

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 , 2009, **and ending** , 20

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 PARKVIEW ADVENTIST MEDICAL CENTER Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 329 MAINE STREET _____ City or town, state or country, and ZIP + 4 BRUNSWICK, ME 04011	D Employer identification number 01-0244035 E Telephone number (207) 373-2000
		F Name and address of principal officer: _____	G Gross receipts \$ 39,081,593. 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)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.PARKVIEWAMC.ORG	
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: 1992 M State of legal domicile: ME	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PARKVIEW ADVENTIST MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES HEALTH CARE SERVICES THROUGH ITS INPATIENT, OUTPATIENT AND PHYSICIAN OFFICES LOCATED IN BRUNSWICK, MAINE.		
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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	435
6	Total number of volunteers (estimate if necessary)	6	68
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	262,146.	70,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,135,775.	38,408,013.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,213.	34,259.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	787,317.	569,321.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,155,025.	39,081,593.
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)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	19,216,060.	20,793,834.
16b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	499,818.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,579,127.	20,339,506.
19	Revenue less expenses. Subtract line 18 from line 12	39,795,187.	41,133,340.
20	Total assets (Part X, line 16)	-3,640,162.	-2,051,747.
21	Total liabilities (Part X, line 26)	Beginning of Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	12,540,142.	14,275,502.
		15,265,686.	18,992,315.
		-2,725,544.	-4,716,813.

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 _____

Preparer's Use Only	Preparer's signature ▶ Date 11/10/2009 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 60 SOUTH STREET BOSTON, MA 02111	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P01050195 EIN ▶ 13-5565207 Phone no. ▶ 617-988-1000
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Parkview Adventist Medical Center	Employer identification number 01-0244035
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 329 Maine Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Brunswick, ME 04011	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ JAMES GAYLORD

Telephone No. ▶ 207 373 2242 FAX No. ▶ 207 721 0258

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notices, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization Parkview Adventist Medical Center	Employer identification number 01-0244035
	Number, street, and room or suite no. If a P.O. box, see instructions. 329 Maine Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Brunswick, ME 04011	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of JAMES GAYLORD
Telephone No. 207-373-2242 FAX No. 207-721-0258
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010
- 5 For calendar year 2009, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

KPMG LLP ID# 13-5565207

Form 8868 (Rev. 4-2009)

Two Financial Center, 60 South St, Boston, MA 02111

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PARKVIEW ADVENTIST MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION THAT PROVIDES HEALTH CARE SERVICES THROUGH ITS INPATIENT, OUTPATIENT AND PHYSICIAN OFFICES LOCATED IN BRUNSWICK, MAINE.

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 [X] 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 [X] 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 \$ 30,703,970. including grants of \$) (Revenue \$)

PARKVIEW ADVENTIST MEDICAL CENTER (PAMC) PROVIDED INPATIENT HOSPITAL SERVICES TO 1,309 PATIENTS IN 2009. DURING THE YEAR, THERE WERE ALSO 71,401 OUTPATIENT VISITS FOR HOSPITAL SERVICES. SERVICES OF QUALITY MEDICAL HEALTHCARE WERE PROVIDED REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND FINANCIAL STABILITY OF PAMC IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. IT IS FURTHER RECOGNIZED THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTH EDUCATION. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 2,034,764. including grants of \$) (Revenue \$)

A SIGNIFICANT AMOUNT OF FREE CARE IS PROVIDED THROUGH THE MEDICAL CENTER'S 24-HOUR A DAY EMERGENCY DEPARTMENT WHICH RECEIVED 10,991 PATIENT VISITS DURING 2009. EMERGENCY MEDICAL CARE IS PROVIDED TO EVERY PATIENT ENTERING THE EMERGENCY DEPARTMENT, EVEN THOUGH THEY MAY BE UNABLE TO MAKE PAYMENT FOR THE SERVICES.

4c (Code:) (Expenses \$ 172,966. including grants of \$) (Revenue \$)

IN KEEPING WITH PAMCS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, THE MEDICAL CENTER ALSO PROVIDED A WIDE RANGE OF ACTIVITIES WHICH INCLUDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED OR MEDICALLY UNDER-SERVED, ALONG WITH A VARIETY OF BROAD BASED COMMUNITY SUPPORT PROGRAMS. MOST OF THESE PROGRAMS ARE OFFERED FOR THE COST OF MATERIALS AND PROFESSIONAL SERVICES ONLY, OR AT NO FEE AT ALL AS A COMMUNITY SERVICE. PAMCS WELLNESS DEPARTMENT REFLECTS THE SHIFT IN HEALTHCARE FOCUS FROM TREATMENT TO PREVENTION. (CONTINUED ON SCHEDULE O)

4d Other program services. (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 35,753. including grants of \$) (Revenue \$)

4e Total program service expenses 32,947,453.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Includes sub-rows 12A and 14a-14b. Some cells are redacted with black boxes.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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 (13); 1b Enter the number of voting members that are independent (11); 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); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 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? (X).

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: SCOTT HEATLEY 329 MAINE STREET BRUNSWICK, ME 04011 207-373-2298

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			
THEODORE LEWIS PRESIDENT/BOARD MEMBER	40.00	X		X			259,503.	0	13,697.	
AL AUSTIN BOARD MEMBER	1.00	X					0.	0	0.	
GEORGE CANCEL BOARD MEMBER	1.00	X					0.	0	0.	
ALICE CUNNINGHAM BOARD MEMBER	1.00	X					0.	0	0.	
DAN DAGGETT VICE CHAIR	1.00	X					0.	0	0.	
JOHN DEPALMA BOARD MEMBER	1.00	X					0.	0	0.	
STAN GERZOFISKY BOARD MEMBER	1.00	X					0.	0	0.	
JIM HOWARD BOARD MEMBER	1.00	X					0.	0	0.	
STEVE JOHNSON BOARD MEMBER	1.00	X					0.	0	0.	
JEFF MAHER MEDICAL STAFF DIRECTOR	40.00	X		X			245,282.	0	22,244.	
MIKE ORTEL CHAIRMAN	1.00	X					0.	0	0.	
RANDEE REYNOLDS BOARD MEMBER	1.00	X					0.	0	0.	
JOEL TOMPKINS BOARD MEMBER	1.00	X					0.	0	0.	
ROBERT ARANSON PHYSICIAN	1.00					X	299,381.	0	18,022.	
RICHARD LITTLEFIELD PHYSICIAN	40.00					X	239,752.	0	14,188.	
DONALD WOLOSZYN PHYSICIAN	40.00					X	292,863.	0	14,567.	

Part VIII Statement of Revenue

01-0244035

				(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					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	70,000.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			70,000.			
Program Service Revenue				Business Code			
	2a NET INPATIENT REVENUE		621110	10,786,510.	10,786,510.		
	b NET OUTPATIENT REVENUE		621110	27,621,503.	27,621,503.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			38,408,013.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4			34,183.		0.	34,183.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents.						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			96,281.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			76.			
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)			76.			
	d Net gain or (loss)			76.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	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 CAFETERIA SALES		722210	208,154.			208,154.	
b GIFT SHOP		453220	44,048.			44,048.	
c MISCELLANEOUS		621990	220,838.			220,838.	
d All other revenue							
e Total. Add lines 11a-11d			473,040.				
12 Total Revenue. See instructions			39,081,593.	38,408,013.	0.	507,223.	

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 . . .	0.			
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	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	540,726.		540,726.	
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	14,328,173.	14,212,240.		115,933.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	440,003.	421,130.	15,541.	3,332.
9 Other employee benefits	4,561,823.	4,561,823.		
10 Payroll taxes	923,109.	883,513.	32,605.	6,991.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	266,729.		266,729.	
c Accounting	108,865.		108,865.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	2,054,272.		2,054,272.	
12 Advertising and promotion	0.			
13 Office expenses	4,472,696.	4,247,046.	130,626.	95,024.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	729,047.	678,062.	50,985.	
17 Travel	163,532.	133,233.	28,298.	2,001.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	340,283.	340,283.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,676,774.	1,047,554.	628,726.	494.
23 Insurance	497,911.	497,911.		
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>BAD DEBTS</u>	3,181,045.		3,181,045.	
b <u>PURCHASED SERVICES</u>	5,504,236.	4,694,382.	561,049.	248,805.
c <u>LEASE EXPENSE</u>	664,637.	617,476.	46,977.	184.
d <u>MISCELLANEOUS</u>	102,110.	37,339.	37,717.	27,054.
e <u>UTILITIES</u>	577,369.	575,461.	1,908.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	41,133,340.	32,947,453.	7,686,069.	499,818.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	77,363.	1	1,438,500.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,323,525.	4	3,568,187.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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	74,487.	7	238,541.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	765,919.	9	1,238,618.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,113,114.		
	b Less: accumulated depreciation	10b 17,142,568.	10c	6,970,546.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	896,660.	15	821,110.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,540,142.	16	14,275,502.	
Liabilities	17 Accounts payable and accrued expenses	4,950,218.	17	7,611,902.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,795,859.	20	1,628,535.
	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	7,408,409.	23	7,187,209.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,111,200.	25	2,564,669.
	26 Total liabilities. Add lines 17 through 25	15,265,686.	26	18,992,315.
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	-2,816,013.	27	-4,762,243.
	28 Temporarily restricted net assets	90,469.	28	45,430.
	29 Permanently restricted net assets		29	
	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	-2,725,544.	33	-4,716,813.	
34 Total liabilities and net assets/fund balances	12,540,142.	34	14,275,502.	

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; 5 The portion of total contributions by each person; 6 Public support.

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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A; 16a 33 1/3 % support test - 2009; 16b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

- 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 PARKVIEW ADVENTIST MEDICAL CENTER	Employer identification number 01-0244035
---	--

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		9,748.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			9,748.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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).

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

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."

1 Dues, assessments and similar amounts from members	1	
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 ACTIVITY DETAIL

SCHEDULE C, PART II-B

A PORTION OF THE DUES PAID TO PROFESSIONAL AND BUSINESS ASSOCIATIONS ARE

ALLOCATED TO LOBBYING ON MATTERS OF IMPORTANCE TO THEIR GENERAL

MEMBERSHIP

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**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

PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

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? Yes 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? Yes 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, access, 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? Yes No

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? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,129.		53,129.
b Buildings		10,629,762.	6,157,554.	4,472,208.
c Leasehold improvements		241,031.	2,686.	238,345.
d Equipment		12,001,793.	10,114,830.	1,886,963.
e Other		1,187,400.	867,499.	319,901.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,970,546.

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.

Part XIV Supplemental Information *(continued)*

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

PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

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	<input checked="" type="checkbox"/>	
b If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
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 type="checkbox"/> Applied uniformly to all hospitals		<input type="checkbox"/> Applied uniformly to most hospitals
<input type="checkbox"/> Generally tailored to individual 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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
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 checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c 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?		
6a Does the organization prepare an annual community benefit report?		<input checked="" type="checkbox"/>
b If "Yes," does the organization make it available to the public?		

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
a Charity care at cost (from Worksheets 1 and 2)			593,913.	260,730.	333,183.	.81
b Unreimbursed Medicaid (from Worksheet 3, column a)			4,259,349.	2,954,146.	1,305,203.	3.17
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			4,853,262.	3,214,876.	1,638,386.	3.98
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			275,800.	84,400.	191,400.	.47
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			30,090.		30,090.	.07
j Total Other Benefits			305,890.	84,400.	221,490.	.54
k Total. Add lines 7d and 7j			5,159,152.	3,299,276.	1,859,876.	4.52

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

Schedule H (Form 990) 2009

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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

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense (at cost)		
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		
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.		
Section B. Medicare		
5 Enter total revenue received from Medicare (including DSH and IME)		
6 Enter Medicare allowable costs of care relating to payments on line 5		
7 Subtract line 6 from line 5. This is the surplus or (shortfall)		
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices		
9a Does the organization have a written debt collection policy?		
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.		

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 CENTRAL MAINE				
2 HEALTHCARE CORP	HEALTHCARE SYSTEM ADMIN.	0.00000	0.00000	0.00000
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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 III, LINE 4:

THE MEDICAL CENTER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN

CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS

LESS THAN ITS ESTABLISHED RATES. BECAUSE THE MEDICAL CENTER DOES NOT

PURSUDE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE,

THEY ARE NOT REPORTED AS REVENUE. CHARITY CARE FOR THE YEARS ENDED

DECEMBER 31, 2009 AND 2008 ARE \$593,913 AND \$737,448, RESPECTIVELY.

THE MEDICAL CENTER GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST

OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY

AGREEMENTS. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE

MADE BY MEANS OF THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS

WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND

SUBSEQUENT RECOVERIES ARE ADDED. THE AMOUNT OF THE PROVISIONS FOR

UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF

HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC

CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTHCARE

COVERAGE, AND OTHER COLLECTION INDICATORS. THE MEDICAL CENTER

DETERMINES THE ACTUAL WRITE-OFF OF PATIENT ACCOUNTS AFTER A

REASONABLE AMOUNT OF TIME HAS PASSED SINCE THE FIRST BILLING (AT

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.

LEAST 180 DAYS) AND REASONABLE COLLECTION EFFORTS MADE. THE ESTIMATE

OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE

MEDICAL CENTER'S CHARITY CARE POLICY IS BASED ON A 1 FOR 1 BASIS. IN

OTHER WORDS, FOR EVERY PATIENT THAT APPLIES AND IS APPROVED FOR

CHARITY CARE, THERE IS ANOTHER PATIENT THAT DOESN'T APPLY, BUT WOULD

BE APPROVED.

PART III, LINE 8:

THE HOSPITAL IS REIMBURSED UNDER PPS FOR MEDICARE BENEFICIARIES. THE

COST REPORTED ON LINE 6 IS DIRECTLY FROM 2009 MEDICARE COST REPORT

WHERE COST TO CHARGE RATIOS ARE UTILIZED FOR ANCILLARY CHARGES/COSTS

AND A CALCULATED PER DIEM RATE FOR ROUTINE AND ICU CHARGES/COSTS.

PART III, LINE 9B:

BECAUSE OUR CHARITY CARE POLICY ALLOWS FOR A PERCENTAGE-BASED CHARITY

APPROVAL ON THEIR INCOME COMPARED TO THE FEDERAL POVERTY LEVEL, SOME

OF THOSE ACCOUNTS THAT QUALIFY FOR LESS THAN 100% WRITE-OFF, MIGHT

STILL HAVE OUTSTANDING BALANCES. THOSE OUTSTANDING BALANCES ARE

SUBJECT TO THE SAME COLLECTION POLICY PROCEDURES AS IF THEY DID NOT

**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
PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number
01-0244035

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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** X
- b** Any related organization? **5b** X
- 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** X
- b** Any related organization? **6b** X
- 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** X

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** X

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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				
THEODORE LEWIS	(i) 199,079. (ii) 0.	(ii) 30,000. (iii) 0.	(iii) 30,424. (iv) 0.	2,215. 0.	11,482. 0.	273,200. 0.	0. 0.
JEFF MAHER	(i) 140,162. (ii) 0.	(ii) 54,987. (iii) 0.	(iii) 50,133. (iv) 0.	6,220. 0.	16,024. 0.	267,526. 0.	0. 0.
ROBERT ARANSON	(i) 238,960. (ii) 0.	(ii) 0. (iii) 0.	(iii) 60,421. (iv) 0.	5,365. 0.	12,657. 0.	317,403. 0.	0. 0.
RICHARD LITTLEFIELD	(i) 236,624. (ii) 0.	(ii) 0. (iii) 0.	(iii) 3,128. (iv) 0.	5,975. 0.	8,213. 0.	253,940. 0.	0. 0.
DONALD WOLOSZYN	(i) 287,550. (ii) 0.	(ii) 0. (iii) 0.	(iii) 5,313. (iv) 0.	7,633. 0.	6,934. 0.	307,430. 0.	0. 0.
LAWRENCE LOSEY	(i) 155,953. (ii) 0.	(ii) 66,244. (iii) 0.	(iii) 19,745. (iv) 0.	10,919. 0.	14,981. 0.	267,842. 0.	0. 0.
SCOTT EWERT	(i) 386,400. (ii) 0.	(ii) 0. (iii) 0.	(iii) 900. (iv) 0.	0. 0.	13,701. 0.	401,001. 0.	0. 0.
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	(ii) ----- (iii) -----	(iii) ----- (iv) -----	----- -----	----- -----	----- -----	----- -----

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.

2009 MANAGEMENT DISCLOSURE

SCHEDULE J, PART III

ON JULY 1, 2009, THE EXECUTIVE MANAGEMENT FUNCTIONS OF PAMC WERE

TRANSFERRED TO CENTRAL MAINE HEALTHCARE CORPORATION (CMHC) AS PART OF A

MANAGEMENT CONTRACT BETWEEN PAMC AND CMHC. THEODORE LEWIS, THE PRESIDENT

AND CEO OF PAMC, WAS TERMINATED AT THAT TIME AND HIRED BY CMHC TO FULFILL

THE SAME POSITION AS PART OF THE MANAGEMENT CONTRACT UNDER THIS

CONTRACT, MR. LEWIS IS COMPENSATED BY CMHC FOR HIS DUTIES AS PRESIDENT

AND CEO OF PAMC. AS SUCH, COMPENSATION PAID BY CMHC IS REPORTED IN PART

II UNDER THEODORE LEWIS' ENTRY ON LINE (I) AND COMBINED WITH HIS

COMPENSATION FROM PAMC RECEIVED THROUGH JUNE 30, 2009. THE CMHC PORTION

OF HIS TOTAL COMPENSATION REPORTED ON LINE (I) IS LISTED AS FOLLOWS:

COLUMN B(I): 97,796

COLUMN B(II): 0

COLUMN B(III): 3,582

COLUMN C: 0

COLUMN D: 5,236

**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

PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

ATTACHMENT 1

PUBLIC DISCLOSURE POLICY

PART VI, SECTION C, QUESTION 19

THE APPROVED AND FILED IRS FORM 990 IS AVAILABLE TO THE PUBLIC AS REQUESTED. THE MEDICAL CENTER'S ARTICLES OF INCORPORATION ARE FILED WITH THE STATE GOVERNMENT, ITS CONFLICT OF INTEREST POLICY IS MADE AVAILABLE IN THE ADMINISTRATIVE OFFICES ON REQUEST, AND ITS AUDITED FINANCIAL STATEMENTS ARE SUBMITTED TO THE MAINE HEALTH DATA ORGANIZATION, WHICH WILL MAKE PUBLIC THE INFORMATION IF REQUESTED BY INTERESTED PARTIES.

FORM 990 REVIEW PROCESS

PART VI, SECTION A, QUESTION 11

THE MEDICAL CENTER'S FINANCE DEPARTMENT WORKS WITH A PUBLIC ACCOUNTING FIRM TO POPULATE AND COMPLETE THE FORM 990 AND ALL APPLICABLE SCHEDULES. AFTER THE ACCOUNTING FIRM REVIEWS THE FIRST DRAFT FOR ACCURACY AND COMPLETENESS, THE MEDICAL CENTER'S FINANCE DEPARTMENT REVIEWS FOR ACCURACY AND COMPLETENESS. THE RETURN IS THEN SENT BACK TO THE ACCOUNTING FIRM FOR FINAL COMPLETION AND REVIEW. MEDICAL CENTER'S BOARD OF DIRECTORS THEN REVIEWS THE COMPLETED RETURN. APPROVAL IS REQUIRED BY THE BOARD PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

EACH YEAR THE BOARD CHAIR ASKS THE PRESIDENT TO SEND OUT AN ANNUAL

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

Schedule O (Form 990) 2009

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ATTACHMENT 1 (CONT'D)

DISCLOSURE AND ACKNOWLEDGEMENT FORM TO EACH BOARD MEMBER. THIS FORM REQUIRES INFORMATION FROM THE BOARD MEMBER RELATED TO ANY POSSIBLE CONFLICTS OF INTEREST IN ACCORDANCE WITH THE BY-LAWS OF THE CORPORATION. THE FORMS ARE REVIEWED BY THE EXECUTIVE COMMITTEE TO ENSURE COMPLIANCE, AND IF THERE ARE QUESTIONS OR CONFLICTS OF INTEREST THAT ARISE, A MEMBER OF THE EXECUTIVE COMMITTEE WILL INTERACT WITH THE BOARD MEMBER IN QUESTION, AND REPORT ANY FINDINGS TO THE BOARD FOR RESOLUTION. ANY DISCLOSURE OF POSSIBLE OR ACTUAL CONFLICTS OF INTEREST, BEFORE OR AFTER A TRANSACTION HAS OCCURRED, ARE CONVEYED IN A REPORT TO THE FULL BOARD, BY THE EXECUTIVE COMMITTEE. AFTER REVIEW OF THE POSSIBLE CONFLICT, THE BOARD WOULD TAKE ACTIONS IT DEEMED APPROPRIATE IN ADDRESSING THE POSSIBLE OR ACTUAL CONFLICTS, WHICH COULD INCLUDE RESTRICTIONS, OR DISMISSAL FROM THEIR POSITION.

COMPENSATION POLICIES

PART VI, SECTION B, QUESTION 15B

THE BOARD OF DIRECTORS HAS A CEO COMPENSATION COMMITTEE. THIS COMMITTEE MEETS AND MAKES RECOMMENDATIONS TO THE BOARD ON THE LEVELS OF COMPENSATION FOR THE CEO. THE BOARD THEN VOTES AND TAKES ACTION TO IMPLEMENT WHATEVER THE VOTE ACTION IS. THE COMPENSATION COMMITTEE TYPICALLY LOOKS AT THE LATEST SALARY AND COMPENSATION SURVEY'S FOR CEO COMPENSATION IN THE STATE OF MAINE, AND ALSO OTHER NEW ENGLAND STATES. THIS INFORMATION IS USED AS A RESOURCE IN MAKING THEIR DECISIONS. NOTE THAT, AS OF JULY 1, 2009, THE CURRENT CEO TERMINATED EMPLOYMENT WITH THE MEDICAL CENTER AND BECAME AN EMPLOYEE OF CENTRAL MAINE HEALTHCARE CORPORATION (CMHC). UNDER THE TERMS OF THE MEDICAL CENTER'S ADMINISTRATIVE & MANAGEMENT AGREEMENT WITH CMHC, THE CEO IS PROVIDED BY

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<u>ATTACHMENT 1 (CONT'D)</u>	

CMHC. THE MEDICAL CENTER'S CEO COMPENSATION COMMITTEE NO LONGER HAS JURISDICTION OVER THE CEOS COMPENSATION. THE MEDICAL CENTER'S BOARD OF DIRECTORS STILL MAINTAINS RESPONSIBILITY FOR ENSURING SERVICES RENDERED UNDER THE CONTRACT ARE REASONABLE FOR THE CONTRACTED FEE FOR THAT SERVICE.

GOVERNING BODY AND MANAGEMENT

PART VI, SECTION A, QUESTIONS 6, 7A AND 7B

THERE SHALL BE TWO CLASSES OF MEMBERS, EX OFFICIO AND REGULAR. EX OFFICIO MEMBERS SHALL CONSIST OF: (A) THE PRESIDENT OF THE NORTHERN NEW ENGLAND CONFERENCE OF SEVENTH-DAY ADVENTISTS, WHO SHALL SERVE AS THE CHAIR OF THE MEMBERSHIP; (B) THE TREASURER OF THE NORTHERN NEW ENGLAND CONFERENCE OF SEVENTH-DAY ADVENTISTS, WHO SHALL SERVE AS THE VICE CHAIR OF THE MEMBERSHIP; (C) THE PRESIDENT OF THE ATLANTIC UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS, OR HIS OR HER DESIGNEE; (D) THE PASTOR OF THE BRUNSWICK, MAINE SEVENTH-DAY CHURCH; AND (E) THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION. EACH EX OFFICIO MEMBER SHALL HOLD OFFICE UNTIL HIS OR HER RESIGNATION.

THE EX OFFICIO MEMBERS SHALL BE ENTITLED TO ELECT A TOTAL OF FOUR REGULAR MEMBERS. EACH REGULAR MEMBER SHALL: (A) BE A RESIDENT OF THE STATE OF MAINE, NEW HAMPSHIRE OR VERMONT; (B) BE MORE THAN EIGHTEEN YEARS OF AGE; (C) HAVE AN INTEREST IN HEALTH CARE MATTERS; (D) UNDERSTAND AND SUPPORT THE OPERATIONAL PHILOSOPHY OF SEVENTH-DAY ADVENTIST HEALTH CARE FACILITIES; (E) SUPPORT THE PHILOSOPHY AND OBJECTIVES OF THE CHURCH AND ITS MEDICAL MINISTRY; AND (F) BE A MEMBER IN GOOD STANDING OF THE

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<u>ATTACHMENT 1 (CONT'D)</u>	

CHURCH. EXCEPT AS OTHERWISE PROVIDED IN THIS ARTICLE, NO DIRECTOR, EMPLOYEE OR MEMBER OF THE CORPORATION'S MEDICAL STAFF SHALL SERVE AS A MEMBER.

THE REGULAR MEMBERS SHALL BE ELECTED, UPON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE EX OFFICIO MEMBERS, EVERY THREE YEARS AT THE ANNUAL MEETING OF MEMBERS. EACH REGULAR MEMBER SHALL HOLD OFFICE UNTIL THE EXPIRATION OF THE THREE-YEAR TERM FOR WHICH HE OR SHE IS ELECTED AND UNTIL HIS OR HER SUCCESSOR HAS BEEN ELECTED AND QUALIFIED, OR UNTIL HIS OR HER EARLIER RESIGNATION, REMOVAL FROM OFFICE, DISQUALIFICATION, DEATH OR INCAPACITY. ANY REGULAR MEMBER MAY BE REMOVED, WITH OR WITHOUT CAUSE, UPON THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS THEN IN OFFICE. A MEMBER'S ABSENCE FROM TWO CONSECUTIVE ANNUAL MEETINGS, WITHOUT EXCUSE, SHALL RESULT IN AUTOMATIC REMOVAL. VACANCIES IN THE REGULAR MEMBERSHIP SHALL BE FILLED BY A MAJORITY OF THE EX OFFICIO MEMBERS. A MEMBER ELECTED TO FILL ANY VACANCY SHALL BE ELECTED FOR THE UNEXPIRED TERM OF HIS OR HER PREDECESSOR.

PROGRAM SERVICE 1

PART III, LINE 4A

PARKVIEW ADVENTIST MEDICAL CENTER (PAMC) PROVIDED INPATIENT HOSPITAL SERVICES TO 1,309 PATIENTS IN 2009. DURING THE YEAR, THERE WERE ALSO 71,401 OUTPATIENT VISITS FOR HOSPITAL SERVICES. SERVICES OF QUALITY MEDICAL HEALTHCARE WERE PROVIDED REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND FINANCIAL STABILITY OF PAMC IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO

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ATTACHMENT 1 (CONT'D)

PURCHASE ESSENTIAL MEDICAL SERVICES. IT IS FURTHER RECOGNIZED THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTH EDUCATION. DURING 2009, IN KEEPING WITH PAMCS COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, CHARITY CARE TOTALING \$537,451 WAS PROVIDED. FOR PATIENTS UNABLE OR UNWILLING TO PAY FOR HEALTHCARE SERVICES, PAMCS PROVISION FOR BAD DEBTS TOTALED \$3,134,883 DURING 2009. THE HOSPITAL PROVIDED 55% OF ITS TOTAL REVENUE TO MEDICARE AND MEDICAID RECIPIENTS, FOR WHICH COST SUBSTANTIALLY EXCEEDED REIMBURSEMENT.

PROGRAM SERVICE 3
PART III, LINE 4C

IN KEEPING WITH PAMCS COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, THE MEDICAL CENTER ALSO PROVIDED A WIDE RANGE OF ACTIVITIES WHICH INCLUDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED OR MEDICALLY UNDER-SERVED, ALONG WITH A VARIETY OF BROAD BASED COMMUNITY SUPPORT PROGRAMS. MOST OF THESE PROGRAMS ARE OFFERED FOR THE COST OF MATERIALS AND PROFESSIONAL SERVICES ONLY, OR AT NO FEE AT ALL AS A COMMUNITY SERVICE.

PAMCS WELLNESS DEPARTMENT REFLECTS THE SHIFT IN HEALTHCARE FOCUS FROM TREATMENT TO PREVENTION. THE CONCEPT OF WELLNESS IS TO MAKE SICK PEOPLE WELL AND TO KEEP WELL PEOPLE FROM GETTING SICK. RESEARCH IS PROVIDING THAT EXERCISE AND PROPER DIET CAN HELP REVERSE MANY CHRONIC DISEASES AND REDUCE THE USE OF MEDICATION IN MANY ILLNESSES.

HEALTH TALKS HAVE BEEN GIVEN TO SCHOOLS, INDUSTRIES, SOCIAL AND CIVIC

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ATTACHMENT 1 (CONT'D)

GROUPS. HEALTH INFORMATION, COUNSELING, AND AUDIOVISUALS HAVE BEEN PROVIDED TO THE COMMUNITY.

OTHER PROGRAM SERVICES

VOLUNTEER PROGRAM GRANTS AND AWARDS \$0; EXPENSES \$35,753; REVENUE \$0

PAMC HAS AN ACTIVE VOLUNTEER PROGRAM. DURING 2009 THERE WERE VOLUNTEERS WHO GAVE MANY HOURS TOWARD THE COMMON PURPOSE OF MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY. THE VALUE OF THIS PROGRAM IS GIVEN BACK TO THE COMMUNITY THROUGH LOWER COSTS FOR PATIENT SERVICES AND HEALTH EDUCATION.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
VOLUNTEER PROGRAM		35,753.	
	TOTALS	<u>35,753.</u>	

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTRAL MAINE MEDICAL CENTER 300 MAINE STREET LEWISTON, ME 04240	ER PHYSICIANS	437,015.
CARDINAL HEALTH	MEDICAL GOODS & SVCS	998,416.
CPS, INC	MEDICAL GOODS & SVCS	663,623.
OWENS AND MINOR	MEDICAL GOODS	503,396.
MCKESSON DRUG	PHARMACEUTICALS	343,102.
	TOTAL COMPENSATION	<u>2,945,552.</u>

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ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	34,183.		0.	34,183.
TOTALS	<u>34,183</u>		<u>0</u>	<u>34,183</u>

ATTACHMENT 5

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: STEPHEN BOYD, PHYSICIAN
 ORIGINAL AMOUNT: 74,487.
 DATE OF NOTE: 07/24/2008
 PURPOSE OF LOAN: INCOME GUARANTEE

BEGINNING BALANCE DUE 74,487.
 ENDING BALANCE DUE 152,343.

BORROWER: JUAN RUBERO, PHYSICIAN
 ORIGINAL AMOUNT: 86,198.
 DATE OF NOTE: 05/01/2009
 PURPOSE OF LOAN: INCOME GUARANTEE

BEGINNING BALANCE DUE 0.
 ENDING BALANCE DUE 86,198.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 74,487.
 TOTAL ENDING NOTES AND LOANS RECEIVABLES 238,541.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

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
PARKVIEW AMC ENERGY LLC 329 MAINE STREET BRUNSWICK, ME 04011 20-2649824	ELEC CO UTIL	ME	173,299.	41,833.	PAMC
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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
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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) MANAGEMENT SERVICES ORGANIZATION		L	205,219.
(2) MANAGEMENT SERVICES ORGANIZATION		N	306,207.
(3)			
(4)			
(5)			
(6)			

