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NO STATUTE ISSUE
NOV 22 2010

SCANNED DEC 03 2010

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)

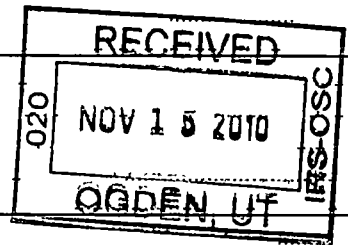
The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2006 calendar year, or tax year beginning and ending

Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Final return ☒ Amended return ☐ Application pending	C Name of organization PARKVIEW HEALTH SYSTEM, INC.	D Employer identification number 35-1972384
	Number and street (or P.O. box if mail is not delivered to street address) 10501 CORPORATE DRIVE	Room/suite E Telephone number 260-373-8429
	City or town, state or country, and ZIP + 4 FORT WAYNE, IN 46845	F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
G Website: www.parkview.com		
J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		
K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,302,285,095.		
H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) If "Yes," enter number of affiliates N/A H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No I Group Exemption Number N/A M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c		449,322.	
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 449,322. noncash \$)	1e			449,322.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			122,081,641.
	3 Membership dues and assessments	3			
	4 Interest on savings and investments	4			1,579,329.
	5 Dividends and interest from securities	5			22,664,275.
	6 a Gross rents SEE STATEMENT 4	6a		2,257,036.	
	b Less: rental expenses SEE STATEMENT 5	6b		2,242,149.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c			14,887.	
7 Other investment income (from Part VII, line 93) SEE STATEMENT 2	7			1,537,994.	
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		1,150,971,110.	8a	141,401.	
	b Less: cost or other basis and sales expenses	1,142,980,253.	8b	533,845.	
	c Gain or (loss) (attach schedule)	7,990,857.	8c	-392,444.	
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 6 STMT 7				8d 7,598,413.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐				
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a				9c
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c
11 Other revenue (from Part VII, line 103)	11			602,987.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			156,528,848.	
Net Assets	13 Program services (from line 44, column (B))	13		49,432,122.	
	14 Management and general (from line 44, column (C))	14		121,646,645.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		171,078,767.	
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-14,549,919.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-81,036,143.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 8	20		359,344,066.		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		263,758,004.		



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>1,532,357</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22b 1,532,357.	1,532,357.	SEE STATEMENT 10	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 2,298,932.	0.	2,298,932.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 3,250.	0.	3,250.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 51,838,207.	11,676,286.	40,161,921.	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 12,357,598.	3,136,403.	9,221,195.	
29 Payroll taxes	29 1,643,865.	577,976.	1,065,889.	
30 Professional fundraising fees	30			
31 Accounting fees	31 858,796.		858,796.	
32 Legal fees	32 170,338.		170,338.	
33 Supplies	33 2,821,508.	959,947.	1,861,561.	
34 Telephone	34 1,414,767.	114,516.	1,300,251.	
35 Postage and shipping	35 516,410.	1,169.	515,241.	
36 Occupancy	36 13,136,651.	1,444,654.	11,691,997.	
37 Equipment rental and maintenance	37 486,565.	59,327.	427,238.	
38 Printing and publications	38 102,670.		102,670.	
39 Travel	39 465,593.	19,187.	446,406.	
40 Conferences, conventions, and meetings	40 396,125.	90,470.	305,655.	
41 Interest	41 19,604,195.		19,604,195.	
42 Depreciation, depletion, etc. (attach schedule)	42 18,404,175.	200,067.	18,204,108.	
43 Other expenses not covered above (itemize)	43a			
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g 43,026,765.	29,619,763.	13,407,002.	
g SEE STATEMENT 9				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 171,078,767.	49,432,122.	121,646,645.	0.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 12

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SEE STATEMENT 11

(Grants and allocations \$ 1,532,357.) If this amount includes foreign grants, check here ► ☐ 49,432,122.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

49,432,122.

Form **990** (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,480,369.	45	14,092.
	46 Savings and temporary cash investments	-335,545.	46	25,949,727.
	47 a Accounts receivable	47a 3,048,127.		
	b Less: allowance for doubtful accounts	47b 470,929.	1,486,394.	47c 2,577,198.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a 16,144,266.		
	b Less: allowance for doubtful accounts STMT 13	51b		51c 16,144,266.
	52 Inventories for sale or use		151,823.	52 135,020.
	53 Prepaid expenses and deferred charges		6,184,435.	53 5,472,661.
	54 a Investments - publicly-traded securities STMT 19 ☐ Cost ☒ FMV		462,257,111.	54a 540,006,393.
	b Investments - other securities STMT 18 ☐ Cost ☒ FMV		57,301,454.	54b 68,824,947.
55 a Investments - land, buildings, and equipment basis	55a 16,357,447.			
b Less: accumulated depreciation STMT 14	55b	17,098,909.	55c 16,357,447.	
56 Investments - other SEE STATEMENT 15		8,505,911.	56 8,500,252.	
57 a Land, buildings, and equipment basis	57a 225,419,623.			
b Less: accumulated depreciation	57b 79,656,076.	147,345,873.	57c 145,763,547.	
58 Other assets, including program-related investments (describe ► DEFERRED FINANCING COSTS)		32,115,378.	58 8,475,700.	
59 Total assets (must equal line 74). Add lines 45 through 58		735,592,112.	59 838,221,250.	
Liabilities	60 Accounts payable and accrued expenses		28,460,046.	60 30,511,892.
	61 Grants payable			61
	62 Deferred revenue			62 219.
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities STMT 16		466,032,219.	64a 459,466,138.
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ► SEE STATEMENT 17)		322,135,990.	65 84,484,997.
	66 Total liabilities. Add lines 60 through 65		816,628,255.	66 574,463,246.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		-81,036,143.	67 263,758,004.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		-81,036,143.	73 263,758,004.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		735,592,112.	74 838,221,250.

Form **990** (2006)

Part VI Other Information (continued)**Yes No**

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations a	Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) organizations. Enter:	a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter:	a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X	
89 a 501(c)(3) organizations. Enter:	Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations.	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations.	At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations.	Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds.	Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed <u>IN</u>	90b	5931	
b	Number of employees employed in the pay period that includes March 12, 2006			
91 a	The books are in care of <u>MARK A. NAFZIGER</u> Telephone no. <u>260-373-7008</u>			
	Located at <u>10501 CORPORATE DRIVE, FORT WAYNE, IN</u> ZIP + 4 <u>46845</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country <u>N/A</u>			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Form 990 (2006)

Part VI Other Information (continued) **Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

x

If "Yes," enter the name of the foreign country N/A92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a NET PATIENT SERVICE REVENUE					36,971,948.
b CORPORATE SERVICE ALLOCATION					74,316,922.
c INTERUNIT RENT					7,666,529.
d					
e					
f Medicare/Medicaid payments					3,126,242.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,579,329.	
96 Dividends and interest from securities			14	22,664,275.	
97 Net rental income or (loss) from real estate.					
a debt-financed property			03	14,887.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					1,537,994.
100 Gain or (loss) from sales of assets other than inventory			18	7,598,413.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SEE STATEMENT 25		375.		557,301.	45,311.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		375.		32,414,205.	123,664,946.
105 Total (add line 104, columns (B), (D), and (E))					156,079,526.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	PROVISION OF HEALTH CARE THROUGH AN INTREGRATED DELIVERY SYSTEM,
99	INVESTMENT IN PARTNERSHIP PROVIDING MEDICAL SERVICES.
103	PROVISION OF HEALTH CARE THROUGH AN INTREGRATED DELIVERY SYSTEM,

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 26	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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

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

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- SEE STATEMENT 28			
b	-----			
c	-----			
Totals				73,099,428.

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

Yes	No
X	

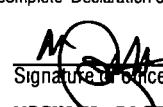
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- SEE STATEMENT 29			
b	-----			
c	-----			
Totals				5,654,734.

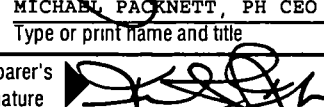
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

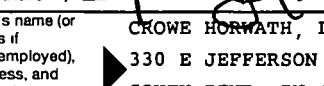
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer:  Date: 11-3-10

Signature of preparer:  Date: 11/1/10

Paid Preparer's Use Only

Preparer's signature:  Kenneth J. Keber

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH, LLP
330 E JEFFERSON BLVD, P O BOX 7
SOUTH BEND, IN 46624-0007

Check if self-employed: ☐

Preparer's SSN or PTIN (See Gen. Inst. X):

EIN: 

Phone no.: 574-232-3992

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35 1972384

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ARTHUR DETORE 2200 RANDALLIA DRIVE, FORT WAYNE, IN	EXEC VP 40.00	388,717.	125,209.	8,190.
JAMES HANUS 2200 RANDALLIA DRIVE, FORT WAYNE, IN	PHYSICIAN PMG 40.00	324,030.	36,217.	
JAMIE ROCHE 2200 RANDALLIA DRIVE, FORT WAYNE, IN	SR VP QUALITY 40.00	346,431.	111,767.	8,250.
GLADYS BEALE 2200 RANDALLIA DRIVE, FORT WAYNE, IN	PBH PSYCHIATRIST 40.00	339,442.	99,901.	
FRANK SHAO 2200 RANDALLIA DRIVE, FORT WAYNE, IN	PBH PSYCHIATRIST 40.00	315,793.	92,925.	
Total number of other employees paid over \$50,000 ▶	1448			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ERNST & YOUNG LLP BANK OF AMERICA - CHIC 96550, CHICAGO, IL 60693	CPA FIRM	426,325.
CROWE CHIZEK & COMPANY LLP PO BOX 145415, CINCINNATI, OH 45250-9791	CPA FIRM	248,419.
BRILJENT 7615 W JEFFERSON BLVD, FORT WAYNE, IN 46807	SOFTWARE COMPANY	98,664.
PRICE WATERHOUSE COOPERS LLP PO BOX 75647, CHICAGO, IL 60675-5647	CPA FIRM	81,887.
TIBER GROUP LLC A DIVISION OF NAVIGANT, CHICAGO, IL 60674	CONSULTING	78,107.
Total number of others receiving over \$50,000 for professional services ▶	7	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year	►	0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
PARKVIEW HOSPITAL, INC.	35-0868085	7	X		57,743,124.
HUNTINGTON MEMORIAL HOSPITAL, INC.	35-1970706	7	X		4,550,148.
WHITLEY MEMORIAL HOSPITAL, INC.	35-1967665	7	X		4,315,464.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	35-2089183	7	X		3,716,064.
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	20-2401676	7	X		2,526,468.
Total ▶					72,851,268.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

N/A

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year:

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines:

15	_____	16	_____
17	_____	20	_____
		21	_____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

27f	N/A
-----	-----

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	N/A
27d	N/A
27e	N/A
27f	N/A
27g	N/A %
27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND & LAND IMPROVEMENTS	VARIABLES		.000	16	22,621,593.			22,621,593.	1,799,079.		426,213.
	BUILDING & LEASEHOLD IMPROVEMENTS	VARIABLES		.000	16	91,241,552.			91,241,552.	17,900,831.		3,508,166.
	EQUIPMENT	VARIABLES		.000	16	110,305,203.			110,305,203.	41,551,991.		14,469,796.
	CONSTRUCTION IN PROGRESS	VARIABLES		.000	16	1,251,275.			1,251,275.			0.
	* TOTAL 990 PAGE 2					225,419,623.		0.	225,419,623.	61,251,901.	0.	18,404,175.
	DEPR											

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	2
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DESCRIPTION

AMOUNT

PREMIER SURGERY CENTER, LLC	979,626.
FORT WAYNE CYBERKNIFE SOLUTIONS, LLC	105,499.
IMAGING SERVICES HOLDING COMPANY, LLC	452,869.
TOTAL TO FORM 990, PART I, LINE 7	1,537,994.

FOOTNOTES

STATEMENT 3

THE FORM 990 IS BEING AMENDED TO REFLECT A CHANGE IN
UNRELATED BUSINESS INCOME AS REPORTED FOR PARKVIEW HEALTH
SYSTEM, INC.'S 2006 CALENDAR YEAR AMENDED FORM 990-T.

FORM 990	RENTAL INCOME	STATEMENT	4
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE FACILITIES	1	2,257,036.
TOTAL TO FORM 990, PART I, LINE 6A		2,257,036.

FORM 990	RENTAL EXPENSES	STATEMENT	5
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ALLOCATED EXPENSES		2,242,149.	
- SUBTOTAL -	1		2,242,149.
TOTAL TO FORM 990, PART I, LINE 6B			2,242,149.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	6
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	1,150,971,110.	1,142,980,253.	0.	7,990,857.
TO FORM 990, PART I, LINE 8	1,150,971,110.	1,142,980,253.	0.	7,990,857.

FORM 990

GAIN (LOSS) FROM SALE OF OTHER ASSETS

STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BUILDING	02/01/02	12/28/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	131,553.	169,581.	0.	0.	-38,028.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT	01/01/02	09/25/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	9,503.	216,557.	0.	0.	-207,054.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SOFTWARE	05/01/04	01/01/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	0.	60,235.	0.	0.	-60,235.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LAND	01/01/05	01/01/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	0.	30,125.	0.	0.	-30,125.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LEASEHOLD IMPROVEMENTS	06/21/01	09/28/06	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	0.	57,347.	0.	0.	-57,347.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
VEHICLE	01/01/01	12/23/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	345.	0.	0.	0.	345.
TO FM 990, PART I, LN 8	141,401.	533,845.	0.	0.	-392,444.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
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DESCRIPTION	AMOUNT
FASB 158 PENSION ADJUSTMENT	-19,667,236.
ASSET ADJUSTMENT TRANSFERS	561,109.
BOOK/TAX DIFF FROM K-1'A	87,166.
UNREALIZED GAINS/LOSSES INVESTMENTS	24,037,780.
UNREALIZED GAIN/LOSS SWAPS & HEDGES	19,739,622.
UNREALIZED GAIN/LOSS RE INVESTMENTS	-800,000.
CLEAR OUT INTERUNIT ACCOUNT	335,385,625.
TOTAL TO FORM 990, PART I, LINE 20	359,344,066.

FORM 990	OTHER EXPENSES	STATEMENT	9
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DRUGS	0.			
FOOD	0.			
PROFESSIONAL FEES	1,986,884.	78,056.	1,908,828.	
PURCHASED SERVICES	4,650,260.	2,309,264.	2,340,996.	
ADVERTISING	3,805,715.	2,253.	3,803,462.	
ALLOCATED PURCHASED SERVICES	349,476.	349,476.		
PHYSICIAN ANSWERING SERVICE	38,066.	38,066.		
MALPRACTICE INS & INS CLAIMS	1,322,364.	198,904.	1,123,460.	
MEDICAL CLAIMS	24,642,497.	24,642,497.		
REINSURANCE EXP	251,964.	251,964.		
RISK PLAN ADMIN FEES	1,074,417.	1,074,417.		
DUES SUBSCRIPTION MEMBERSHIP	315,019.	71,739.	243,280.	

PHYSICIAN			
RECRUITMENT	354,143.		354,143.
REPAIRS &			
MAINTENANCE	0.		
TEMPORARY HELP	462,302.	2,419.	459,883.
MARKETING	58,891.	57,678.	1,213.
MISCELLANEOUS	117,080.		117,080.
PERSONAL PROPERTY			
TAXES	0.		
BANK CHARGES	105,370.	1,696.	103,674.
PROVISION FOR BAD			
DEBT	302,878.	302,878.	
TRANSCRIPTION FEES	232,454.	232,454.	
BONUS EXPENSE	0.		
TUITION EXP &			
CERTIFICATION EXP	811,247.		811,247.
PUBLIC & EMPLOYEE			
ACTIVITIES	571,110.		571,110.
MAINT WORK ORDER	32,544.	6,002.	26,542.
SPONSORSHIPS	224,218.		224,218.
INVESTMENT EXPENSE	1,317,866.		1,317,866.
TOTAL TO FM 990, LN 43	43,026,765.	29,619,763.	13,407,002.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 10

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

SUPPORT FOR SCHOOL

548,453.

IPFW

2101 EAST COLISEUM BLVD

FORT WAYNE, IN 46805

SUPPORT FOR SCHOOL

758,604.

ST FRANCIS COLLEGE

2701 SPRING STREET

FORT WAYNE, IN 46806

CONTRIBUTION

300.

NEW HAVEN BOYS BASKETBALL

9120 SEA VIEW COURT

NEW HAVEN, IN 46774

CONTRIBUTION

25,000.

FW ALLEN COUNTY ECONOMIC DEVELOPMENT

110 W BERRY ST SUITE 102

FORT WAYNE, IN 46802

CONTRIBUTION

200,000.

NORTHEAST IN REGIONAL MARKE

111 E WAYNE STREET

FORT WAYNE, IN 46802

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,532,357.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE ONE

COMMUNITY HEALTH IMPROVEMENT:

IMPROVING THE HEALTH OF THE COMMUNITY IS A FUNDAMENTAL PART OF THE PARKVIEW HEALTH MISSION. AS A NOT-FOR-PROFIT ORGANIZATION, PARKVIEW REINVESTS ITS FUNDS AND OTHER RESOURCES IN COMMUNITY SERVICES AND HOSPITAL PROGRAMS THAT IMPROVE THE HEALTH AND WELL BEING OF RESIDENTS IN THE AREAS WHERE PARKVIEW HEALTH HOSPITALS ARE LOCATED.

TO GUIDE US IN THIS ENDEAVOR, PARKVIEW PERIODICALLY CONDUCTS A COMMUNITY HEALTH SURVEY. ADDITIONALLY, THE HEALTH SYSTEM REVIEWS TREND AND TREATMENT ANALYSIS DATA ON AN ONGOING BASIS. DATA OBTAINED FROM THESE STUDIES IS UTILIZED IN PARKVIEW HEALTH'S STRATEGIC PLANNING PROCESS TO IDENTIFY AND SET PRIORITIES FOR CRITICAL HEALTH INITIATIVES IN THE COMMUNITIES PARKVIEW SERVES.

PARKVIEW HEALTH EMPLOYS 40 PRIMARY CARE PHYSICIANS AS PART OF THE PARKVIEW MEDICAL GROUP. THESE PHYSICIANS PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES.

PARKVIEW HEALTH ALSO PROVIDES FUNDS TO LOCAL UNIVERSITIES TO PROMOTE AND SUPPORT THE NURSING PROGRAMS TO DEVELOP, TEACH AND TRAIN TALENTED STUDENTS FOR THE NURSING PROFESSION. PARKVIEW HEALTH IS A LARGE CONTRIBUTOR OF NORTHEAST INDIANA ECONOMIC DEVELOPMENT COUNCIL TO SUSTAIN THE ECONOMIC VITALITY OF THIS AREA.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	1,532,357.	49,432,122.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 12

EXPLANATION

PARKVIEW HEALTH SYSTEM, INC. WAS FORMED AND IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF PARKVIEW HOSPITAL, PARKVIEW HUNTINGTON HOSPITAL, PARKVIEW NOBLE HOSPITAL, PARKVIEW WHITLEY HOSPITAL, AND PARKVIEW LAGRANGE HOSPITAL, TO PROMOTE AND COORDINATE THE DELIVERY OF HEALTHCARE SERVICES.

FORM 990	OTHER NOTES AND LOANS RECEIVABLE	STATEMENT 13
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DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	0.	10,596,241.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	0.	586,588.
SIGNATURE CARE, INC.	0.	201,000.
PHYSICIAN PRACTICE NOTES	0.	2,501,459.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	0.	2,258,978.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	16,144,266.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT 14
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
INVESTMENTS IN RE	16,357,447.	0.	16,357,447.
TOTAL TO FORM 990, PART IV, LN 55	16,357,447.	0.	16,357,447.

FORM 990	OTHER INVESTMENTS	STATEMENT 15
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DESCRIPTION	VALUATION METHOD	AMOUNT
INVEST IN HEALTH CARE GROUP	COST	683,370.
INVEST IN VHA	COST	100,000.
INVEST HEALTHPOINT	COST	130,149.
INVEST IN SIGNATURE CARE LIVES	COST	270,182.
INVESTMENT SERP	COST	2,854,778.
INVEST-IMAGING SVCS HLDGS LLC	COST	823,255.
INVESTMENT EXECUFLEX	COST	2,410,772.
INVEST IN VHA HEALTH PLANS	COST	30,420.
INVEST IN PREMIER SURGERY CTR	COST	1,152,326.
INVESTMENT IN CYBERKNIFE	COST	45,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		8,500,252.

FORM 990	TAX-EXEMPT BOND LIABILITIES OUTSTANDING	STATEMENT 16
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PURPOSE OF ISSUE

CONSTRUCTION & ADVANCED REFUNDING SERIES 98

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
<u>NO</u>	<u>0.</u>	<u>61,387,670.</u>

PURPOSE OF ISSUE

CONSTRUCTION & ADVANCED REFUNDING SERIES 2001

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
<u>NO</u>	<u>0.</u>	<u>205,855,370.</u>

PURPOSE OF ISSUE

CONSTRUCTION & ADVANCED REFUNDING SERIES 2005

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
<u>NO</u>	<u>0.</u>	<u>192,223,098.</u>

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

459,466,138.

FORM 990	OTHER LIABILITIES	STATEMENT 17
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DESCRIPTION	AMOUNT
RESERVE FOR IBNR	3,811,307.
ACC RETIRE COST FUNDED	33,638,384.
RESERVE FOR SIGNATURE CARE	5,083,151.
DUE TO INTERUNIT	34,615,212.
CAPITAL LEASE PAYABLE	3,850,671.
RESERVE FOR MALPRACTICE	3,117,164.
PROPERTY TAX PAYABLE	2,414.
INVESTMENT NE IND CANCER CTR	366,694.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	84,484,997.

FORM 990	OTHER SECURITIES	STATEMENT 18
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
UNREALIZED APPREC OF HEDGE FUND	FMV	16,324,947.
HEDGE FUNDS	COST	52,500,000.
TO FORM 990, LINE 54B, COL B		68,824,947.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 19
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PARKVIEW HEALTH'S PORTION OF POOLED INVESTMENTS	COST			467,367,857.	467,367,857.
UNREALIZED GAINS ON POOLED INVESTMENTS	FMV			72,638,536.	72,638,536.
TO FORM 990, LINE 54A, COL B				540,006,393.	540,006,393.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 20
DESCRIPTION		AMOUNT
RENTAL EXPENSES		2,242,149.
BOOK/TAX DIFFERENCE		87,166.
TOTAL TO FORM 990, PART IV-A		2,329,315.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 21
DESCRIPTION		AMOUNT
CONTRIBUTIONS RUN THROUGH FUND BALANCE		240,000.
CONTRIBUTIONS		209,322.
UBI FROM FIRST CARE FOR PRESCRIPTION PADS		375.
CORPORATE SERVICE ALLOCATIONS		74,316,922.
TOTAL TO FORM 990, PART IV-A		74,766,619.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 22
DESCRIPTION		AMOUNT
CONTRIBUTIONS		209,322.
UBI FROM FIRST CARE FOR PRESCRIPTION PADS		375.
CORPORATE SERVICE ALLOCATIONS		74,316,922.
TOTAL TO FORM 990, PART IV-B		74,526,619.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 23
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DUANE HOUGENDBLER, MD 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	4,500.	0.	0.
ROBERT CARLISLE 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	SR VICE PRESIDENT & CFO 40.00	327,890.	111,658.	9,643.
KATHLEEN ANDERSON 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	0.	0.	0.
JOHN R BROOKS 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	VICE CHAIR 1.00	9,750.	0.	0.
RAYMOND DUSMAN, MD 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	TREASURER 1.00	8,000.	0.	0.
DAVID HAIST 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	5,500.	0.	0.
MARJ HINER 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	SECRETARY 1.00	5,500.	0.	0.
SCOTT KARR, MD 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	5,500.	0.	0.
LARRY ROWLAND 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	CHAIRMAN 1.00	13,500.	0.	0.
CHARLES SCHRIMPER 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	6,000.	0.	0.
WIL SMITH 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	3,750.	0.	0.

KEVIN SNELL 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	8,750.	0.	0.
JAMES STAPEL, DO 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	248,663.	84,573.	8,250.
MITCHELL STUCKY, MD 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	9,600.	0.	0.
DEBORAH STURGES 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	5,750.	0.	0.
THOMAS B WALSH 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	9,000.	0.	0.
RYAN M WARNER 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	6,000.	0.	0.
MICHAEL PACKNETT 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	CURRENT PRESIDENT & CEO 40.00	320,673.	137,827.	133,257.
CHARLES MASON 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	PRESIDENT & CEO 40.00	573,562.	228,668.	7,168.
DENISE LEMMON 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	4,500.	0.	0.
JOE PIERCE 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	DIRECTOR 1.00	1,500.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		1,577,888.	562,726.	158,318.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 24
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PARKVIEW HOSPITAL, INC.	X	
HUNTINGTON MEMORIAL HOSPITAL, INC	X	
WHITLEY MEMORIAL HOSPITAL, INC	X	
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC	X	
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC	X	

PARKVIEW OCCUPATIONAL HEALTH CENTERS, INC
 SIGNATURE CARE, INC
 MANAGED CARE SERVICES, LLC
 IMAGING SERVICES HOLDING CO, LLC
 NORTHEAST INDIANA CANCER CENTER
 FORT WAYNE CYBERKNIFE SOLUTIONS, LLC

x

x
 x
 x
 x
 x

FORM 990

OTHER REVENUE

STATEMENT 25

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
PHYS OFFICES					92,054.
ANSWERING SVC REV					350.
MEDICAL RECORDS					198,654.
CAFETERIA SALES			03	557,301.	
PRESCRIPTION PADS		375.			
INVESTMENT INCOME					
NORTHEAST INDIANA CANCER CENTER, LLC					-243,862.
INVESTMENT INCOME HEALTH POINT, LLC					-1,885.
TO FORM 990, PART VII, LINE 103		375.		557,301.	45,311.

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 26

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NORTHEAST INDIANA CANCER CENTERS, LLC

ADDRESS

2200 RANDALLIA DRIVE, FORT WAYNE, IN 46805

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
35-2098880	50.00%	MEDICAL SVCS		

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

SIGNATURE CARE, INC.

ADDRESS

2200 RANDALLIA DRIVE, FORT WAYNE, IN 46805

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
38-3069801	100.00%	MEDICAL SVCS		

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

MANAGED CARE SERVICES, LLC

ADDRESS

2200 RANDALLIA DRIVE, FORT WAYNE, IN 46805

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
35-1996535	90.00%	MANAGEMENT		

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

IMAGING SYSTEMS HOLDING COMPANY, LLC

ADDRESS

2200 RANDALLIA DRIVE, FORT WAYNE, IN 46805

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
35-2153397	50.00%	HOLDING CO		

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

FORT WAYNE CYBERKNIFE SOLUTIONS, LLC

ADDRESS

10501 CORPORATE DRIVE, FORT WAYNE, IN 46845

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
61-1501805	50.00%	EQUIPMENT LEASE AND MANAGEMENT		

GENERAL EXPLANATION

STATEMENT 27

FORM 990; PART II, LINES 25-29; PART VI, LINE 90B;
SCHEDULE A, PART I; AND SCHEDULE A, PART III, LINE 3B

OFFICER COMPENSATION, SALARIES AND WAGES OF EMPLOYEES, PENSION PLAN CONTRIBUTIONS, OTHER EMPLOYEE BENEFITS, AND PAYROLL TAXES ARE ACTUALLY PAID BY PARKVIEW HEALTH SYSTEM, INC. THE ENTITIES LISTED ON PART VI, LINE 80B REIMBURSE PARKVIEW, INC. FOR THESE EXPENSES THROUGH DIRECT ASSIGNMENT OF COSTS AND CORPORATE SERVICE ALLOCATIONS.

FORM 990

TRANSFERS TO CONTROLLED ORGANIZATIONS

STATEMENT 28

NAME AND ADDRESS OF CONTROLLED ENTITY

EMPLOYER ID NO

PARKVIEW HOSPITAL, INC.
2200 RANDALLIA STREET
FORT WAYNE, IN 46805

35-0868085

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

AMOUNT
OF TRANSFER

57,743,124.

NAME AND ADDRESS OF CONTROLLED ENTITY

EMPLOYER ID NO

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.
207 N. TOWNLINE ROAD
LAGRANGE, IN 46761

20-2401676

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

AMOUNT
OF TRANSFER

2,526,468.

NAME AND ADDRESS OF CONTROLLED ENTITYEMPLOYER ID NO

WHITLEY MEMORIAL HOSPITAL, INC.
353 N. OAK
COLUMBIA CITY, IN 46725

35-1967665

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

AMOUNT
OF TRANSFER

4,315,464.

NAME AND ADDRESS OF CONTROLLED ENTITYEMPLOYER ID NO

HUNTINGTON MEMORIAL HOSPITAL, INC.
2001 STULTS ROAD
HUNTINGTON, IN 46750

35-1970706

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

AMOUNT
OF TRANSFER

4,550,148.

NAME AND ADDRESS OF CONTROLLED ENTITYEMPLOYER ID NO

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.
401 SAWYER ROAD
KENDALLVILLE, IN 46755

35-2087092

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

AMOUNT
OF TRANSFER

3,716,064.

NAME AND ADDRESS OF CONTROLLED ENTITY

EMPLOYER ID NO

MANAGED CARE SERVICES, LLC
10501 CORPORATE DRIVE
FORT WAYNE, IN 46895

35-1996535

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

AMOUNT
OF TRANSFER

248,160.

TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ORGANIZATIONS

73,099,428.

FORM 990

TRANSFERS FROM CONTROLLED ORGANIZATIONS

STATEMENT 29

NAME AND ADDRESS OF CONTROLLED ENTITY

EMPLOYER ID NO

PARKVIEW HOSPITAL, INC.
2200 RANDALLIA STREET
FORT WAYNE, IN 46805

35-0868085

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT
OF TRANSFER

799,071.

NAME AND ADDRESS OF CONTROLLED ENTITY

EMPLOYER ID NO

MANAGED CARE SERVICES, LLC
10501 CORPORATE DRIVE
FORT WAYNE, IN 46895

35-1996535

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT
OF TRANSFER

152,952.

NAME AND ADDRESS OF CONTROLLED ENTITYEMPLOYER ID NO

COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.
401 SAWYER ROAD
KENDALLVILLE, IN 46755

35-2089183

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT
OF TRANSFER

2,313,275.

NAME AND ADDRESS OF CONTROLLED ENTITYEMPLOYER ID NO

HUNTINGTON MEMORIAL HOSPITAL, INC.
2001 STULTS ROAD
HUNTINGTON, IN 46750

35-1970706

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT
OF TRANSFER

1,922,925.

NAME AND ADDRESS OF CONTROLLED ENTITYEMPLOYER ID NO

WHITLEY MEMORIAL HOSPITAL, INC.
353 N. OAK
COLUMBIA CITY, IN 46725

31-1190239

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT
OF TRANSFER

466,511.

TOTAL AMOUNT OF TRANSFERS FROM CONTROLLED ORGANIZATIONS

5,654,734.