See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [X] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization PARKVIEW HEALTH SYSTEM, INC.

Doing Business As

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) 373-8407

G Gross receipts $ 1,094,758,812.

F Name and address of principal officer: MICHAEL PACKNETT, 10501 CORPORATE DRIVE FORT WAYNE, IN 46845

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No" attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(03) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website. ▶ WWW.PARKVIEW.COM

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1995 M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

PARKVIEW HEALTH SYSTEM, INC. WILL PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND WE WILL WORK TO IMPROVE THE HEALTH OF OUR COMMUNITIES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	7,234
6	Total number of volunteers (estimate if necessary)	6	684
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,052,310.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	26,735.

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	371,390.	43,979.
9	Program service revenue (Part VIII, line 2g)	153,786,570.	150,632,707.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,189,381.	47,734,916.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,491,176.	617,864.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	252,856,165.	199,029,466.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,261,283.	1,167,796.
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	298,215,134.	336,199,647.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-121,783,252.	-164,052,425.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	177,693,165.	173,315,018.
19	Revenue less expenses Subtract line 18 from line 12	75,163,000.	25,714,448.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	911,859,645.	698,130,227.
21	Total liabilities (Part X, line 26)	573,257,897.	579,117,253.
22	Net assets or fund balances Subtract line 21 from line 20	338,601,748.	119,012,974.

RECEIVED
NOV 15 2010
IRS-OSC
OGDEN UT

SCANNED DEC 06 2010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11-3-10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kenneth J. Keber — Date: 11/1/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP, 330 E JEFFERSON BLVD, PO BOX 7 SOUTH BEND, IN 46624-0007 — EIN ▶ — Phone no ▶ 574-232-3992

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

JSA
8E1010 2 000

9058BA 761J 10/28/2010 11:46:08 V08-8.3 AMENDED

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

PARKVIEW HEALTH SYSTEM, INC. WILL PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND WE WILL WORK TO IMPROVE THE HEALTH OF OUR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 164,637,950. including grants of $ 1,167,796.) (Revenue $ 149,634,656)

SEE STATEMENT 1

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 164,637,950. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable . . .	1a 549		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 7,234		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . .	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . .	3b	X	
4a	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)? . . .	4a	X	
b	If "Yes," enter the name of the foreign country ▶SEE STATEMENT 2 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . .	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . .	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966? . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b		

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JEFFREY E. FRANCIS 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 260-373-8407

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								5,934,265.	162,746.	689,978.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 239

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREFERRED ANESTHESIA CONSULTANTS PC	ANESTHESIOLOGISTS	4,882,348.
INDIANA SURGICAL SPECIALISTS LLC	PHYSICIANS	2,022,861.
NORTHEAST INDIANA ANESTHESIOLOGY PC	ANESTHESIOLOGISTS	1,939,401.
ORTHOPAEDICS NORTHEAST PC	PHYSICIANS	758,999.
FORT WAYNE CYBERKNIFE SOLUTIONS LLC	EQUIP. LEASING	654,678.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 29

Part VIII Statement of Revenue 35-1972384

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 43,979				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		43,979			
Program Service Revenue		Business Code				
	2a CORPORATE SERVICE ALLOCATIONS	900099	97,901,295	97,901,295		
	b NET PATIENT SERVICE	621110	24,915,465	24,915,465.		
	c ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH	621111	10,417,046.	10,417,046.		
	d PH SUBSIDY	621110	8,781,312.	8,781,312.		
	e INTERUNIT RENT	532000	3,145,016	3,145,016.		
	f All other program service revenue	900099	5,472,573.	4,418,272.	1,054,301.	
	g Total. Add lines 2a-2f		150,632,707			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 3		30,796,965		-1,991.	30,798,956
	4 Income from investment of tax-exempt bond proceeds		395,168			395,168
	5 Royalties		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents	2,102,043				
	b Less rental expenses	2,141,396				
	c Rental income or (loss)	-39,353				
	d Net rental income or (loss)		-39,353			-39,353
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	904,363,610. / 5,767,123				
	b Less cost or other basis and sales expenses	890,425,556. / 3,162,394				
	c Gain or (loss)	13,938,054 / 2,604,729.				
	d Net gain or (loss)		16,542,783			16,542,783.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		NONE			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA SALES	722100	574,422			574,422.
	b	532000	56,250	56,250		
	c MISCELLANEOUS REVENUE	900099	26,545			26,545
	d All other revenue					
	e Total. Add lines 11a-11d		657,217.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		199,029,466	149,634,656	1,052,310	48,298,521

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	1,167,796.	1,167,796.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,949,154.		3,949,154.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	747,819.		747,819.	
7 Other salaries and wages	265,036,954.	262,984,237.	2,052,717.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	17,146,185.	16,990,147.	156,038.	
9 Other employee benefits	30,081,992.	29,934,616.	147,376.	
10 Payroll taxes	19,237,543.	19,052,557.	184,987.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	545,049.	545,049.		
c Accounting	632,721.	632,721.		
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	1,357,730.	1,357,730.		
g Other	16,197,880.	15,779,952.	417,927.	
12 Advertising and promotion	1,400,404.	1,400,404.		
13 Office expenses	5,422,929.	5,165,480.	257,449.	
14 Information technology	13,433,151.	13,433,151.		
15 Royalties	NONE			
16 Occupancy	3,195,066.	3,160,607.	34,459.	
17 Travel	455,854.	320,511.	135,343.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	508,214.	421,751.	86,463.	
20 Interest	21,807,000.	21,807,000.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	18,447,774.	18,429,646.	18,128.	
23 Insurance	1,041,611.	892,395.	149,215.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ALLOCATED SALARIES AND BENEF	-254,083,544.	-254,083,544.		
b RECRUITING	1,827,868.	1,768,168.	59,700.	
c BAD DEBT	1,390,231.	1,390,231.		
d TUITION & CERTIFICATION	643,332.	643,332.		
e PUBLIC & EMPLOYEE ACTIVITIES	630,460.	630,460.		
f All other expenses	1,093,845.	813,553.	280,292.	
25 **Total functional expenses.** Add lines 1 through 24f	173,315,018.	164,637,950.	8,677,067.	NONE
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	14,587.	1	15,215.
	2	Savings and temporary cash investments	39,520,533.	2	40,980,278.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,836,210.	4	7,056,814.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	12,990,656.	7	11,943,248.
	8	Inventories for sales or use	149,488.	8	154,677.
	9	Prepaid expenses and deferred charges	6,591,948.	9	8,226,890.
	10a	Land, buildings, and equipment cost basis 10a 293,473,020.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 114,349,591.	182,895,622.	10c	179,123,429.
	11	Investments - publicly traded securities STMT 5	559,039,485.	11	447,328,414.
	12	Investments - other securities See Part IV, line 11	97,733,758.	12	-9,209,413.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	4,552,164.
	15	Other assets See Part IV, line 11	8,087,358.	15	7,958,511.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	911,859,645.	16	698,130,227.
Liabilities	17	Accounts payable and accrued expenses	38,173,103.	17	32,307,940.
	18	Grants payable		18	
	19	Deferred revenue	NONE	19	391.
	20	Tax-exempt bond liabilities	449,589,636.	20	418,138,983.
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	17,442,073.	23	696,664.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	68,053,085.	25	127,973,275.
	26	**Total liabilities.** Add lines 17 through 25	573,257,897.	26	579,117,253.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	338,601,748.	27	119,012,974.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	338,601,748.	33	119,012,974.
	34	Total liabilities and net assets/fund balances	911,859,645.	34	698,130,227.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☒ Type III - Functionally Integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) — Yes ☐ No ☒

(ii) A family member of a person described in (i) above? 11g(ii) — Yes ☐ No ☒

(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) — Yes ☐ No ☒

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the US? Yes	(vi) No	(vii) Amount of support
SEE STATEMENT 6									
Total									96,372,768.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (See instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	29,666,637.	16,539,042.		46,205,679.
b Buildings		77,181,676.	24,638,284.	52,543,392.
c Leasehold improvements		532,429.	322,389.	210,040.
d Equipment		146,376,115.	87,360,060.	59,016,055.
e Other		23,177,121.	2,028,858.	21,148,263.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				179,123,429.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO/FROM INTERUNIT	33,543,094.
RESERVE FOR SIGNATURE CARE	4,380,341.
RESERVE FOR MALPRACTICE	3,423,172.
RESERVE FOR IBNR	100,000.
ACC RETIREMENT COST FUNDED	86,521,193.
PROPERTY SECURITY DEPOSITS	5,475.
CAPITAL LEASE OBLIGATIONS	NONE
INVESTMENT IN NE IND CANCER CTR	NONE
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	127,973,275.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INVESTMENTS	
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	INVESTMENTS	
EUROPE			PROGRAM SERVICES	INVESTMENTS	
NORTH AMERICA			PROGRAM SERVICES	INVESTMENTS	
Totals . . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐

Use Schedule F-1 (Form 990) if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE F, PART I, LINE 2

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *Worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *Worksheet 3, column a*)						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities. *(Optional for 2008)*

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

Part III **Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6 - surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures** *(Optional for 2008)*

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

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH 11119 PARKVIEW PLAZA DRIVE FORT WAYNE IN 46845	X	X		X					

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SAINT FRANCIS 2701 SPRING STREET FORT WAYNE, IN 46806	35-0886846	501(C)3	617,000.				SUPPORT FOR SCHOOL
IPFW 2101 E COLISEUM BLVD FORT WAYNE, IN 46805	35-6033698	501 (C)3	550,546				SUPPORT FOR SCHOOL

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 2

3 Enter total number of other organizations . . . . . ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

JSA
8E1288 2 000

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

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

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

COMMUNITY HEALTH IMPROVEMENT FUNDING PARTNER ORGANIZATIONS ARE REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT RELATED TO PROGRAM FUNDING. PARTNER ORGANIZATIONS ARE REQUIRED TO RE-APPLY FOR FUNDING ON AN ANNUAL BASIS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	[ ] First-class or charter travel	[ ] Housing allowance or residence for personal use		
	[ ] Travel for companions	[ ] Payments for business use of personal residence		
	[X] Tax indemnification and gross-up payments	[ ] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[X] Personal services (e.g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			
	[X] Compensation committee	[ ] Written employment contract		
	[X] Independent compensation consultant	[X] Compensation survey or study		
	[X] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SEE SCHEDULE J-1	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

SCHEDULE J, PART I, LINE 1A

GROSSED UP PAYMENT FOR LIABILITY INSURANCE PAID TO DR. DAVID EMERY.

TREATED AS TAXABLE INCOME FOR DR. EMERY.

PERSONAL SERVICES

SCHEDULE J, PART I, LINE 1A

TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO: DUANE HOUGENDOBLER

$297, MIKE PACKNETT $300, JEFF FRANCIS $523, CATHERINE WILCOX $1,485,

JEFFREY BROOKES $285, JIM STAPEL $300, JIM WITMER $725, AND JAMES HANUS

$375.

SEVERANCE OR CHANGE OF CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

ROBERT CARLISLE $172,970

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT

SCHEDULE J, PART I, LINE 4B

TAXABLE - CHARLES MASON $478,594

PARTICIPANTS DEFERRED - MIKE PACKNETT $116,875, MARK NAFZIGER $35,400, JEFF FRANCIS $17,104, ART DETORE $36,895, CATHERINE WILCOX $28,910, JEFF BROOKES $27,022, JIM STAPEL $27,730, JIM WITMER $20,192, RON DOUBLE $13,835, JULIA FLECK $15,340

NON-FIXED PAYMENTS

SCHEDULE J, PART I, QUESTION 7

MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) IS AN ANNUAL INCENTIVE PROGRAM. SYSTEM GOALS ARE APPROVED BY THE BOARD IN ADVANCE OF THE PLAN YEAR. AT CONCLUSION OF THE PLAN YEAR, RESULTS ARE SHARED WITH THE BOARD AND THE BOARD APPROVES FINAL PAYMENT.

SCHEDULE J-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information regarding compensation.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	243,541.	NONE	297.	NONE	11,686.	255,524.	NONE
DUANE HOUGENDOBLER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	570,015.	123,700.	28,318.	121,375.	9,348.	852,756.	NONE
MICHAEL PACKNETT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	322,078.	51,702.	21,490.	35,400.	2,481.	433,152.	NONE
MARK NAFZIGER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	143,919.	17,297.	18,270.	24,904.	15,176.	219,567.	NONE
JEFFREY FRANCIS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	NONE	NONE	172,970.	NONE	5,926.	178,896.	172,970.
ROBERT CARLISLE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	85,704.	NONE	482,424.	NONE	796.	568,923.	478,594.
CHARLES MASON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	290,406.	53,612.	62,833.	57,295.	15,229.	479,375.	18,995.
ARTHUR DETORE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	220,937.	41,579.	44,875.	42,560.	9,534.	359,484.	NONE
CATHERINE WILCOX	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	236,809.	37,859.	31,145.	40,672.	14,013.	360,498.	12,860.
JEFFREY BROOKES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	212,763.	37,433.	42,272.	54,230.	9,697.	356,394.	NONE
JAMES STAPEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	156,555.	29,790.	39,197.	31,572.	8,757.	265,871.	9,566.
JAMES WITMER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	156,356.	25,145.	18,690.	30,829.	4,542.	235,562.	NONE
RONALD DOUBLE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	419,280.	14,740.	990.	4,600.	13,057.	452,666.	NONE
THOMAS MILLER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	346,223.	1,091.	23,338.	13,800.	8,515.	392,967.	NONE
GLADYS BEALE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	294,125.	8,662.	37,288.	13,797.	7,482.	361,353.	NONE
JAMES HANUS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	308,666.	1,091.	13,726.	20,700.	14,110.	358,293.	NONE
FRANK SHAO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

SCHEDULE J-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information regarding compensation.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	284,771.	NONE	36,047.	2,711.	4,530.	328,058.	NONE
DAVID EMERY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIA FLECK	(ii)	125,458.	19,157.	18,131.	25,629.	15,025.	203,400.	1,710.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J-1 (Form 990) 2008

JSA
8E1293 1 000

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

PARKVIEW HEALTH SYSTEM, INC.

Employer Identification number

35-1972384

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DUANE HOUGENDOBLER DIRECTOR/PH EMPLOYEE	40.	X						243,838.	NONE	11,686.
MICHAEL PACKNETT DIRECTOR/PH CEO	40.	X		X				722,033.	NONE	130,723.
JOHN BROOKS DIRECTOR	1.	X						7,500.	NONE	NONE
JANET CHRZAN DIRECTOR	1.	X						8,500.	NONE	NONE
RAYMOND DUSMAN DIRECTOR	1.	X						8,500.	NONE	NONE
DAVID HAIST DIRECTOR	1.	X						10,000.	NONE	NONE
MARJ HINER DIRECTOR	1.	X						10,750.	NONE	NONE
MICHAEL LEE DIRECTOR	1.	X						3,750.	NONE	NONE
LAURA LEFEVER DIRECTOR	1.	X						13,000.	NONE	NONE
DENISE LEMMON DIRECTOR	1.	X						10,250.	NONE	NONE
JOE PIERCE DIRECTOR	1.	X						11,000.	NONE	NONE
LARRY ROWLAND DIRECTOR	1.	X						11,000.	NONE	NONE
CHARLES SCHRIMPER DIRECTOR	1.	X						11,500.	NONE	NONE
WIL SMITH DIRECTOR	1.	X						8,750.	NONE	NONE
THOMAS WALSH DIRECTOR	1.	X						9,750.	NONE	NONE
MARK NAFZIGER PH COO	40.			X				395,271.	NONE	37,881.
JEFFREY FRANCIS PH CFO	40.			X				179,487.	NONE	40,080.
ARTHUR DETORE PH EMPLOYEE	40.				X			406,851.	NONE	72,524.
CATHERINE WILCOX PH EMPLOYEE	40.				X			307,390.	NONE	52,094.
JEFFREY BROOKES PH EMPLOYEE	40.				X			305,813.	NONE	54,685.
JAMES STAPEL PH EMPLOYEE	40.				X			292,467.	NONE	63,927.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

PARKVIEW HEALTH SYSTEM, INC.

Employer Identification number

35-1972384

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WITMER PH EMPLOYEE	40.				X			225,542.	NONE	40,329.
RONALD DOUBLE PH EMPLOYEE	40.				X			200,191.	NONE	35,371.
JULIA FLECK PH EMPLOYEE	40.				X			NONE	162,746.	40,654.
THOMAS MILLER PH EMPLOYEE	40.					X		435,009.	NONE	17,657.
GLADYS BEALE PH EMPLOYEE	40.					X		370,652.	NONE	22,315.
JAMES HANUS PH EMPLOYEE	40.					X		340,074.	NONE	21,279.
FRANK SHAO PH EMPLOYEE	40.					X		323,483.	NONE	34,810.
DAVID EMERY PH EMPLOYEE	40.					X		320,817.	NONE	7,241.
ROBERT CARLISLE PH FORMER CFO	NONE						X	172,970.	NONE	5,926.
CHARLES MASON PH PRESIDENT EMERITUS	NONE						X	568,127.	NONE	796.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Bond Issues *(Required for 2008)*

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	INDIANA HEALTH AND EDUCATIONAL FACILITY FINANCING	35-1611409	454795AD7	07/28/2005	194,930,000.	NEW FUNDS FOR CAPITAL PROJECTS		X	X	
B										
C										
D										
E										

Part II Proceeds *(Optional for 2008)*

	A	B	C	D	E
1 Total proceeds of issue					
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds					
8 Year of substantial completion					

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
SEE SCHEDULE O					X

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

AMENDED RETURN

FORM 990 - LINE B; PART I, LINE 7A; AND PART VIII LINE 11D

THE FORM 990 IS BEING AMENDED TO REFLECT A CHANGE IN UNRELATED BUSINESS INCOME AS REPORTED FOR PARKVIEW HEALTH SYSTEM, INC.'S 2008 CALENDAR YEAR AMENDED FORM 990-T.

RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STMTS

FORM 990, PART I, LINE 22

NET ASSETS OR FUND BALANCE AT BEGINNING OF YEAR	338,601,748
TOTAL REVENUE PART VIII COLUMN A LINE 12	199,029,466
TOTAL EXPENSES PART IX COLUMN A LINE 25	173,315,018
CHANGE IN NET ASSETS OR FUND BALANCE	25,714,448
NET UNREALIZED GAINS(LOSSES) ON INVESTMENTS	(239,806,847)
OTHER CHANGES	
ADJUST OCI FOR PENSION	(82,110,301)
AMORTIZE BOND SWAP OCI	257,268
ELIMINATE INTERUNIT ACCOUNT BALANCE	95,916,943
BOOK/TAX DIFFERENCE	1,843,256
ADJUSTMENT TO ORTHO	185,869
TRANSFER HOSPITAL REAL ESTATE FROM NBHOS	(21,314,564)
ASSET ADJUSTMENT/TRANSFER	(274,846)
TOTAL ADJUSTMENTS	(245,303,222)
ENDING NET ASSETS OR FUND BALANCE AT END OF YEAR	119,012,974

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B AND 2C

PURSUANT TO PARKVIEW HEALTH SYSTEM'S BYLAWS, THE SYSTEM AUDIT COMMITTEE ACTS ON BEHALF OF THE ORGANIZATION TO ASSUME THE RESPONSIBILITY FOR OVERSIGHT OF THE CONSOLIDATED AUDIT OF PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES. PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES' CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH GAAP BY AN INDEPENDENT ACCOUNTANT. SUBSIDIARIES. PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES' CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH GAAP BY AN INDEPENDENT ACCOUNTANT.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

REQUIRED FEDERAL EMPLOYMENT TAX RETURNS AND BACKUP WITHHOLDING

FORM 990, PART V, LN 1 & 2; PART VII, SECT. A, LN 2 AND SECT. B, LN 1 & 2

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. OTHER ENTITIES REIMBURSE THE COMMON PAYMASTER FOR THESE EXPENSES THROUGH DIRECT ASSIGNMENT OF COSTS AND CORPORATE SERVICE ALLOCATIONS. AS THE COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC., FILES AND TRANSMITS ALL REQUIRED U.S. INFORMATION RETURNS AND FEDERAL EMPLOYMENT RETURNS ON BEHALF OF THE ORGANIZATION.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS

FORM 990, PART V, LINE 7G AND LINE 7H

THESE QUESTIONS DO NOT APPLY TO THE ORGANIZATION AND THEREFORE WERE

INTENTIONALLY LEFT BLANK.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

ORGANIZATION MAINTAINING DONOR ADVISED FUNDS

FORM 990, PART V, LINE 8 AND LINE 9

THE ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS; THEREFORE, THESE QUESTIONS WERE INTENTIONALLY LEFT BLANK.

Name of the organization: PARKVIEW HEALTH SYSTEM, INC.

Employer identification number: 35-1972384

SIGNIFICANT CHANGES IN ORGANIZATIONAL DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

IN JANUARY OF 2008, THE CHANGED PORTION OF ARTICLE VI, SECTION 5(E) IS AS FOLLOWS: THE SYSTEM AUDIT COMMITTEE SHALL CONSIST OF AT LEAST FIVE (5) DISINTERESTED PERSONS, INCLUDING PARKVIEW HEALTH SERVICE AREA REPRESENTATION, AS DESIGNATED BY THE CHAIR OF THE BOARD. WHILE SERVING ON THE AUDIT COMMITTEE, THE MEMBERS OF THIS COMMITTEE MAY NOT SERVE AS OFFICERS OF THE PARKVIEW HEALTH BOARD OF DIRECTORS.

IN DECEMBER OF 2008, THE CHANGED PORTION OF ARTICLE IV, SECTION 2 IS AS FOLLOWS: THE BOARD OF DIRECTORS SHALL BE COMPOSED OF NO MORE THAN SIXTEEN (16) DIRECTORS. THE COMPOSITION OF THE BOARD OF DIRECTORS SHALL CONSIST OF THE FOLLOWING:

(A) SIX (6) EX-OFFICIO VOTING MEMBERS, WHO SHALL CONSIST OF THE CHAIRS OF PARKVIEW HOSPITAL, PARKVIEW WHITLEY HOSPITAL, PARKVIEW HUNTINGTON HOSPITAL, PARKVIEW NOBLE HOSPITAL, PARKVIEW LAGRANGE HOSPITAL AND PARKVIEW PHYSICIANS' GROUP OR SUCH OTHER MEMBER OF THE BOARD AS DESIGNATED BY THE RESPECTIVE BOARD;

(B) UP TO NINE (9) AT-LARGE PHYSICIAN OR COMMUNITY LEADERS;

(C) THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION.

A MAJORITY OF THE BOARD OF DIRECTOR SHALL, AT ALL TIMES, BE CONSIDERED TO BE INDEPENDENT, AS DEFINED BY THE INTERNAL REVENUE SERVICE.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 10

AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY AND THE SYSTEM AUDIT COMMITTEE, PRIOR TO FILING WITH THE IRS. ON OCTOBER 14, 2009, THE SYSTEM AUDIT COMMITTEE REVIEWED THE FORM 990 AS ULTIMATELY FILED WITH THE IRS. THIS REVIEW INCLUDED A PRESENTATION BY THE ORGANIZATION'S TAX PREPARER TO HIGHLIGHT THE SIGNIFICANT AREAS ON THE REDESIGNED FORM 990 AND SUPPLEMENTAL SCHEDULES.

Name of the organization: PARKVIEW HEALTH SYSTEM, INC.

Employer identification number: 35-1972384

ORGANIZATION'S PROCESS FOR ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST

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

AS DESCRIBED IN ARTICLE IX SECTION 6, OF THE PARKVIEW HEALTH SYSTEM, INC. (PH) BYLAWS, PH ADOPTED PH'S COMPLIANCE POLICY FOR THE ORGANIZATION AND ITS NOT-FOR-PROFIT RELATED ORGANIZATIONS (AND AS LIKEWISE NOTED IN THEIR BYLAWS) WHEN ADDRESSING CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST. THIS COMPLIANCE POLICY (COMPLIANCE POLICY #14) REQUIRES THAT EACH BOARD MEMBER, BOARD COMMITTEE MEMBER, AND KEY MANAGEMENT PERSONNEL MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM. THIS INFORMATION IS PROVIDED TO THE CHAIRMAN OF THE BOARD (FOR BOARD AND BOARD COMMITTEE MEMBERS) AND TO SENIOR MANAGEMENT (FOR KEY MANAGEMENT PERSONNEL). IN ADDITION, AS TO THE CONDUCT OF BOARD MEETINGS, THE FOLLOWING PROCESS IS FOLLOWED:

"WHENEVER A PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE IS CONSIDERING A TRANSACTION OR ARRANGEMENT WITH AN ORGANIZATION, ENTITY OR INDIVIDUAL IN WHICH A PERSON COVERED BY THIS POLICY HAS A FINANCIAL OR CONFLICTING INTEREST, THE FOLLOWING SHALL OCCUR:

1. THE INTERESTED PERSON MUST DISCLOSE THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS TO THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE;

2. THE INTERESTED PERSON WITH THAT FINANCIAL OR CONFLICTING INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING REGARDING THE TRANSACTION OR ARRANGEMENT HOWEVER, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE FINANCIAL OR CONFLICTING INTEREST; AND

3. THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE MUST APPROVE THE

Name of the organization: PARKVIEW HEALTH SYSTEM, INC.
Employer identification number: 35-1972384

TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE BOARD MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE INTERESTED PERSON.

IN ADDITION, THE FOLLOWING CONSIDERATIONS SHOULD BE MADE:

4. IF APPROPRIATE, THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT; AND

5. IN ORDER TO APPROVE THE TRANSACTION, THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE MUST FIRST FIND, BY A MAJORITY VOTE OF THE DISINTERESTED BOARD MEMBERS, THAT THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN THE BEST INTERESTS OF AND FOR THE BENEFIT OF PH AND/OR PH AFFILIATES AND THE PROPOSED TRANSACTION IS FAIR AND REASONABLE TO PH AND/OR PH AFFILIATES AND, AFTER REASONABLE INVESTIGATION, THAT THE PH AND/OR PH AFFILIATES CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES."

Name of the organization: PARKVIEW HEALTH SYSTEM, INC.
Employer identification number: 35-1972384

PROCESS USED TO ESTABLISH COMPENSATION FOR TOP MANAGEMENT OFFICIAL

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

THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES. THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISOR; REVIEW, AND APPROVAL BY THE GOVERNING BODY; AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. THE BOARD EXECUTIVE COMMITTEE OF PARKVIEW HEALTH SYSTEM, INC. SERVED AS THE EXECUTIVE COMPENSATION COMMITTEE IN 2008, PURSUANT TO THE ORGANIZATION'S BYLAWS, FOR PURPOSES OF REVIEWING AND APPROVING ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2008 COMPENSATION PACKAGE. THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD EXECUTIVE COMMITTEE MEMBERS.

PARKVIEW'S INDEPENDENT CONSULTANT PREPARES A COMPETITIVE COMPENSATION ANALYSIS USING DATA FROM MULTIPLE PUBLISHED SURVEYS PREPARED BY INDEPENDENT FIRMS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE IN SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS ON BOTH A REGIONAL AND NATIONAL BASIS. THE INDEPENDENT CONSULTANT PROVIDES A STATEMENT OF REASONABLENESS OF THE COMPENSATION PROVIDED TO THE CEO AS WELL AS ALL EXECUTIVES AT THE VICE PRESIDENT LEVEL AND ABOVE. ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THE BOARD APPROVES ANY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS. APPROVAL IS ALSO PROVIDED FOR THE MERIT BUDGET FOR THE ENTIRE ORGANIZATION. THE BOARD REVIEWS AND APPROVES THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP).

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

PROCESS USED TO ESTABLISH COMPENSATION FOR OTHER OFFICERS/KEY EMPLOYEES

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

SEE APPLICABLE SCHEDULE O NARRATIVE FOR LINE 15A AS IT ALSO APPLIES FOR THE POSITIONS LISTED BELOW.

OFFICES OR POSITIONS REVIEWED AT THE 2008 MEETING:

PRESIDENT AND CEO

EXECUTIVE VICE PRESIDENT STRATEGIC DIRECTION AND BUSINESS DEVELOPMENT

EXECUTIVE VICE PRESIDENT PARKVIEW HEALTH/COO PARKVIEW HOSPITAL

EXECUTIVE VICE PRESIDENT AND CFO PARKVIEW HEALTH

SENIOR VICE PRESIDENT AND MEDICAL DIRECTOR COMMUNITY HOSPITALS

SENIOR VICE PRESIDENT SERVICE EXCELLENCE

SENIOR VICE PRESIDENT HUMAN RESOURCES

SENIOR VICE PRESIDENT AND GENERAL COUNSEL

SENIOR VICE PRESIDENT PATIENT CARE

SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER

SENIOR VICE PRESIDENT/COO ORTHOPEDIC HOSPITAL

SENIOR VICE PRESIDENT/COO COMMUNITY HOSPITALS - HUNTINGTON

SENIOR VICE PRESIDENT/COO COMMUNITY HOSPITALS - NOBLE

SENIOR VICE PRESIDENT/COO COMMUNITY HOSPITALS - WHITLEY

SENIOR VICE PRESIDENT/COO COMMUNITY HOSPITALS - LAGRANGE

SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER

SENIOR VICE PRESIDENT AND PHYSICIAN ADMINISTRATOR

SENIOR VICE PRESIDENT FACILITY DESIGN AND OVERSIGHT

SENIOR VICE PRESIDENT STRATEGIC ALLIANCE AND PROGRAM DEVELOPMENT

SENIOR VICE PRESIDENT OPERATIONS AND SERVICE

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

EXECUTIVE DIRECTOR WOMEN AND CHILDREN'S SERVICES

VICE PRESIDENT - PATIENT CARE - NOBLE

VICE PRESIDENT - PATIENT CARE - WHITLEY

VICE PRESIDENT - PATIENT CARE - LAGRANGE

VICE PRESIDENT - PATIENT CARE - HUNTINGTON

CORPORATE DIRECTOR MARKETING, COMMUNICATIONS, COMMUNITY RELATIONS

CORPORATE DIRECTOR MEDICAL PRACTICE SOLUTIONS

EXECUTIVE DIRECTOR CANCER SERVICES

CHIEF MEDICAL INFORMATICS OFFICER

VICE PRESIDENT FINANCE AND CONTROLLER

MEDICAL DIRECTOR HEALTH PLAN SERVICES

CORPORATE DIRECTOR DIETETICS/FOOD SERVICES

VICE PRESIDENT PLANNING AND DECISION SUPPORT

VICE PRESIDENT STRATEGIC AND BUSINESS PLANNING

VICE PRESIDENT HEALTH INFORMATION MANAGEMENT

EXECUTIVE DIRECTOR AMBULATORY SERVICES

EXECUTIVE DIRECTOR FOUNDATION

EXECUTIVE DIRECTOR PRIMARY CARE/INPATIENT SERVICES

VICE PRESIDENT MATERIALS MANAGEMENT

EXECUTIVE DIRECTOR BEHAVIORAL HEALTH SERVICES

VICE PRESIDENT PATIENT BUSINESS SERVICES

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

PROCEDURES FOR MAKING TAX EXEMPTION APPLICATION, FORM 990, AND FORM 990-T

FORM 990, PART VI, SECTION C, LINE 19

COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

REQUIREMENTS UNDER SINGLE AUDIT ACT AND OMB CIRCULAR A-133

FORM 990, PART XI, LINE 3A AND 3B

AS REQUIRED BY THE U.S. OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS, IN 2008 PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES RECEIVED AN AUDIT FOR THE 2007 CONSOLIDATED FINANCIAL STATEMENTS IN ACCORDANCE WITH THE SINGLE AUDIT ACT.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

1.

(A) NAME OF INTERESTED PERSON - BROOKS CONSTRUCTION COMPANY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION - ENTITY OF WHICH JOHN BROOKS WAS SERVING AS AN OFFICER AT TIME OF TRANSACTION(S).

(C) AMOUNT OF TRANSACTION - $232,888

(D) DESCRIPTION OF TRANSACTION - VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH

2.

(A) NAME OF INTERESTED PERSON - ORTHOPAEDICS NORTHEAST, PC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION - ENTITY OF WHICH MICHAEL LEE OWNED A GREATER THAN 5% INTEREST AT TIME OF TRANSACTION(S).

(C) AMOUNT OF TRANSACTION - $112,468

(D) DESCRIPTION OF TRANSACTION - VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH

3.

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

(A) NAME OF INTERESTED PERSON - DALE WILCOX

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION - SPOUSE OF CATHERINE WILCOX, KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION - $157,410

(D) DESCRIPTION OF TRANSACTION - COMPENSATION TO FORMER EMPLOYEE, BY POLICY, THROUGH COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC. EIN 35-1972384 FOR PARKVIEW HOSPITAL, INC. EIN 35-0868085

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM, INC.	35-1972384

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP

SCHEDULE R, PART III

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC

EIN 26-0143823

10501 CORPORATE DRIVE

FORT WAYNE, IN 46845

FOUNDATION SURGERY AFFILIATE OF FORT WAYNE, LLC

EIN 20-1394120

8004 CARNEGIE BLVD

FORT WAYNE, IN 46804

MANAGED CARE SERVICES, LLC

EIN 35-1996535

2200 RANDALLIA DRIVE

FORT WAYNE, IN 46805

PARKVIEW IMAGING HUNTINGTON, LLC

EIN 20-8651460

10501 CORPORATE DRIVE

FORT WAYNE, IN 46845

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

Employer identification number

35-1972384

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NORTHEAST OBSTETRICS & GYNECOLOGY, LLC 32-0118260 11123 PARKVIEW PLAZA DRIVE, ST FORT WAYNE, IN 46845	PHYSICIANS	IN	NONE	2,407,477.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
ORTHOPAEDIC HOSPITAL SEE SCHEDULE O	ORTHO HOSPITAL	IN	N/A	RELATED	10,417,046.	21,518,877.		X		X	
FOUNDATION SURGERY AFFILIATE SEE SCHEDULE O	SURGICAL SERVICES	IN	N/A	RELATED	414,052.	752,687		X		X	
MANAGED CARE SERVICES, LLC SEE SCHEDULE O	HEALTH PLAN ADMIN	IN	N/A	RELATED	191,687.	1,195,372.		X		X	
PARKVIEW IMAGING HUNTINGTON SEE SCHEDULE O	EQUIPMENT LEASING	IN	HUNTINGTON MEMO	UNRELATED	NONE	NONE		X			X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PARKVIEW PROFESSIONAL PROGRAMS, INC. 35-1668888 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	REFERENCE LAB	IN	PV HOSPITAL INC	C CORPORATION	12,050,417.	1,467,497.	NONE
PARKVIEW PROFESSIONAL BILLINGS, INC 35-1950305 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	BILLING	IN	PV HOSPITAL INC	C CORPORATION	122,792.	NONE	NONE
FIRST CARE FAMILY PHYSICIANS, INC 35-1714247 1515 HOBSON ROAD FORT WAYNE, IN 46805	PHYSICIANS	IN	N/A	C CORPORATION	NONE	920,221	100.0000
FORT WAYNE CARDIOVASCULAR SURGEONS, INC 35-1150847 1818 CAREW STREET, SUITE 260 FORT WAYNE, IN 46805	PHYSICIANS	IN	N/A	C CORPORATION	NONE	235,472	100.0000
NORTHEAST INDIANA COLON & RECTAL SURGEON 35-2032295 11141 PARKVIEW PLAZA DRIVE, STE 310 FORT WAYNE, IN 46845	PHYSICIANS	IN	N/A	C CORPORATION	NONE	691,905.	100.0000
SIGNATURE CARE, INC. 38-3069801 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	INVESTMENT	IN	N/A	C CORPORATION	NONE	NONE	100 0000

Part V Transactions With Related Organizations

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

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	SEE SCHEDULE R-1		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PARKVIEW HOSPITAL, INC. (PHOS) 35-0868086 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	HEALTH CARE	IN	501(C)(3)	3-HOSPITAL	N/A
PARKVIEW FOUNDATION, INC. 23-7220589 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	FUND MGMT	IN	501(C)(3)	11-TYPE I	PHOS
PARKVIEW OCCUPATIONAL HEALTH CENTERS,INC 35-2064353 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	OCCUP HEALTH	IN	501(C)(3)	3-HOSPITAL	N/A
COMMUNITY HOSPITAL-LAGRANGE CTY (LGHOS) 20-2401676 207 N TOWNLINE ROAD LAGRANGE, IN 46755	HOSPITAL	IN	501(C)(3)	3-HOSPITAL	N/A
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. 35-2087092 401 SAWYER ROAD KENDALLVILLE, IN 46755	HOSPITAL	IN	501(C)(3)	3-HOSPITAL	N/A
COMMUNITY HOSPITAL OF NOBLE COUNTY FDTN 35-2089183 401 SAWYER ROAD KENDALLVILLE, IN 46755	FUND MGMT	IN	501(C)(3)	11-TYPE I	LGHOS
WHITLEY MEMORIAL HOSPITAL, INC. (WMHOS) 35-1967665 353 N OAK ST COLUMBIA CITY, IN 46725	HOSPITAL	IN	501(C)(3)	3-HOSPITAL	N/A
WHITLEY MEMORIAL HOSPITAL FDTN 31-1190239 353 N OAK ST COLUMBIA CITY, IN 46725	FUND MGMT	IN	501(C)(3)	11-TYPE I	WMHOS
HUNTINGTON MEMORIAL HOSPITAL (HMHOS) 35-1970706 2001 STULTS ROAD HUNTINGTON, IN 46750	HOSPITAL	IN	501(C)(3)	3-HOSPITAL	N/A
PARKVIEW HUNTINGTON HOSPITAL FOUNDATION 32-0012095 2001 STULTS ROAD HUNTINGTON, IN 46750	FUND MGMT	IN	501(C)(3)	11-TYPE I	HMHOS

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	K	2,635,753.
(8) MANAGED CARE SERVICES, LLC	P	305,916.
(9) PARKVIEW HOSPITAL, INC.	A	647,501.
(10) PARKVIEW OCCUPATIONAL HEALTH CENTERS, INC.	A	111,106.
(11) WHITLEY MEMORIAL HOSPITAL, INC.	A	466,158.
(12) HUNTINGTON MEMORIAL HOSPITAL, INC.	A	1,920,251.
(13) COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	D	10,596,241.
(14) PARKVIEW HOSPITAL, INC.	I	647,501.
(15) PARKVIEW OCCUPATIONAL HEALTH CENTERS, INC.	I	111,106.
(16) WHITLEY MEMORIAL HOSPITAL, INC.	I	466,158.
(17) HUNTINGTON MEMORIAL HOSPTIAL, INC.	I	1,920,251.
(18) COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	J	50,732.
(19) WHITLEY MEMORIAL HOSPITAL, INC.	J	145,333.
(20) PARKVIEW HOSPITAL, INC.	P	79,824,316.
(21) COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.	P	4,102,281.
(22) COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	P	7,203,157.
(23) WHITLEY MEMORIAL HOSPITAL, INC.	P	7,319,860.
(24) HUNTINGTON MEMORIAL HOSPITAL, INC.	P	6,704,465.

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

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	Q	21,314,563.
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

PARKVIEW HEALTH SYSTEM, INC. (DBA PARKVIEW HEALTH) SUPPORTS THE HOSPITALS OF PARKVIEW HOSPITAL, INC. (DBA PARKVIEW HOSPITAL); HUNTINGTON MEMORIAL HOSPITAL, INC. (DBA PARKVIEW HUNTINGTON HOSPITAL); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (DBA PARKVIEW LAGRANGE HOSPITAL); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (DBA PARKVIEW NOBLE HOSPITAL); AND WHITLEY MEMORIAL HOSPITAL, INC. (DBA PARKVIEW WHITLEY HOSPITAL).

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 HEALTH ROUTINELY SPONSORS A COMMUNITY HEALTH SURVEY. IN ADDITION, THE HEALTH SYSTEM REVIEWS TREND AND TREATMENT ANALYSIS DATA ON AN ONGOING BASIS. DATA OBTAINED FROM THESE STUDIES IS USED IN PARKVIEW HEALTH'S STRATEGIC PLANNING PROCESS TO IDENTIFY AND SET PRIORITIES FOR CRITICAL HEALTH INITIATIVES IN THE COMMUNITIES PARKVIEW SERVES.

PARKVIEW HEALTH EMPLOYS 66 PRIMARY AND SPECIALTY CARE PHYSICIANS AS PART OF THE PARKVIEW PHYSICIANS' GROUP. THESE PHYSICIANS PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES.

PARKVIEW HEALTH PROVIDES SIGNIFICANT FUNDING TO LOCAL UNIVERSITIES TO PROMOTE AND SUPPORT THE NURSING PROGRAMS IN ORDER TO DEVELOP, TEACH AND TRAIN TALENTED STUDENTS FOR THE NURSING PROFESSION. PARKVIEW HEALTH HAS PARTNERSHIPS WITH THE NURSING DEPARTMENTS AT INDIANA - PURDUE UNIVERSITY AT FORT WAYNE, AND THE UNIVERSITY OF SAINT FRANCIS TO PROVIDE FINANCIAL ASSISTANCE FOR SCHOLARSHIPS, OPERATIONAL, CAPITAL, AND MARKETING SUPPORT.

IN ADDITION, PARKVIEW HEALTH IS A SIGNIFICANT CONTRIBUTOR TO THE NORTHEAST INDIANA ECONOMIC DEVELOPMENT COUNCIL TO SUSTAIN THE ECONOMIC VITALITY OF THIS AREA.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

SWEDEN
SWITZERLAND
NORWAY

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS AND INTEREST	30,796,965.		-1,991.	30,798,956.
TOTALS	30,796,965.		-1,991.	30,798,956.

FORM 990, PART VIII - INCOME FROM INVESTMENT OF TE BOND PROCEEDS

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INCOME FROM INVESTMENT OF TAX-EXEMPT BOND PROCEEDS	395,168.			395,168.
TOTALS	395,168.			395,168.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
POOLED INVESTMENTS	565,783,795.	COST
UNREALIZED GAINS	-118,455,381.	FMV
BOND PROCEEDS HELD BY TRUSTEE	NONE	FMV
TOTALS	447,328,414.	

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
PARKVIEW HOSPITAL, INC.	35-0868085	501(C)3	X	X	X	74,557,308
COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC	20-2401676	501(C)3	X	X	X	3,922,476.
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC	35-2087092	501(C)3	X	X	X	6,018,936.
WHITLEY MEMORIAL HOSPITAL, INC	35-1967665	501(C)3	X	X	X	5,714,352
HUNTINGTON MEMORIAL HOSPITAL, INC	35-1970706	501(C)3	X	X	X	6,159,696.
TOTAL AMOUNT OF SUPPORT						96,372,768.