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Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
PARKVIEW HEALTH SYSTEM, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10501 CORPORATE DRIVE

City or town, state or country, and ZIP + 4
FORT WAYNE, IN 46845

D Employer identification number
35-1972384

E Telephone number
260-373-8429

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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,418,950,215.

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	370,607.	
	d	Government contributions (grants) (not included on line 1a)	1d	783.	
	e	Total (add lines 1a through 1d) (cash $ 371,390. noncash $)			1e 371,390.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 153,786,570.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 2,567,526.
	5	Dividends and interest from securities			5 29,456,608.
	6 a	Gross rents SEE STATEMENT 4	6a	2,393,783.	
	b	Less: rental expenses SEE STATEMENT 5	6b	2,462,080.	
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c -68,297.
	7	Other investment income (describe ▶ SEE STATEMENT 2)			7 1,517,294.
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 1229418367.	8a (B) Other 861,556.	
	b	Less: cost or other basis and sales expenses	1162732314.	8b 899,656.	
	c	Gain or (loss) (attach schedule)	66,686,053.	8c -38,100.	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 6 STMT 7			8d 66,647,953.
	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 -1,422,879.
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 252,856,165.
Expenses	13	Program services (from line 44, column (B))			13 170,598,400.
	14	Management and general (from line 44, column (C))			14 7,094,765.
	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)			17 177,693,165.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 75,163,000.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 263,758,004.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 8			20 -319,256.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 338,601,748.

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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 $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 1261283. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	1,261,283.	1,261,283.	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	2,812,207.	0.	2,812,207.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	391,649.	0.	391,649.	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	248,575,011.	55,119,918.	193,455,093.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	46,611,490.	11,010,495.	35,600,995.	
29 Payroll taxes	29	18,060,791.	1,955,517.	16,105,274.	
30 Professional fundraising fees	30				
31 Accounting fees	31	857,561.	857,561.		
32 Legal fees	32	250,733.	250,733.		
33 Supplies	33	3,412,432.	3,249,769.	162,663.	
34 Telephone	34	1,201,806.	1,164,633.	37,173.	
35 Postage and shipping	35	380,957.	378,646.	2,311.	
36 Occupancy	36	3,615,581.	3,441,859.	173,722.	
37 Equipment rental and maintenance	37	10,559,852.	10,546,956.	12,896.	
38 Printing and publications	38	71,398.	71,398.		
39 Travel	39	405,435.	287,301.	118,134.	
40 Conferences, conventions, and meetings	40	502,432.	365,228.	137,204.	
41 Interest	41	18,464,893.	18,464,893.		
42 Depreciation, depletion, etc. (attach schedule)	42	19,304,394.	19,278,575.	25,819.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 9	43g	-199046740.	42,893,635.	-241940375.	
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	177,693,165.	170,598,400.	7,094,765.	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

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

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

a SEE STATEMENT 11

(Grants and allocations $ 1,261,283.) If this amount includes foreign grants, check here ▶ ☐ 170,598,400.

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) ▶ 170,598,400.

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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			14,092.	45	14,587.
	46 Savings and temporary cash investments			25,949,727.	46	39,520,533.
	47 a Accounts receivable	47a	5,185,840.			
	b Less allowance for doubtful accounts	47b	349,630.	2,577,198.	47c	4,836,210.
	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	12,990,656.			
	b Less: allowance for doubtful accounts STMT 13	51b		16,144,266.	51c	12,990,656.
	52 Inventories for sale or use			135,020.	52	149,488.
	53 Prepaid expenses and deferred charges			5,472,661.	53	6,591,948.
	54 a Investments - publicly-traded securities STMT 20 ▶ ☐ Cost ☒ FMV			540,006,393.	54a	559,039,485.
	b Investments - other securities STMT 19 ▶ ☐ Cost ☒ FMV			68,824,947.	54b	66,907,228.
	55 a Investments - land, buildings, and equipment: basis	55a	18,650,647.			
	b Less accumulated depreciation	55b		16,357,447.	55c	18,650,647.
	56 Investments - other SEE STATEMENT 14			8,500,252.	56	30,826,530.
	57 a Land, buildings, and equipment: basis	57a	264,282,306.			
	b Less. accumulated depreciation STMT 15	57b	100,037,331.	145,763,547.	57c	164,244,975.
	58 Other assets, including program-related investments (describe ▶ DEFERRED FINANCING COSTS)			8,475,700.	58	8,087,358.
	59 **Total assets** (must equal line 74) Add lines 45 through 58			838,221,250.	59	911,859,645.
Liabilities	60 Accounts payable and accrued expenses			30,511,892.	60	38,173,103.
	61 Grants payable				61	
	62 Deferred revenue			219.	62	
	63 Loans from officers, directors, trustees, and key employees				63	
	64 a Tax-exempt bond liabilities STMT 16			459,466,138.	64a	449,589,636.
	b Mortgages and other notes payable STMT 17				64b	17,442,073.
	65 Other liabilities (describe ▶ SEE STATEMENT 18)			84,484,997.	65	68,053,085.
	66 **Total liabilities.** Add lines 60 through 65			574,463,246.	66	573,257,897.
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			263,758,004.	67	338,601,748.
	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)			263,758,004.	73	338,601,748.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			838,221,250.	74	911,859,645.

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

a	Total revenue, gains, and other support per audited financial statements			a	96,066,419.
b	Amounts included on line a but not on Part I, line 12.				
1	Net unrealized gains on investments	b1	-59143727.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify). SEE STATEMENT 21	b4	5,518,402.		
	Add lines b1 through b4			b	-53625325.
c	Subtract line b from line a			c	149691744.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	1,388,085.		
2	Other (specify). SEE STATEMENT 22	d2	101776336.		
	Add lines d1 and d2			d	103164421.
e	**Total revenue** (Part I, line 12) Add lines c and d		▶	e	252856165.

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

a	Total expenses and losses per audited financial statements			a	77,130,824.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): RENTAL EXPENSES	b4	2,462,080.		
	Add lines b1 through b4			b	2,462,080.
c	Subtract line b from line a			c	74,668,744.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	1,388,085.		
2	Other (specify): SEE STATEMENT 23	d2	101636336.		
	Add lines d1 and d2			d	103024421.
e	**Total expenses** (Part I, line 17) Add lines c and d		▶	e	177693165.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 24		2029841.	764,398.	17,968.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES STAPEL 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	0.	269,329.	91,020.	7,800.
KEVIN SNELL 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	0.	4,000.	0.	0.
MITCHELL STUCKY 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	0.	5,250.	0.	0.
DEBORAH STURGES 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	0.	6,000.	0.	0.
RYAN WARNER 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	0.	8,250.	0.	0.

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X	
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 25 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions)	81a 0.		
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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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? N/A		84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85 a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		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? N/A		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? N/A		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? If "Yes," complete Part IX		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 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.				
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 ▶ IN				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 6227			
91 a	The books are in care of ▶ JEFFREY E. FRANCIS Telephone no. ▶ 260-373-8407 Located at ▶ 10501 CORPORATE DRIVE, FORT WAYNE, IN ZIP + 4 ▶ 46845				
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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts		91b		X

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

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

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a SEE STATEMENT 26					146,535,848.
b					
c					
d					
e					
f Medicare/Medicaid payments					7,250,722.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,567,526.	
96 Dividends and interest from securities			14	29,456,608.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			03	-68,297.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					1,517,294.
100 Gain or (loss) from sales of assets other than inventory			18	66,647,953.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SEE STATEMENT 27		4,600.		619,419.	-2,046,898.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,600.		99,223,209.	153,256,966.
105 **Total** (add line 104, columns (B), (D), and (E))				▶	252,484,775.

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 28	%			
	%			
	%			
	%			

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

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

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

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

		Yes	No
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	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 30			
b				
c				
	Totals			97829746.

		Yes	No
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	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 31			
b				
c				
	Totals			10196552.

		Yes	No
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?		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

▶ MICHAEL PACKNETT, PH - CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Kenneth J. Keber	11/1/10		

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

EIN ▶

Phone no. ▶ 574-232-3992

Form **990** (2007)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization: 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 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHRISTOPHER STROUD 2200 RANDALLIA DRIVE, FORT WAYNE, IN	SENIOR VP & CMO 40.00	369,376.	242,596.	6,875.
ARTHUR DETORE 2200 RANDALLIA DRIVE, FORT WAYNE, IN	EXECUTIVE VP 40.00	394,220.	131,159.	8,150.
THOMAS MILLER 2200 RANDALLIA DRIVE, FORT WAYNE, IN	PHYSICIAN 40.00	350,675.	103,927.	0.
GLADYS BEALE 2200 RANDALLIA DRIVE, FORT WAYNE, IN	PSYCHIATRIST 40.00	339,667.	105,074.	0.
JAMES HANUS 2200 RANDALLIA DRIVE, FORT WAYNE, IN	PHYSICIAN 40.00	338,880.	95,458.	0.
Total number of other employees paid over $50,000 ▶	1520			

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
PREFFERED ANESTHESIA CONSULTANTS PC 1818 CAREW ST SUITE 220, FORT WAYNE, IN 46805	ANESTHESIOLOGISTS	5974682.
NORTHEAST INDIANA ANESTHESIOLOGY PC 2914 S. REPUBLIC, TOLEDO, OH 43615	ANESTHESIOLOGISTS	1995623.
INDIANA SURGICAL SPECIALISTS LLC 1818 CAREW ST SUITE 160, FORT WAYNE, IN 46805	PHYSICIANS	1876948.
ORTHOPAEDICS NORTHEAST PC 5050 N CLINTON STREET, FORT WAYNE, IN 46825	PHYSICIANS	747,586.
ALLIED HOSPITAL PATHOLOGISTS PC 2466 LAKE AVENUE, FORT WAYNE, IN 46805	MEDICAL SERVICES	471,219.
Total number of others receiving over $50,000 for professional services ▶ 34		

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
FEY CLEANING 2101 E BAIR RD, COLUMBIA CITY, IN 46867	MAINTENANCE & CLEANING	132,179.
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.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property? SEE STATEMENT 32	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 33	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE STATEMENT 34	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? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
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 ▶			N/A
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.

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☒ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
PARKVIEW HOSPITAL, INC.	35-0868085	7	X		75,021,154.
HUNTINGTON MEMORIAL HOSPITAL, INC.	35-1970706	7	X		6,251,040.
WHITLEY MEMORIAL HOSPITAL, INC.	35-1967665	7	X		6,496,008.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	35-2089183	7	X		6,062,004.
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	20-2401676	7	X		3,665,196.
Total				▶	97,495,402.

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
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, income from similar sources, 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 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 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:

(2006) (2005) (2004) (2003)

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

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** N/A

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d** N/A

e Public support (line 27c total minus line 27d total) ▶ **27e** N/A

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))** ▶ **27g** N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** N/A %

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

Part V **Private School Questionnaire** (See page 9 of the instructions.) 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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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 - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		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	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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	VARIES	SL	.000	16	23037742.			23037742.	2222829.		432,348.
	BUILDING & LEASEHOLD IMPROVEMENTS	VARIES	SL	.000	16	93348767.			93348767.	22517800.		2449566.
	EQUIPMENT	VARIES	SL	.000	16	118438348			118438348	55992308.		16422480.
	CONSTRUCTION IN PROGRESS	VARIES		.000	16	9604654.			9604654.			0.
	CLEARING ACCOUNT	VARIES		.000	16	19852795.			19852795.			0.
	* TOTAL 990 PAGE 2 DEPR					264282306		0.	264282306	80732937.	0.	19304394.

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER INVESTMENT INCOME STATEMENT 2

DESCRIPTION	AMOUNT
PREMIER SURGERY CENTER, LLC	904,903.
HEALTH POINT, LLC	1,393.
FORT WAYNE CYBERKNIFE SOLUTIONS, LLC	22,001.
NORTHEAST INDIANA CANCER CENTER, LLC	487,896.
MANAGED CARE SERVICES, LLC	101,101.
TOTAL TO FORM 990, PART I, LINE 7	1,517,294.

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 2007 CALENDAR YEAR AMENDED FORM 990-T.

FORM 990 RENTAL INCOME STATEMENT 4

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE FACILITIES	2	2,393,783.
TOTAL TO FORM 990, PART I, LINE 6A		2,393,783.

FORM 990 RENTAL EXPENSES STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ALLOCATED EXPENSES		2,462,080.	
- SUBTOTAL -	2		2,462,080.
TOTAL TO FORM 990, PART I, LINE 6B			2,462,080.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 6

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	1229418367.	1162732314.	0.	66,686,053.
TO FORM 990, PART I, LINE 8	1229418367.	1162732314.	0.	66,686,053.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LAND & LAND IMPROVEMENTS	06/07/00	05/10/00	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	0.	5,277.	0.	3,392.	-1,885.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BUILDING & LEASEHOLD IMPROVEMENTS	10/11/02	06/25/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	14,159.	25,581.	0.	15,218.	3,796.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT	07/01/86	03/06/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	0.	34,922.	0.	34,071.	-851.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
REAL ESTATE INVESTMENTS	08/09/03	06/21/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	847,397.	886,557.	0.	0.	-39,160.
TO FM 990, PART I, LN 8	861,556.	952,337.	0.	52,681.	-38,100.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
FASB 158 PENSION ADJUSTMENT	3,869,024.
ASSET ADJUSTMENT TRANSFERS	32,593.
BOOK/TAX DIFF FROM K-1'S	3,056,322.
UNREALIZED GAINS/LOSSES INVESTMENTS	-50,996,664.
UNREALIZED GAIN/LOSS SWAPS & HEDGES	-7,973,110.
UNREALIZED GAIN/LOSS RE INVESTMENTS	83,315.
ELIMINATE INTERUNIT ACCOUNT BALANCE	51,609,264.
TOTAL TO FORM 990, PART I, LINE 20	-319,256.

FORM 990 OTHER EXPENSES STATEMENT 9

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ALLOCATED SALARIES & BENEFITS	-243,215,134.		-243,215,134.	
ADVERTISING	1,491,109.	1,491,109.		
BAD DEBT	1,037,665.	1,037,665.		
BANK CHARGES	147,764.	147,764.		
DUES, SUBSCRIPTONS, & MEMBERSHIPS	509,430.	163,678.	345,752.	
INSURANCE	403,453.	358,141.	45,312.	
MEDICAL CLAIMS	22,507,792.	22,507,792.		
MISC	192,511.	137,454.	55,057.	
SUBSIDY	237,138.	237,138.		
PHYSICIAN RECRUITMENT	202,443.	202,443.		
PROFESSIONAL FEES	2,654,958.	1,874,835.	780,123.	
PUBLIC & EMPLOYEE ACTIVITIES	570,361.	570,361.		
REINSURANCE EXPENSE	282,882.	282,882.		
PURCHASED SERVICES	8,876,844.	8,876,844.		
RECRUITING	1,693,404.	1,644,889.	48,515.	
RISK PLAN ADMIN FEES	812,956.	812,956.		
SPONSORSHIPS	43,850.	43,850.		
TAXES INCOME - FEDERAL & STATE	58,443.	58,443.		
TEMPORARY HELP	346,506.	346,506.		
TUITION EXPENSE & CERTIFICATION EXPENSE	760,908.	760,908.		
INVESTMENT EXPENSE	1,337,977.	1,337,977.		
TOTAL TO FM 990, LN 43	-199,046,740.	42,893,635.	-241,940,375.	

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 10

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SUPPORT FOR SCHOOL IPFW 2101 EAST COLISEUM BLVD FORT WAYNE, IN 46805	580,591.
SUPPORT FOR SCHOOL UNIVERSITY OF SAINT FRANCIS 2701 SPRING STREET FORT WAYNE, IN 46806	640,992.
CONTRIBUTION FORT WAYNE CIVIC THEATRE 303 EAST MAIN STREET FORT WAYNE, IN 46802	2,000.
CONTRIBUTION FORT WAYNE URBAN LEAGUE 22135 SOUTH HANNA STREET FORT WAYNE, IN 46803	1,500.
CONTRIBUTION FORT WAYNE CHAMBER OF COMMERCE 826 EWING STREET FORT WAYNE, IN 46802	25,000.
CONTRIBUTION TOBACCO FREE ALLEN COUNTY 2200 LAKE AVENUE STE 290 FORT WAYNE, IN 46805	200.
CONTRIBUTION THE HAHN FOUNDATION OF IHA 1 AMERICAN SQUARE, SUITE 1900 FORT WAYNE, IN 46282	10,000.
CONTRIBUTION TEAM DONATE LIFE 3941 PARK DRIVE STE 20-373 EL DORANDO HILLS, CA 95762	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,261,283.

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 51 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	1,261,283.	170,598,400.

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, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC,; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; AND COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. TO PROMOTE AND COORDINATE THE DELIVERY OF HEALTHCARE SERVICES.

FORM 990 OTHER NOTES AND LOANS RECEIVABLE STATEMENT 13

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	0.	10,596,241.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	0.	0.
SIGNATURE CARE, INC.	0.	0.
PHYSICIAN PRACTICE NOTES	0.	2,146,313.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	0.	248,102.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	12,990,656.

FORM 990 OTHER INVESTMENTS STATEMENT 14

DESCRIPTION	VALUATION METHOD	AMOUNT
INVEST IN HEALTH CARE GROUP	COST	761,172.
INVEST IN VHA	COST	164,371.
INVEST HEALTHPOINT	COST	130,149.
INVEST IN SIGNATURE CARE LIVES	COST	270,182.
INVESTMENT SERP	COST	3,212,455.
INVEST-IMAGING SVCS HLDGS LLC	COST	620,160.
INVESTMENT EXECUFLEX	COST	2,545,942.
INVEST IN VHA HEALTH PLANS	COST	30,420.
INVEST IN PREMIER SURGERY CTR	COST	1,149,486.
INVESTMENT IN ORTHO	COST	21,897,193.
INVESTMENT IN CYBERKNIFE	COST	45,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		30,826,530.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 15

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND & LAND IMPROVEMENTS	23,037,742.	2,655,177.	20,382,565.
BUILDING & LEASEHOLD IMPROVEMENTS	93,348,767.	24,967,366.	68,381,401.
EQUIPMENT	118,438,348.	72,414,788.	46,023,560.
CONSTRUCTION IN PROGRESS	9,604,654.	0.	9,604,654.
CLEARING ACCOUNT	19,852,795.	0.	19,852,795.
TOTAL TO FORM 990, PART IV, LN 57	264,282,306.	100,037,331.	164,244,975.

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 16

PURPOSE OF ISSUE

CONSTRUCTION & ADVANCED REFUNDING SERIES 1998

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	58,852,751.

PURPOSE OF ISSUE

CONSTRUCTION & ADVANCED REFUNDING SERIES 2001

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	201,059,513.

PURPOSE OF ISSUE

CONSTRUCTION & ADVANCED REFUNDING SERIES 2005

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	189,677,372.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 449,589,636.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 17

LENDER'S NAME: PARKVIEW HOSPITAL

TERMS OF REPAYMENT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN: PURCHASE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH ASSETS

RELATIONSHIP OF LENDER: SUBSIDIARY OF PARKVIEW HEALTH

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	17,442,073.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 17,442,073.

FORM 990 OTHER LIABILITIES STATEMENT 18

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
RESERVE FOR IBNR	3,811,307.	2,954,726.
ACC RETIRE COST FUNDED	33,638,384.	22,459,282.
RESERVE FOR SIGNATURE CARE	5,083,151.	4,507,485.
DUE TO INTERUNIT	34,615,212.	31,450,400.
CAPITAL LEASE OBLIGATIONS	3,850,671.	3,124,630.
RESERVE FOR MALPRACTICE	3,117,164.	3,549,280.
PROPERTY SECURITY DEPOSITS	2,414.	2,414.
INVESTMENT NE IND CANCER CTR	366,694.	4,868.
TOTAL TO FORM 990, PART IV, LINE 65	84,484,997.	68,053,085.

FORM 990 OTHER SECURITIES STATEMENT 19

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
UNREALIZED APPREC OF HEDGE FUND	FMV	23,894,228.
HEDGE FUNDS & SWAPS	COST	43,013,000.
TO FORM 990, LINE 54B, COL B		66,907,228.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 20

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			502148208.	502148208.
UNREALIZED GAINS ON POOLED INVESTMENTS	FMV			21,641,875.	21,641,875.
BOND PROCEEDS HELD BY TRUSTEE	FMV			35,249,402.	35,249,402.
TO FORM 990, LINE 54A, COL B				559039485.	559039485.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 21

DESCRIPTION	AMOUNT
RENTAL EXPENSES	2,462,080.
BOOK/TAX DIFFERENCE	3,056,322.
TOTAL TO FORM 990, PART IV-A	5,518,402.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 22

DESCRIPTION	AMOUNT
CONTRIBUTIONS RUN THROUGH FUND BALANCE	140,000.
CONTRIBUTIONS	230,607.
GRANTS	783.
RECLASS ELIMINATION ENTRY	666,866.
PH SUBSIDY	1,362,026.
CORPORATE SERVICE ALLOCATIONS	99,376,054.
TOTAL TO FORM 990, PART IV-A	101,776,336.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 23

DESCRIPTION	AMOUNT
CONTRIBUTIONS	230,607.
GRANTS	783.
RECLASS ELIMINATION ENTRY	666,866.
PH SUBSIDY	1,362,026.
CORPORATE SERVICE ALLOCATIONS	99,376,054.
TOTAL TO FORM 990, PART IV-B	101,636,336.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 24

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL PACKNETT 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR/PH CEO 40.00	620,523.	273,785.	9,000.
DUANE HOUGENDOBLER 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	5,500.	0.	0.
KATHLEEN ANDERSON 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	0.	0.	0.
JOHN BROOKS 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	9,250.	0.	0.
RAYMOND DUSMAN 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	8,250.	0.	0.
DAVID HAIST 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	7,750.	0.	0.
MARJORIE HINER 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	10,000.	0.	0.
SCOTT KARR 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	5,250.	0.	0.
LAURA LEFEVER 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	9,000.	0.	0.
LARRY ROWLAND 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	11,250.	0.	0.
CHARLES SCHRIMPER 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	9,000.	0.	0.

WIL SMITH 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	8,250.	0.	0.
THOMAS WALSH 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	9,500.	0.	0.
DENISE LEMMON 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	9,250.	0.	0.
JOE PIERCE 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	DIRECTOR 1.00	10,250.	0.	0.
MARK NAFZIGER 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	CURRENT PH CFO 40.00	341,425.	135,342.	0.
CHARLIE MASON 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	PRESIDENT EMERITUS 40.00	606,931.	135,434.	7,500.
ROBERT CARLISLE 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	PH CFO 40.00	348,462.	219,837.	1,468.
TOTALS INCLUDED ON FORM 990, PART V-A		2,029,841.	764,398.	17,968.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 25
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PARKVIEW HOSPITAL, INC.	X	
PARKVIEW FOUNDATION, INC.	X	
PARKVIEW OCCUPATIONAL HEALTH CENTERS, INC.	X	
HUNTINGTON MEMORIAL HOSPITAL, INC.	X	
PARKVIEW HUNTINGTON HOSPITAL FOUNDATION, INC.	X	
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	X	
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	X	
COMMUNITY HOSPITAL OF NOBLE COUNTY FOUNDATION, INC.	X	
WHITLEY MEMORIAL HOSPITAL, INC.	X	
WHITLEY MEMORIAL HOSPITAL FOUNDATION, INC.	X	
PARKVIEW IMAGING HUNTINGTON, LLC		X
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC		X
MANAGED CARE SERVICES, LLC		X
SIGNATURE CARE, INC.		X
PARKVIEW PROFESSIONAL BILLINGS, INC.		X
PARKVIEW PROFESSIONAL PROGRAMS, INC.		X

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 26

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NET PATIENT SERVICE REVENUE					37,533,129.
CORPORATE SERVICE ALLOCATION					99,376,054.
INTERUNIT RENT					7,476,689.
PH SUBSIDY					1,362,026.
PHYS OFFICES					587,264.
MEDICAL RECORDS					200,686.
TO FORM 990, PART VII, LINE 93					146,535,848.

FORM 990 OTHER REVENUE STATEMENT 27

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CAFETERIA SALES			03	568,392.	
INVESTMENT INCOME IMAGING SYSTEMS HOLDINGS, LLC					-77,006.
INVESTMENT INCOME ORTHOPAEDIC HOSPTIAL AT PARKVIEW NORTH, LLC					-2,020,000.
OTHER			03	51,027.	
INTERUNIT INTEREST					50,108.
BLUE ROCK ORDINARY EARNINGS	525990	4,600.			
TO FORM 990, PART VII, LINE 103		4,600.		619,419.	-2,046,898.

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 28

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	487,896.	554,540.

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	1,603.	0.

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	101,101.	1,195,372.

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	-77,006.	482,876.

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	-66,386.	-119,068.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC

ADDRESS

10501 CORPORATE DRIVE, FORT WAYNE, IN 46845

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
26-0143823	70.00%	ORTHOPAEDIC HOSPITAL	-2,020,000.	22,083,662.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

PREMIER SURGERY CENTER, LLC

ADDRESS

11141 PARKVIEW PLAZA DRIVE SUITE 200, FORT WAYNE, IN 46845

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
35-2147600	50.00%	MEDICAL SVCS	904,903.	2,128,547.

GENERAL EXPLANATION STATEMENT 29

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

OFFICER COMPENSATION, SALARIES AND WAGES OF EMPLOYEES, PENSION PLAN CONTRIBUTIONS, OTHER EMPLOYEE BENEFITS, PAYROLL TAXES, AND INDEPENDENT CONTRACTOR PAYMENTS ARE ACTUALLY PAID BY THE COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384. THE EXEMPT ENTITIES LISTED ON PART VI, LINE 80B REIMBURSE THE COMMON PAYMASTER FOR THESE EXPENSES THROUGH DIRECT ASSIGNMENT OF COSTS AND CORPORATE SERVICE ALLOCATIONS.

FORM 990 TRANSFERS TO CONTROLLED ORGANIZATIONS STATEMENT 30

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	DESCRIPTION OF TRANSFER	AMOUNT OF TRANSFER
PARKVIEW HOSPITAL, INC. 2200 RANDALLIA STREET FORT WAYNE, IN 46805	35-0868085	CORPORATE SERVICE ALLOCATION	75,021,154.
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. 207 N. TOWNLINE ROAD LAGRANGE, IN 46761	20-2401676	CORPORATE SERVICE ALLOCATION	3,665,196.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	AMOUNT OF TRANSFER
WHITLEY MEMORIAL HOSPITAL, INC. 353 N. OAK COLUMBIA CITY, IN 46725	35-1967665	6,496,008.

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	AMOUNT OF TRANSFER
HUNTINGTON MEMORIAL HOSPITAL, INC. 2001 STULTS ROAD HUNTINGTON, IN 46750	35-1970706	6,251,040.

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	AMOUNT OF TRANSFER
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. 401 SAWYER ROAD KENDALLVILLE, IN 46755	35-2087092	6,062,004.

DESCRIPTION OF TRANSFER

CORPORATE SERVICE ALLOCATION

PARKVIEW HEALTH SYSTEM, INC. 35-1972384

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	AMOUNT OF TRANSFER
MANAGED CARE SERVICES, LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46895	35-1996535	
DESCRIPTION OF TRANSFER		
CORPORATE SERVICE ALLOCATION		334,344.
TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ORGANIZATIONS		97,829,746.

FORM 990 TRANSFERS FROM CONTROLLED ORGANIZATIONS STATEMENT 31

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	DESCRIPTION OF TRANSFER	AMOUNT OF TRANSFER
PARKVIEW HOSPITAL, INC. 2200 RANDALLIA STREET FORT WAYNE, IN 46805	35-0868085	INTERUNIT RENTAL INCOME	656,126.
MANAGED CARE SERVICES, LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46895	35-1996535	INTERUNIT RENTAL INCOME	152,952.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER 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
2,270,022.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
HUNTINGTON MEMORIAL HOSPITAL, INC. 2001 STULTS ROAD HUNTINGTON, IN 46750	35-1970706

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT OF TRANSFER
1,898,089.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
WHITLEY MEMORIAL HOSPITAL, INC. 353 N. OAK COLUMBIA CITY, IN 46725	31-1190239

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT OF TRANSFER
470,308.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
PARKVIEW OCCUPATIONAL HEALTH CENTERS, INC. 2200 RANDALLIA STREET FORT WAYNE, IN 46805	35-2064353

DESCRIPTION OF TRANSFER

INTERUNIT RENTAL INCOME

AMOUNT OF TRANSFER
96,993.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
PARKVIEW HUNTINGTON HOSPITAL FOUNDATION, INC. 2001 STULTS ROAD HUNTINGTON, IN 46750	32-0012095

DESCRIPTION OF TRANSFER

CONTRIBUTION TO FURTHER EXEMPT PURPOSE OF PARKVIEW HEALTH SYSTEM, INC.

AMOUNT OF TRANSFER
175,000.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
COMMUNITY HOSPITAL OF NOBLE COUNTY FOUNDATION, INC. 401 SAWYER ROAD KENDALLVILLE, IN 46755	35-2089183

DESCRIPTION OF TRANSFER

CONTRIBUTION TO FURTHER EXEMPT PURPOSE OF PARKVIEW HEALTH SYSTEM, INC.

AMOUNT OF TRANSFER
140,784.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
PARKVIEW FOUNDATION, INC. 2200 RANDALLIA STREET FORT WAYNE, IN 46805	23-7220589

DESCRIPTION OF TRANSFER

CONTRIBUTION TO FURTHER EXEMPT PURPOSE OF PARKVIEW HEALTH SYSTEM, INC.

AMOUNT OF TRANSFER
53,815.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO
WHITLEY MEMORIAL HOSPITAL FOUNDATION, INC. 353 N. OAK COLUMBIA CITY, IN 46725	31-1190239

DESCRIPTION OF TRANSFER

CONTRIBUTION TO FURTHER EXEMPT PURPOSE OF PARKVIEW HEALTH SYSTEM, INC.

AMOUNT OF TRANSFER
1,008.

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

INTEREST ON NOTE PAYABLE

AMOUNT OF TRANSFER
582,793.

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	AMOUNT OF TRANSFER
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. 401 SAWYER ROAD KENDALLVILLE, IN 46755	35-2087092	2,091,722.

DESCRIPTION OF TRANSFER

INTEREST AND PRINCIPAL PAYMENTS ON NOTES PAYABLE

NAME AND ADDRESS OF CONTROLLED ENTITY	EMPLOYER ID NO	AMOUNT OF TRANSFER
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	26-0143823	1,606,940.

DESCRIPTION OF TRANSFER

PURCHASED SERVICES

TOTAL AMOUNT OF TRANSFERS FROM CONTROLLED ORGANIZATIONS	10,196,552.

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 32
PART III, LINE 2A

BOARD MEMBER, SCOTT KARR, IS A PHYSICIAN AND PARTNER OF ORTHOPAEDICS NORTHEAST, PC. ORTHOPAEDICS NORTHEAST, PC LEASES OFFICE SPACE FROM RELATED ORGANIZATION, PARKVIEW HOSPITAL, INC. EIN 35-0868085, AND MADE LEASE PAYMENTS OF $76,587. LEASE RATE IS BASED ON FAIR-MARKET-VALUE APPRAISAL.

BOARD MEMBER, SCOTT KARR, IS A PHYSICIAN AND PARTNER OF ORTHOPAEDICS NORTHEAST, PC. ORTHOPAEDICS NORTHEAST, PC LEASES OFFICE SPACE FROM PARKVIEW HEALTH SYSTEM, INC. EIN 35-0868085, AND MADE LEASE PAYMENTS OF $516,453. LEASE RATE IS BASED ON FAIR-MARKET-VALUE APPRAISAL.

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 33
PART III, LINE 2C

BOARD MEMBER, KATHLEEN ANDERSON, IS AN ATTORNEY AND PARTNER OF BARNES & THORNBURG, LLP. COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384, PAID BARNES & THORNBURG, LLP $31,355 FOR CONTRACTED SERVICES. TRANSACTIONS WERE ENTERED INTO AT ARM'S-LENGTH.

BOARD MEMBER, JOHN BROOKS, IS EXECUTIVE VP OF BROOKS CONSTRUCTION COMPANY. COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384, PAID BROOKS CONSTRUCTION COMPANY $379,049 FOR CONTRACTED SERVICES. TRANSACTIONS WERE ENTERED INTO AT ARM'S-LENGTH.

BOARD MEMBER, RAYMOND DUSMAN, IS A PHYSICIAN AND CEO OF FORT WAYNE CARDIOLOGY, INC. COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384, PAID FORT WAYNE CARDIOLOGY, INC. $18,850,683 FOR CONTRACTED SERVICES. TRANSACTIONS WERE ENTERED INTO AT ARM'S-LENGTH.

BOARD MEMBER, SCOTT KARR, IS A PHYSICIAN AND PARTNER OF ORTHOPAEDICS NORTHEAST, PC. COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384, PAID ORTHOPAEDICS NORTHEAST, PC $747,586 FOR CONTRACTED SERVICES. TRANSACTIONS WERE ENTERED INTO AT ARM'S-LENGTH.

SCHEDULE A EXPLANATION OF TRANSACTIONS STATEMENT 34
PART III, LINE 2D

COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384, REIMBURSES OFFICERS AND KEY EMPLOYEES UNDER AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN. PARKVIEW HEALTH SYSTEM, INC. REIMBURSED MEMBERS OF THE BOARD OF DIRECTORS FOR OUT-OF-POCKET EXPENSES INCURRED IN CONNECTION WITH BOARD RELATED ACTIVITIES. BOARD MEMBER, DAVID HAIST, RECEIVED REIMBURSEMENT OF $1,000. BOARD MEMBER, CHARLES SCHRIMPER, RECEIVED REIMBURSEMENT OF $2,357.