIALIST PHYSICIANS AND SERVICES TO ITS COMMUNITY, AS WELL AS

 THE SYSTEM. CMMC PROVIDES PHYSICIANS TO STAFF SPECIALTY CLINICS IN

 THE RURAL COMMUNITIES SERVED BY THE CRITICAL ACCESS HOSPITALS ON A

 LIMITED, BUT REGULAR, BASIS. THESE SERVICES WOULD NOT NORMALLY BE

 SUPPORTED BY THE LIMITED POPULATIONS AND PATIENTS WOULD INSTEAD NEED

 TO TRAVEL MUCH LONGER DISTANCES TO CONSULT OR VISIT WITH A

 SPECIALIST. CMMC ALSO PROVIDES ACCESS TO TRAUMA CARE, NEONATAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTENSIVE CARE, AND SPECIALIZED CARDIAC CARE. THE SYSTEM PARENT,

 CENTRAL MAINE HEALTHCARE, PROVIDES STREAMLINED ADMINISTRATIVE

 FUNCTIONS AND BACKROOM SERVICES FOR THE ENTIRE SYSTEM, PROVIDING COST

 EFFICIENCY AND OTHER BENEFITS TO ALL MEMBERS. THIS ALSO ALLOWS FOR

 EASY ADMINISTRATIVE HANDLING OF TRANSFERS OF PATIENTS BETWEEN

 HOSPITALS, AS WELL AS A SINGLE POINT OF CONTACT FOR PATIENTS TO

 ADDRESS BILLS AND INSURANCE ISSUES.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS

PART I, LINE 2

THE GRANT WAS AWARDED TO A CHARITABLE ORGANIZATION EXEMPT UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, FOR USE IN THEIR EXEMPT PURPOSE.

THE MISSION OF THIS ORGANIZATION ALSO HELPS SUPPORT COMMUNITY HEALTH OR

HEALTHCARE, THEREBY HELPING TO FURTHER CENTRAL MAINE MEDICAL CENTER'S

EXEMPT PURPOSE AS WELL. SINCE THE GRANT WAS NOT AWARDED WITH A SPECIFIC

PURPOSE ATTACHED, NO TRACKING IS REQUIRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PETER E CHALKE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	528,255.	97,000.	39,339.	0.	17,132.	681,726.
CHARLES T ORNE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	310,454.	95,400.	21,188.	0.	21,289.	448,331.
RAYMOND J TARDIF MD	(i)	131,252.	14,881.	6,075.	0.	18,008.	170,216.
	(ii)	0.	0.	0.	0.	0.	0.
LAWRENCE OLIVER	(i)	298,458.	17,688.	4,565.	0.	13,973.	334,684.
	(ii)	0.	0.	0.	0.	0.	0.
LAIRD COVEY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	321,275.	70,090.	59,283.	22,070.	14,505.	487,223.
GUILLERMO CANDIA MD	(i)	745,265.	152.	37,636.	0.	16,744.	799,797.
	(ii)	0.	0.	0.	0.	0.	0.
DANIEL LALONDE MD	(i)	714,325.	511,975.	58,209.	0.	15,667.	1,300,176.
	(ii)	0.	0.	0.	0.	0.	0.
PATRICIO MUJICA MD	(i)	744,482.	127.	37,636.	0.	20,046.	802,291.
	(ii)	0.	0.	0.	0.	0.	0.
MICHAEL PARKER MD	(i)	460,148.	139,425.	9,078.	0.	4,027.	612,678.
	(ii)	0.	0.	0.	0.	0.	0.
PHILIP J. O'CONNOR	(i)	752,374.	124,939.	8,850.	0.	16,307.	902,470.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION MATTERS

SCHEDULE J, PART I, LINE 3

THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS DETERMINED BY THE PARENT CORPORATION'S BOARD OF DIRECTORS' EXECUTIVE COMPENSATION COMMITTEE FOLLOWING THE PROCEDURES AND POLICIES FOR EXECUTIVES DESCRIBED IN SCHEDULE O.

COMPENSATION

SCHEDULE J, PART II

COMPENSATION REPORTED IN COLUMN B(III) CONSISTS OF VARIOUS TAXABLE BENEFITS NOT CLASSIFIED IN COLUMNS B(I) OR B(II). THESE TYPICALLY INCLUDE ITEMS SUCH AS GROUP TERM LIFE INSURANCE, VESTED DISTRIBUTIONS OF DEFERRED COMPENSATION PLANS, OR PERSONAL USE OF A BUSINESS VEHICLE. ON THE OCCASIONS WHEN IT OCCURS, SEVERANCE PAY IS INCLUDED IN THIS COLUMN. COLUMN C CONTAINS EMPLOYER CONTRIBUTIONS TO RETIREMENT PLANS AND OTHER DEFERRED COMPENSATION PLANS. COLUMN D REPORTS COMPENSATION THAT IS NOT TAXABLE IN W-2 BOX 5, BUT IS PROVIDED TO THE EMPLOYEE. TYPICALLY THESE ARE HEALTH AND DENTAL BENEFITS, HEALTHCARE SPENDING ACCOUNT CONTRIBUTIONS

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BY THE EMPLOYEE, AND OTHER SIMILAR BENEFITS.

TERMS AND CONDITIONS

PART I, LINE 4

A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL VEST ON THE PARTICIPANT'S VESTING DATE, PROVIDED THE PARTICIPANT HAS REMAINED IN CONTINUOUS EMPLOYMENT IN THE SAME POSITION WHILE PARTICIPATING IN THIS PLAN. A PARTICIPANT WILL HAVE ONLY ONE VESTING DATE FOR ALL ELECTIVE DEFERRALS AND OTHER PLAN CONTRIBUTIONS MADE ON THE PARTICIPANT'S BEHALF DURING ALL PLAN YEARS. A PARTICIPANT'S ENTITLEMENT TO BENEFITS WILL ALSO VEST (A) IF THE PARTICIPANT DIES WHILE STILL EMPLOYED BY THE EMPLOYER, (B) IF THE PARTICIPANT'S EMPLOYMENT TERMINATES DUE TO TOTAL DISABILITY, OR (C) IF THE EMPLOYER TERMINATES THE PARTICIPANT'S EMPLOYMENT FOR ANY REASON, OTHER THAN FOR "CAUSE". ANY PORTION OF THE PARTICIPANT'S ENTITLEMENT TO BENEFITS THAT IS NOT VESTED WHEN THE PARTICIPANT'S EMPLOYMENT WITH THE EMPLOYER TERMINATES, INCLUDING ELECTIVE DEFERRALS, WILL BE FORFEITED. THE EMPLOYER WILL DISTRIBUTE A PARTICIPANT'S BENEFITS UNDER THE PLAN AS SOON AS PRACTICABLE AFTER THE PARTICIPANT'S ENTITLEMENT BECOMES VESTED.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

PART I, LINE 4

LAIRD COVEY: \$22,070

NO OTHER PARTICIPANTS RECEIVED PAYMENTS OR MADE DEFERRED CONTRIBUTIONS

DURING THE YEAR.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990. See separate instructions.**

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A MAINE HEALTH & HIGHER EDUCATIONAL FACILITIES AUTH	01-0314384	560425LU2	02/07/2003	62,898,646.	BUILD & EQUIP FACILITY		X		X
B MAINE HEALTH & HIGHER EDUCATIONAL FACILITIES AUTH	01-0314384	560425WW6	12/29/2005	28,435,783.	REFUND BOND SERIES 1993D, LOAN PAY		X		X
C MAINE HEALTH & HIGHER EDUCATIONAL FACILITIES AUTH	01-0314384	560427GE0	12/10/2009	93,040,181.	FACILITY EXPANSION/CONSTRUCTION		X		X
D									
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	52,115,587.		28,435,783.		56,033,554.					
2 Gross proceeds in reserve funds	5,389,811.		2,325,648.		6,631,632.					
3 Proceeds in refunding or defeasance escrows	0.		14,627,003.		0.					
4 Other unspent proceeds	0.		0.		23,463,605.					
5 Issuance costs from proceeds	782,386.		450,150.		639,410.					
6 Working capital expenditures from proceeds	34,817,000.		5,651,995.		16,750,000.					
7 Capital expenditures from proceeds	11,163,955.		7,925,570.		8,547,066.					
8 Year of substantial completion	2004		2006		2011					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X	X			X				
10 Were the bonds issued as part of an advance refunding issue?		X		X		X				
11 Has the final allocation of proceeds been made?		X	X		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

	A		B		C		D		E	
	Yes	No								
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X				X				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X				X				

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X				X				
b Are there any research agreements with respect to the financed property which may result in private business use?		X				X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X				X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000%		%		0.0000%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000%		%		0.0000%		%		%	
6 Total of lines 4 and 5	0.0000%		%		0.0000%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X				X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?	X		X		X					
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X				
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X		X				

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
RAYMOND TARDIF TAIL INSURANCE		X	11,391.	5,814.		X		X	X	

Total ▶ \$ 5,814.

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PATRICIA E. ROY	EMPLOYEE	124,664.	SALARY AND WAGES		X
LEWISTON DAILY SUN, INC.	TRUSTEE	104,087.	ADVERTISING AND SUBSCRIPTION		X
H.E. CALLAHAN CONSTRUCTION CO.	TRUSTEE	990,098.	CONTRACTOR		X
MARCY COVEY	EMPLOYEE	14,026.	SALARY AND WAGES		X
MECHANICS SAVINGS BANK	TRUSTEE	855,601.	BANKING AND RELATED SERVICES		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization
CENTRAL MAINE MEDICAL CENTER

Employer identification number
01-0211494

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	2	169,094.	FMV
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

USE OF THIRD PARTIES

PART I, LINE 32B

ALL STOCKS RECEIVED BY THE ORGANIZATION ARE IMMEDIATELY DEPOSITED INTO

THE APPROPRIATE INVESTMENT ACCOUNT. THE FINANCIAL INSTITUTION

IMMEDIATELY SELLS THE STOCKS AND CONVERTS THE CASH PROCEEDS TO SHARES OF

THE FUND INTO WHICH THE STOCK WAS DEPOSITED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

ATTACHMENT 1

MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 6

THE SOLE MEMBER OF CENTRAL MAINE MEDICAL CENTER IS CENTRAL MAINE
HEALTHCARE CORPORATION.

GOVERNANCE BY MEMBERS

FORM 990, PART VI, SECTION A, LINES 7A, 7B

UP TO THREE TRUSTEES SHALL BE APPOINTED BY THE CHAIRMAN OF CENTRAL MAINE
HEALTHCARE CORPORATION FOR A TERM OF ONE YEAR; AND NINE TO FIFTEEN
TRUSTEES SHALL BE NOMINATED BY VOTE OF THE BOARD OF TRUSTEES OF THIS
CORPORATION AND ELECTED BY THE SOLE MEMBER TO SERVE A TERM OF THREE
YEARS. NO MORE THAN FOUR TRUSTEES CAN SIMULTANEOUSLY BE DIRECTORS OF THE
CENTRAL MAINE HEALTHCARE CORPORATION. THE SOLE MEMBER HAS THE POWER AND
AUTHORITY TO REMOVE ANY TRUSTEES OF CENTRAL MAINE MEDICAL CENTER WITH OR
WITHOUT CAUSE. THE MEMBER SHALL HAVE THE RIGHT TO APPROVE CERTAIN
DECISIONS OF THE BOARD OF TRUSTEES, AS DETAILED IN THE BYLAWS OF THE
CORPORATION.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

ALL AFFILIATED FORM 990'S AND APPLICABLE SCHEDULES ARE PREPARED BY A
PUBLIC ACCOUNTING FIRM IN COOPERATION WITH THE FINANCE DEPARTMENT. THE
COMPLETED RETURNS ARE REVIEWED WITH THE DIRECTOR OF FINANCE, THEN WITH
THE CFO. FOLLOWING THAT REVIEW, THEY ARE PRESENTED TO THE FINANCE

Name of the organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
--	--

ATTACHMENT 1 (CONT'D)

COMMITTEE OF THE CENTRAL MAINE HEALTHCARE BOARD OF DIRECTORS, WHICH HAS REPRESENTATIVES FROM ALL AFFILIATED BOARDS. ONCE THIS REVIEW IS COMPLETED, ANY NECESSARY CHANGES ARE MADE AND THE FINAL RETURN IS PRESENTED TO ITS RESPECTIVE BOARD, WITH THE FINANCE COMMITTEE MEMBER TAKING AND ANSWERING QUESTIONS. A FINANCE DEPARTMENT REPRESENTATIVE, KNOWLEDGEABLE OF THE RETURN, IS AVAILABLE TO ASSIST DURING PRESENTATIONS, IF REQUESTED BY THE FINANCE COMMITTEE MEMBER. IN THE EVENT THAT THE NEXT BOARD MEETING IS NOT SCHEDULED UNTIL AFTER THE FILING DATE, THE FINAL RETURN IS MAILED TO ALL BOARD MEMBERS AND THE PRESENTATION OCCURS AT THE NEXT SCHEDULED BOARD MEETING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

OFFICERS AND DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT WHICH IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND CONFORMS TO THE CONDITIONS CONTAINED WITHIN THE CORPORATION'S BYLAWS, WHICH MEET OR EXCEED THE CURRENT IRS REPORTING THRESHOLDS. IN AREAS OF CONFLICT BY THE CHAIRMAN, THE VICE-CHAIRMAN REVIEWS. ADDITIONALLY, AS PART OF THE ANNUAL FORM 990 PREPARATION PROCESS, A SEPARATE QUESTIONNAIRE IS PROVIDED, WHICH INCLUDES DISTRIBUTION TO KEY EMPLOYEES, COVERING REPORTING AREAS OF LOANS, GRANTS, BUSINESS RELATIONSHIPS, AND OTHER CONFLICTS. THESE QUESTIONNAIRES ARE REVIEWED BY THE FINANCE DEPARTMENT FOR REPORTABLE ITEMS FOR THE FORM 990. IN THE CASE OF A POSSIBLE CONFLICT, THE BOARD WOULD REVIEW THE SITUATION AND TAKE ACTIONS DEEMED APPROPRIATE FOR THE POSSIBLE OR ACTUAL CONFLICTS OF MEMBERS OF THE BOARD OR THE EXECUTIVE OFFICERS. IN THE CASE OF KEY EMPLOYEES, THE REVIEW AND ACTIONS TAKEN WOULD BE PERFORMED BY THEIR DIRECT SUPERVISORS.

Name of the organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
<u>ATTACHMENT 1 (CONT'D)</u>	

COMPENSATION POLICY - OFFICERS

FORM 990, PART VI, SECTION B, QUESTION 15A

CENTRAL MAINE HEALTHCARE (CMHC) HAS ESTABLISHED AND FOLLOWS A DELIBERATIVE TRANSPARENT PROCESS WHICH MEETS IRS REGULATIONS FOR "REBUTTABLE PRESUMPTION OF REASONABLENESS". A STANDING EXECUTIVE COMPENSATION COMMITTEE (ECC), COMPRISED OF INDEPENDENT MEMBERS OF BOARD LEADERSHIP, EXISTS TO UNDERTAKE THE PROCESS OF DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER, PRESIDENT OF CENTRAL MAINE MEDICAL CENTER, PHYSICIAN PRACTICE EXECUTIVE, PRESIDENT OF RUMFORD HOSPITAL, AND PRESIDENT OF BRIDGTON HOSPITAL. THE PROCESS GUIDELINES AND AUTHORITY OF THE ECC ARE SET OUT IN THE EXECUTIVE COMPENSATION PHILOSOPHY AND RESPONSIBILITIES CHARTER WHICH WAS APPROVED BY THE CMHC BOARD. THE ENTIRE CMHC BOARD PARTICIPATES IN THE ANNUAL PERFORMANCE EVALUATION OF EACH EXECUTIVE, INCLUDING A REVIEW OF ACCOMPLISHMENTS RELATIVE TO GOALS AND OBJECTIVES DERIVED FROM THE STRATEGIC PLAN. THE ECC REVIEWS THE RESULTS OF THE ANNUAL PERFORMANCE EVALUATION AND APPROPRIATE COMPARABILITY DATA BASED ON SEVERAL FACTORS RECOMMENDED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT, WHO SPECIALIZES IN NOT-FOR-PROFIT HOSPITALS AND HEALTH SYSTEMS, AND OUR ATTORNEYS. FACTORS USED IN DETERMINING COMPARABILITY TO THE ORGANIZATION INCLUDE SIZE, GEOGRAPHY, ORGANIZATIONAL COMPLEXITY, FACILITY TYPE, OWNERSHIP TYPE, AND ANY OTHER FACTORS DEEMED RELEVANT BY THE COMMITTEE, ITS CONSULTANTS, OR ITS ATTORNEYS. USING THIS INFORMATION, THE ECC ANNUALLY REVIEWS THE EXECUTIVES' COMPENSATION TO DETERMINE IF MODIFICATION TO BASE SALARY IS WARRANTED, AND REVIEWS THE EXECUTIVES' ACCOMPLISHMENTS TO DETERMINE IF ANY VARIABLE PAY IS TO BE AWARDED. THE ENTIRE PROCESS IS THEN DOCUMENTED CONTEMPORANEOUSLY WITH THE

Name of the organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
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ATTACHMENT 1 (CONT'D)

DECISION-MAKING PROCESS AND APPROVED THEREAFTER IN ACCORDANCE WITH THE REQUIREMENTS OF THE IRS.

COMPENSATION POLICY - KEY EMPLOYEES

FORM 990, PART VI, SECTION B, LINE 15B

THE COMPENSATION PAID TO KEY EMPLOYEES IS REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT. DURING THE REVIEW PROCESS, THE CENTRAL MAINE HEALTHCARE COMPENSATION MANAGER PROVIDES MARKET DATA ON COMPARABLE POSITIONS FROM COMPARATIVE GROUPS OF HEALTHCARE ORGANIZATIONS THAT ARE APPROPRIATELY SIMILAR IN TERMS OF THEIR REVENUE, GEOGRAPHIC LOCATION, NUMBER OF EMPLOYEES, NUMBER OF STAFFED HOSPITAL BEDS, ETC. HUMAN RESOURCES PROVIDES AT A MINIMUM FOUR SETS OF COMPARABILITY DATA FROM THE MOST RECENT NATIONAL HEALTHCARE SPECIFIC COMPENSATION SURVEYS (E.G. WATSON & WYATT, SULLIVAN & COTTER, THE HAY GROUP, MERCER, ETC.) FOR REFERENCE. THESE SURVEYS REPORT PAY RATE DATA THAT IS TYPICALLY AGED LESS THAN 6 MONTHS. CENTRAL MAINE HEALTHCARE AND AFFILIATES STRIVE TO PAY AT THE MARKET AVERAGE OR SLIGHTLY ABOVE IT FOR KEY EMPLOYEES. ONCE THE COMPENSATION MANAGER AND THE VICE PRESIDENT OF HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT HAVE FINALIZED RECOMMENDATIONS BASED ON THIS EMPIRICAL DATA, THEY ARE PRESENTED TO THE PRESIDENTS OF EACH HOSPITAL THAT SUPERVISE THE KEY EMPLOYEE, AND THE CEO OF CENTRAL MAINE HEALTHCARE, FOR REVIEW, EDITS AND APPROVAL. THIS PROCESS TYPICALLY OCCURS DURING THE LAST MONTH OF THE FISCAL YEAR IN PREPARATION FOR THE NEXT FISCAL YEAR. CENTRAL MAINE HEALTHCARE DOCUMENTS THE BASIS FOR ITS DETERMINATION OF KEY EMPLOYEES' COMPENSATION AND MAINTAINS THIS CONTEMPORANEOUSLY SUBSTANTIATED MATERIAL IN THE HUMAN RESOURCES DEPARTMENT.

Name of the organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
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ATTACHMENT 1 (CONT'D)

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION'S ADMINISTRATIVE OFFICES. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE INCLUDED IN THE MOST RECENTLY FILED FORM 990 AND PROVIDED, UPON REQUEST, IN THAT FORMAT UNLESS THE SPECIFIC REQUEST DEEMS A DIFFERENT FORMAT MORE APPROPRIATE.

BUSINESS TRANSACTION WITH INTERESTED PERSON

SCHEDULE L, PART IV

PATRICIA E. ROY IS A CMMC EMPLOYEE AND HAS A FAMILY RELATIONSHIP WITH RICHARD ROY, CMMC TRUSTEE. MARCY COVEY IS A CMMC EMPLOYEE AND HAS A FAMILY RELATIONSHIP WITH LAIRD COVEY, CMMC PRESIDENT AND TRUSTEE.

FUNDRAISING ACTIVITIES

SCHEDULE G, PART II, COLUMN A

DEMPSEY CHALLENGE - THIS EVENT OCCURS ANNUALLY IN OCTOBER AND OCCUPIES A YEAR-LONG PLANNING AND EXPENSE CYCLE. DUE TO THE OVERLAPPING YEAR CYCLE OF THIS EVENT, EACH REPORTED TAX YEAR WILL HAVE A PORTION OF REVENUE AND EXPENSES ATTRIBUTABLE TO THE EVENT OCCURRING WITHIN THE REPORTABLE TAX YEAR, AS WELL AS SOME EXPENSES, SPONSORSHIPS, REGISTRATIONS AND DONATIONS ASSOCIATED WITH THE FOLLOWING YEAR'S EVENT. AS SUCH, THE AMOUNT REPORTED WITH THIS RETURN IS NOT REPRESENTATIVE OF A SINGLE EVENT'S PROCEEDS; RATHER IT IS A REPORT OF ACTIVITY ENCOMPASSING OVERLAPPING PERIODS FOR AN EVENT THAT CROSSES A REPORTABLE TAX PERIOD.

Name of the organization CENTRAL MAINE MEDICAL CENTER	Employer identification number 01-0211494
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ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNITED AMBULANCE SERVICES 192 RUSSELL STREET LEWISTON, ME 04240	MEDICAL TRANSIT	2,061,597.
CONSIGLI CONSTRUCTION CO INC 84 MIDDLE ST PORTLAND, ME 04101	CONSTRUCTION	3,438,343.
ANESTHESIA ASSOCIATES OF L/A PO BOX 1311 AUBURN, ME 04211-1311	MEDICAL SERVICES	1,532,932.
MORRIS SWITZER ENV FOR HEALTHCARE LLC 185 TALCOTT RD STE 100 WILLISTON, VT 05495-2039	ENGINEERING SERVICES	912,313.
ARUP LABORATORIES PO BOX 27964 SALT LAKE CITY, UT 84127	LAB SERVICES	796,723.
TOTAL COMPENSATION		<u>8,741,908.</u>

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST AND DIVIDENDS	88,017.	88,017.		
TOTALS	<u>88,017.</u>	<u>88,017.</u>		

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	1,479,036.
TOTAL	<u>1,479,036.</u>

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	340,744.	434,822.	-94,078.
TOTALS	<u>340,744.</u>	<u>434,822.</u>	<u>-94,078.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
CASH AND CASH EQUIVALENTS	10,070,166.	41,251,783.
US GOVT SECURITIES	3,621,938.	0.
MUTUAL FUNDS	16,802.	8,099.
FIXED INCOME SECURITIES	1,697,899.	7,262,620.
EQUITY SECURITIES	688,657.	441,369.
TOTALS	<u>16,095,462.</u>	<u>48,963,871.</u>

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: MORTGAGES & NOTES PAYABLE

BEGINNING BALANCE DUE	29,750,886.
ENDING BALANCE DUE	<u>11,599,287.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>29,750,886.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>11,599,287.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

CENTRAL MAINE MEDICAL CENTER

Employer identification number

01-0211494

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CENTRAL MAINE HEART & VASCULAR INSTITUTE 54-2078282 PO BOX 4500 LEWISTON, ME 04243	EDUCATION	ME	501 (C) (3)	9	CMHC
CMMC COLLEGE OF NURSING AND HEALTH PROFE 01-0356077 PO BOX 4500 LEWISTON, ME 04243	EDUCATION	ME	501 (C) (3)	2	CMMC
CENTRAL MAINE REAL ESTATE MANAGEMENT COR 01-0387674 PO BOX 4500 LEWISTON, ME 04243	REAL ESTATE	ME	501 (C) (2)		CMHC
CENTRAL MAINE COMMUNITY HEALTH 01-0386912 PO BOX 4500 LEWISTON, ME 04243	PUBLIC EDUCAT	ME	501 (C) (3)	7	CMHC
RUMFORD COMMUNITY FAMILY HEALTH CENTER 01-0481000 430 FRANKLIN STREET RUMFORD, ME 04276	PUBLIC EDUCAT	ME	501 (C) (3)	3	CMHC
RUMFORD COMMUNITY HOME CORPORATION 22-2844951 11 JOHN F KENNEDY DRIVE RUMFORD, ME 04276	NURSING HOME	ME	501 (C) (3)	9	CMHC
RUMFORD HOSPITAL 01-0215227 PO BOX 619 RUMFORD, ME 04276	HEALTHCARE	ME	501 (C) (3)	3	CMHC

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CENTRAL MAINE HEALTH VENTURES, INC. 01-0430016 300 MAIN STREET LEWISTON, ME 04240	HEALTHCARE	ME	CMHC	C CORP	0.	0.	0.0000
CWM INSURANCE, LTD. 98-0220891 GENESIS BUILDING, PO BOX 1363	INSURANCE	CJ	CMHC	C CORP	0.	0.	0.0000
HCT & DT CRAT DTD 09/23/1997 01-6143538 C/O KEYBANK, 286 WATER STREET AUGUSTA, ME 04330	CRAT	ME	N/A	TRUST	0.	430,026.	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) CMMC COLLEGE OF NURSING AND HEALTH PROF.	A	443,921.
(2) CMMC COLLEGE OF NURSING AND HEALTH PROF.	N	1,296,972.
(3) CMMC COLLEGE OF NURSING AND HEALTH PROF.	P	198,672.
(4)		
(5)		
(6)		

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

