

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 9/30, 2008

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

C SEBASTICOOK VALLEY HOSPITAL ASSOCIATES 447 NORTH MAIN STREET PITTSFIELD, ME 04967

D Employer Identification Number 01-0263628 E Telephone number 207-487-5141 F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number... 5247 M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... 53,151,299.

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, membership, interest, dividends, gross rents, investment income, sales of assets, special events, and inventory.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *Instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	957,643.	877,758.	79,885.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	11,711,699.	10,864,053.	847,646.	
27 Pension plan contributions not included on lines 25a, b, and c	27	285,812.	192,571.	93,241.	
28 Employee benefits not included on lines 25a - 27	28	1,545,838.	1,375,796.	170,042.	
29 Payroll taxes	29	786,833.	700,281.	86,552.	
30 Professional fundraising fees	30				
31 Accounting fees	31	36,732.		36,732.	
32 Legal fees	32	31,885.		31,885.	
33 Supplies	33	2,677,359.	2,308,692.	368,667.	
34 Telephone	34	156,021.	110,678.	45,343.	
35 Postage and shipping	35	120,018.	40,109.	79,909.	
36 Occupancy	36	512,620.	343,326.	169,294.	
37 Equipment rental and maintenance	37	918,034.	391,140.	526,894.	
38 Printing and publications	38	97,394.	74,087.	23,307.	
39 Travel	39	145,887.	34,651.	111,236.	
40 Conferences, conventions, and meetings	40	152,822.	51,934.	100,888.	
41 Interest	41	224,883.	224,883.		
42 Depreciation, depletion, etc (attach schedule)	42	1,192,108.	1,055,605.	136,503.	
43 Other expenses not covered above (itemize): a See Statement 3	43a	28,172,895.	26,665,936.	1,494,468.	12,491.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	49,726,483.	45,311,500.	4,402,492.	12,491.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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

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

What is the organization's primary exempt purpose? <u>critical care hospital</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a See Statement 4 ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	45,311,500.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).....	45,311,500.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash – non-interest-bearing.....	19,076.	45	1,705.
	46	Savings and temporary cash investments.....	1,366,520.	46	1,913,600.
	47a	Accounts receivable.....	47a 5,397,467.		
		b Less: allowance for doubtful accounts.....	47b 2,442,175.	3,795,688.	47c 2,955,292.
	48a	Pledges receivable.....	48a 14,615.		
		b Less: allowance for doubtful accounts.....	48b 14,050.	5,815.	48c 565.
	49	Grants receivable.....		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule).....		50 a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....		50 b	
	51 a	Other notes and loans receivable (attach schedule).....	51 a		
		b Less: allowance for doubtful accounts.....	51 b		51 c
	52	Inventories for sale or use.....	224,135.	52	256,102.
	53	Prepaid expenses and deferred charges.....	311,626.	53	291,060.
	54 a	Investments – publicly-traded securities.....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments – other securities (attach sch).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,063,597.	54 b 911,941.	
55 a	Investments – land, buildings, & equipment: basis.....	55 a			
	b Less: accumulated depreciation (attach schedule).....	55 b		55 c	
56	Investments – other (attach schedule).....		56		
57 a	Land, buildings, and equipment: basis.....	57 a 21,724,536.			
	b Less: accumulated depreciation (attach schedule).....	57 b 12,452,988.	8,543,115.	57 c 9,271,548.	
58	Other assets, including program-related investments (describe ▶ <u>See Statement 6</u>)		6,380,415.	58 8,552,519.	
59	Total assets (must equal line 74). Add lines 45 through 58.....		21,709,987.	59 24,154,332.	
LIABILITIES	60	Accounts payable and accrued expenses.....	2,420,336.	60	2,923,379.
	61	Grants payable.....		61	
	62	Deferred revenue.....		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64 a	Tax-exempt bond liabilities (attach schedule).....	4,797,339.	64 a	4,417,735.
		b Mortgages and other notes payable (attach schedule).....	219,870.	64 b	722,696.
	65	Other liabilities (describe ▶ <u>See Statement 7</u>)		3,767,604.	65 3,175,038.
66	Total liabilities. Add lines 60 through 65.....		11,205,149.	66 11,238,848.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted.....	9,946,850.	67	12,494,671.
	68	Temporarily restricted.....	141,375.	68	64,961.
	69	Permanently restricted.....	416,613.	69	355,852.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds.....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72	Retained earnings, endowment, accumulated income, or other funds.....		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).....		10,504,838.	73 12,915,484.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.....		21,709,987.	74 24,154,332.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.....	a	32,411,727.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments.....	b1	
	2 Donated services and use of facilities.....	b2	
	3 Recoveries of prior year grants.....	b3	
	4 Other (specify): <u>See Stm 8</u>	b4	-19,884,769.
	Add lines b1 through b4	b	-19,884,769.
c	Subtract line b from line a	c	52,296,496.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): <u>See Stm 9</u>	d2	283,226.
	Add lines d1 and d2	d	283,226.
e	Total revenue (Part I, line 12). Add lines c and d	e	52,579,722.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.....	a	29,829,223.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities.....	b1	
	2 Prior year adjustments reported on Part I, line 20.....	b2	
	3 Losses reported on Part I, line 20.....	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	29,829,223.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): <u>See Stmt 10</u>	d2	19,897,260.
	Add lines d1 and d2	d	19,897,260.
e	Total expenses (Part I, line 17). Add lines c and d	e	49,726,483.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 11		806,910.	150,733.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
82 b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members.....		N/A
85 d	Section 162(e) lobbying and political expenditures.....		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities.....		N/A
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?..		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....		X
90 a	List the states with which a copy of this return is filed ▶ None		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....		243
91 a	The books are in care of ▶ RANDALL L CLARK Telephone number ▶ 207-487-5141 Located at ▶ 447 NORTH MAIN STREET PITTSFIELD ME ZIP + 4 ▶ 04967		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....		X
If 'Yes,' enter the name of the foreign country... ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country.

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					51,362,044.
a 0					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments.					
95 Interest on savings & temporary cash invmnts. . .			14	66,277.	
96 Dividends & interest from securities.					
97 Net rental income or (loss) from real estate:					
a debt-financed property.					
b not debt-financed property.					
98 Net rental income or (loss) from pers prop.					
99 Other investment income.					
100 Gain or (loss) from sales of assets other than inventory.			18	-24,161.	
101 Net income or (loss) from special events.					
102 Gross profit or (loss) from sales of inventory.					
103 Other revenue: a					
b See Statement 13				68,502.	601,033.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				110,618.	51,963,077.
105 Total (add line 104, columns (B), (D), and (E)).					52,073,695.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

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

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

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

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

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

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

Yes	No
X	

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 14			
b				
c				
Totals				4,026,124.

Yes	No
X	

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Statement 15			
b				
c				
Totals				18,380.

Yes	No
X	

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here

Signature of officer: Randall Clark Date: 8/13/09

RANDALL CLARK, Vice President
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Self-Prepared Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): _____

EIN: _____ Phone no.: _____

BAA

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization: **SEBASTICOOK VALLEY HOSPITAL ASSOCIATES**
Employer identification number: **01-0263628**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 16		1,282,698.	150,809.	0.
Total number of other employees paid over \$50,000	61			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	X	
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		13
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		105,027.
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

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

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

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

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

Calendar year (or fiscal year beginning in)..... ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	N/A				
16 Membership fees received.....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.....					
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975...					
19 Net income from unrelated business activities not included in line 18.....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					
23 Total of lines 15 through 22....					
24 Line 23 minus line 17.....					
25 Enter 1% of line 23.....					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... N/A... ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)..... ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total.... and line 27b total.....					27d
e Public support (line 27c total minus line 27d total)..... ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)..... ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %

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

Part V Private School Questionnaire (See instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

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

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Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 522,416.
 Cost or Other Basis: 532,287.

Total Gain (Loss) Publicly Traded Securities \$ -9,871.

Nonpublicly Traded Securities

Description: Fidelity Growth & Income
 Date Acquired: Various
 How Acquired: Purchased
 Date Sold: Various
 To Whom Sold:
 Gross Sales Price: 25,000.
 Cost or Other Basis: 39,290.

Gain (Loss) -14,290.

Total Gain (Loss) Nonpublicly Traded Securities \$ -14,290.

Total Net Gain (Loss) From Noninventory Sales \$ -24,161.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Change in Perpetual trusts.....	\$	-60,761.
interest in net assets of charities.....		11,885.
Transfer to exempt parent - Eastern Maine Healthcare Systems.....		-154,230.
Unrealized Gains/Losses on Investments.....		-239,487.
	Total \$	<u>-442,593.</u>

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Bad Debt Expense	1,841,200.	1,841,200.		
Charity Care	1,693,932.	1,693,932.		
contractual adjustments	18,190,837.	18,190,837.		
fund raising	12,491.			12,491.
Insurance	324,228.	85,148.	239,080.	
other expenses	111,904.	111,904.		
Professional Fees	1,553,646.	1,553,646.		
Purchase Services	4,048,431.	2,793,043.	1,255,388.	
State Tax Assessment	396,226.	396,226.		
Total	<u>\$28,172,895.</u>	<u>\$26,665,936.</u>	<u>\$ 1,494,468.</u>	<u>\$ 12,491.</u>

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**Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
SEBASTICOOK VALLEY HOSPITAL is a nonprofit hospital, providing service for all that needs care, regardless of their ability to pay. In the 2008 fiscal year, SVH provided free care of \$1,693,932 and recorded \$1,841,200.38 in bad debts. Our hospital provides 24-hours-a-day emergency services with 2008 annual visits of 15,311. SVH provides many free services and programs that are designed to improve the health and well being of our surrounding communities. Free/Reduced Cost Programs To Our Communities		
Courtesy Van		
WMCI - TV show Health series educating the public on different topics with 15,000 subscribers		
Obesity Program in schools		
Diabetes Awareness/Support Group Meeting Monthly		
Breast Cancer Awareness, Education, and Free Mammograms		
Born To Read Program		
Blood Pressure Screenings		
Business Lunch & Learns		
Tar Wars School Programs		
Miles for Smiles-Youth Dental		
Free Dental Sealants for Area 2nd Graders		
Bone Densitometry Screenings		
Adopt a Spot Community Garden created & Maintained by SVH employees & Volunteers		
School & Community Organization hospital tours		
Participation in ad provision of bone density screenings at Sebasticook Valley Chamber Trade Show		
Women's Heart Health Educational Session (Feb)		
Caregiver Support Group		
Flu clinic (October)		
MS Support Group		
Food Safety Presentation (Jan)		
Heart Disease for Kids (Oct)		
Blood Drives (twice yearly)\		
CPR/First Aide Classes		
TB Testing		
Kids Cardio Workshop (May)		
Supper sitter workshops (twice a year)		
Move and Improve Site		
Nutrition Educational Session (March)		
Regional Disaster Preparedness Collaborative Training (April)		
Health Fair in collaboration with Sebasticook Family Doctors (May)		
Additional Statistics		
Total Admissions of 924		
Emergency Room Visits 15,311		
Surgical Cases 1,185		
Clinic Visits 10,057		
Physician Practice visits of 21,182		45,311,500.
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 45311500.</u>

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Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 11,818,361.	\$ 8,514,439.	\$ 3,303,922.
Buildings	9,020,989.	3,530,839.	5,490,150.
Improvements	102,012.	6,130.	95,882.
Land	243,067.		243,067.
Miscellaneous	540,107.	401,580.	138,527.
Total	<u>\$ 21,724,536.</u>	<u>\$ 12,452,988.</u>	<u>\$ 9,271,548.</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

Assets Whose Use is Limited.....	\$ 1,504,246.
Beneficial Interest-Perpetual Trusts.....	252,357.
Bond Issuance Costs.....	69,309.
Other Assets.....	245,146.
third party settlements.....	6,481,461.
Total	<u>\$ 8,552,519.</u>

Statement 7
Form 990, Part IV, Line 65
Other Liabilities

third Party Settlements & deferred Comp.....	\$ 3,175,038.
Total	<u>\$ 3,175,038.</u>

Statement 8
Form 990, Part IV-A, Line b(4)
Other Amounts

Charity Care.....	\$ -1,693,932.
Contractuals.....	-18,190,837.
Total	<u>\$ -19,884,769.</u>

Statement 9
Form 990, Part IV-A, Line d(2)
Other Amounts

Direct Public Support.....	\$ 113,333.
Interest Income.....	66,277.
Loss on Sale of Assets.....	103,616.
Total	<u>\$ 283,226.</u>

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**Statement 10
Form 990, Part IV-B, Line d(2)
Other Amounts**

Charity Care.....	\$ 1,693,932.
Contractuals.....	18,190,837.
Fundraising.....	12,491.
Total	<u>\$ 19,897,260.</u>

**Statement 11
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
DEBRA ACHRAMOWICZ 1169 RIVER ROAD CLINTON, ME 04927	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
KRISHNA BHATTA, MD 44 MAIN STREET SKOWHEGAN, ME 04976	BOARD MEMBER 0	0.	0.	0.
CHARLIE CIANCHETTE PO BOX 1000 PITTSFIELD, ME 04967	BOARD MEMBER 0	0.	0.	0.
JAMES BALDWIN, DO 1309 MAIN STREET PITTSFIELD, ME 04967	CHIEF OF STAFF 0	0.	0.	0.
JOHN DELILE PO BOX 1924 WATERVILLE, ME 04903	Chairman 0	0.	0.	0.
MICHAEL GALLAGHER 73 HARTLAND AVENUE PITTSFIELD, ME 04967	BOARD MEMBER 0	0.	0.	0.
BARBARA HIGGINS ONE COLLEGE CIRCLE BANGOR, ME 04401	Board Member 0	0.	0.	0.
BETTY LOU MITCHELL 51 SHADOW LANE ETNA, ME 04434	BOARD MEMBER 0	0.	0.	0.
DAVID RICHARDSON 634 HAMPDEN ROAD CARMEL, ME 04419	BOARD MEMBER 0	0.	0.	0.

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Statement 11 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JOSHUA TARDY 159 MAIN STREET NEWPORT, ME 04953	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
RANDALL CLARK 447 NORTH MAIN STREET PITTSFIELD, ME 04967	Vice President 40.00	139,184.	23,719.	0.
JACK MAY 447 NORTH MAIN STREET PITTSFIELD, ME 04967	President & CEO 40.00	267,913.	56,059.	0.
JASON MORTON 135 ESTELLE STREET PITTSFIELD, ME 04967	BOARD MEMBER 0	0.	0.	0.
MICHAEL HODGINS 212 BIRCHWOOD TERRACE PITTSFIELD, ME 04967	VICE CHAIRMAN 0	0.	0.	0.
Teresa Vieira 447 North Main Street Pittsfield, ME 04967	Vice President 40.00	138,553.	29,674.	0.
Michael Peterson 447 North Main Street Pittsfield, ME 04967	Vice President 40.00	124,982.	20,922.	0.
David Pease 447 North Main Street Pittsfield, ME 04967	Vice President 40.00	136,278.	20,359.	0.
	Total	\$ 806,910.	\$ 150,733.	\$ 0.

Statement 12
Form 990, Part VI, Line 80b
Related Organizations

Name of Organization	Exempt	Nonexempt
Acadia Healthcare Inc.	X	
Acadia hospital Corp	X	
Affiliated Healthcare Management		X
Affiliated Healthcare Systems		X
Affiliated Healthcare Systems		X
Affiliated Laboratory Inc.		X
Affiliated Material Services		X
Affiliated Pharmacy Services		X
Blue Hill Hospital	X	
C.A. Dean Memorial Hospital & Nusing Home	X	
Commercial Laundry Systems, LLC		X

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Statement 12 (continued)
Form 990, Part VI, Line 80b
Related Organizations

<u>Name of Organization</u>	<u>Exempt</u>	<u>Nonexempt</u>
Dirigo Funding, LLC		X
Dirigo Pines Development Company LLC		X
Dirigo Pines Inn LLC		X
Dirigo Pines Retirement Community LLC		X
Downeast Collections D/B/A Affiliated Co		X
Eastern Main Medical Center Auxiliary	X	
Eastern Maine Healthcare Real Estate	X	
Eastern Maine Healthcare Systems	X	
Eastern Maine HomeCare	X	
Eastern Maine Medical Center	X	
Healthcare Charities	X	
Horizons Health Services	X	
Inland Foundation	X	
Inland Hospital	X	
Lakewood	X	
Maine Institute For Human Gen & health	X	
Maine Network for Health		X
Meridian Mobile health, LLC		X
Norumbega Medical Specialists, LTD	X	
Rosscare	X	
Rosscare Nursing home, Inc.	X	
Sebasticoook valley Hospital Associates	X	
TAMC Title Corp	X	
The Aroostook Medical Center	X	

Statement 13
Form 990, Part VII, Line 103
Other Revenue

<u>Other Revenue</u>	<u>(A) Busi- ness Code</u>	<u>(B) Unrelat- ed Business Amount</u>	<u>(C) Exclu- sion Code</u>	<u>(D) Excluded Amount</u>	<u>(E) Related or Exempt Function</u>
Ambulance Revenue					\$ 33,218.
Cafeteria Revenue			3	\$ 68,502.	
Misc Revenue					344,133.
Rehab Revenue					38,022.
Surgical practice					185,660.
Total		<u>\$ 0.</u>		<u>\$ 68,502.</u>	<u>\$ 601,033.</u>

Statement 14
Form 990, Part XI, Line 106
Transfers to Controlled Entity

<u>Controlled Entity Name and Address</u>	<u>Federal EIN</u>	<u>Description of Transfer</u>	<u>Amount of Transfer</u>
Eastern Maine Medical Center 43 Whiting Hill Road Brewer, ME 04412	01-0211501	Fees for Service Purchase of Supplies	401,088.

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Statement 14 (continued)
Form 990, Part XI, Line 106
Transfers to Controlled Entity

Controlled Entity Name and Address	Federal EIN	Description of Transfer	Amount of Transfer
Eastern Maine Charities 43 Whiting Hill Road Brewer, ME 04412	22-2514163	Fees for Service	7,000.
Affiliated Material Service 925 Union Street, Suite 240 Bangor, ME 04401	01-0381189	Purchase of Supplies	611,560.
Affiliated Healthcare Management 931 Union Street Bangor, ME 04401	01-0349339	Fee for Service	223,625.
Affiliated Laboratory 417 State Street Bangor, ME 04401	01-0381283	FEE FOR SERVICE	270,183.
Affiliated Collections 931 Union Street Bangor, ME 04401	01-0366209	Fee for Service	18,579.
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901	01-0217211	Fee For Service	667.
Eastern Maine Healthcare System 73 Whiting Hill Road Brewer, ME 04412	01-0527066	Insurance - Support Services - Equity Transfer	2,493,422.
Total			<u>\$ 4,026,124.</u>

Statement 15
Form 990, Part XI, Line 107
Transfers From Controlled Entity

Controlled Entity Name and Address	Federal EIN	Description of Transfer	Amount of Transfer
Acadia Healthcare, Inc. 43 Whiting Hill Road Brewer, ME 04412	22-3183888	Rental Income	9,343.
Eastern Maine Homecare P.O. Box 688 Caribou, ME 04736	01-0328442	Rental Income	9,037.
Total			<u>\$ 18,380.</u>

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Statement 16
 Schedule A, Part I
 Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP & DC</u>	<u>Expense Account</u>
Wassim Mazraany 12 Independance Avenue Hampden, ME 04401	Surgeon 40.00	293,588.	23,933.	0.
Thomas Moskalewicz 178 Main Street Pittsfield, ME 04967	Physician 40.00	284,149.	31,848.	0.
D. Alan Lilly 36 Tarramango Lane Newport, ME 04953	Physician 40.00	268,126.	22,931.	0.
James Baldwin 137 Hemlock Terrace Pittsfield, ME 04967	Physician 40.00	234,525.	36,368.	0.
Julia Karlsson 354 Durham Bridge Road Newport, ME 04953	Physician 40.00	202,310.	35,729.	0.
	Total	<u>\$1,282,698.</u>	<u>\$ 150,809.</u>	<u>\$ 0.</u>