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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

C Name of organization
PARKVIEW HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite
2200 RANDALLIA DRIVE

City or town, state or country, and ZIP + 4
FORT WAYNE, IN 46805

D Employer identification number
35-0868085

E Telephone number
(260) 373-8403

G Gross receipts \$ 708,921,290

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 ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (3) ◀(Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PARKVIEW COM

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1941

M State of legal domicile IN

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities PARKVIEW HOSPITAL, 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 <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of employees (Part V, line 2a)	5	4,041
Revenue	6	Total number of volunteers (estimate if necessary)	6	433
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,359,819
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	891,299	669,527
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	518,116,195	555,896,744
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,896,350	-859,327
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,611,598	9,100,484
Expenses			536,515,442	564,807,428
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,985,476	1,385,467
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	240,460,960	237,996,507
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	250,395,796	281,301,512
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	492,842,232	520,683,486
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	43,673,210	44,123,942
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	321,506,134	370,176,008
	21	Total liabilities (Part X, line 26)	47,958,430	49,301,802
	22	Net assets or fund balances Subtract line 21 from line 20	273,547,704	320,874,206

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

Signature of officer

2010-11-01

Date

MICHAEL PACKNETT PH CEO

Type or print name and title

Preparer's signature

Date

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 466240007

EIN ▶

Phone no ▶ (574) 232-3992

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

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 \$ 429,936,791 including grants of \$ 1,385,467) (Revenue \$ 557,560,915)

PARKVIEW HOSPITAL, INC. IS A 616 BED REGIONAL TERTIARY REFERRAL CENTER LOCATED IN FORT WAYNE, INDIANA. IT IS THE LARGEST HEALTHCARE EMPLOYER IN THE REGION AND IS HOME TO NORTHEAST INDIANA'S FIRST VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER. ADDITIONAL SERVICES INCLUDE THE SAMARITAN FLIGHT PROGRAM, PARKVIEW HEART INSTITUTE, A CERTIFIED STROKE CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICES CENTER AND COMPREHENSIVE CANCER CENTER. AS A PART OF THE REGION'S ONLY NOT-FOR-PROFIT HOSPITAL, WE TAKE OUR MISSION TO HEART. PARKVIEW HOSPITAL, INC. EXISTS FOR ONE PURPOSE - TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. PARKVIEW HOSPITAL, INC. GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED CARE, VOLUNTEERISM AND MUCH MORE. CURRENTLY UNDER CONSTRUCTION AND SLATED TO OPEN IN EARLY 2012, THE PARKVIEW REGIONAL MEDICAL CENTER REPRESENTS AN INVESTMENT OF \$536 MILLION IN THE REGION THAT WE SERVE. CONTINUED IN SCHEDULE O

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	\$ 429,936,791
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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 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 similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	168	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,041	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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		No
b If "Yes," enter the name of the foreign country: <input type="text"/> 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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
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	No
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	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 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

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	17	
b	Enter the number of voting members that are independent	1b	13	
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
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	Yes	

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 Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
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) 373-8403

1b Total	2,613,879	1,602,641	526,014
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶83

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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 1818 CAREW STREET STE 220 FORT WAYNE, IN 46805	ANESTHESIOLOGISTS	4,454,158
INDIANA SURGICAL SPECIALISTS LLC 1818 CAREW STREET STE 160 FORT WAYNE, IN 46805	PHYSICIANS	2,139,407
ORTHOPAEDICS NORTHEAST PC 5050 N CLINTON STREET FORT WAYNE, IN 46825	PHYSICIANS	613,546
ALLIED HOSPITAL PATHOLOGISTS PC 2458 LAKE AVENUE FORT WAYNE, IN 46805	MEDICAL SERVICES	466,510
FORT WAYNE RADIOLOGY 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	MEDICAL SERVICES	425,843

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶13

Part VIII

Statement of Revenue

				(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	0	669,527			
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	421,273				
	e	Government grants (contributions)	1e	248,254				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g	Noncash contributions included in lines 1a-1f \$ 38,231						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE	622,000	531,200,064	531,200,064	0	0	
	b	LAB SERVICES	621,500	18,204,803	18,204,803	0	0	
	c	PHARMACY	446,110	5,443,446	5,443,446	0	0	
	d	PATHOLOGY TESTS	621,500	640,460	0	640,460	0	
	e	WOMEN'S HEALTH CENTER	812,900	207,584	61,931	145,653	0	
	f	All other program service revenue		200,387	200,387	0	0	
	g	Total. Add lines 2a-2f		555,896,744				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				1,403,356	0	0	1,403,356	
	4	Income from investment of tax-exempt bond proceeds . .		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	(i) Real		1,129,822	0	-20,796	1,150,618	
		(ii) Personal						
		Gross Rents	2,581,081					0
		b Less rental expenses	1,451,259					0
	c Rental income or (loss)	1,129,822	0					
	d Net rental income or (loss)							
	7a	(i) Securities						-2,262,683
		(ii) Other						
		Gross amount from sales of assets other than inventory	139,876,889	0				
		b Less cost or other basis and sales expenses	141,749,582	389,990				
	c Gain or (loss)	-1,872,693	-389,990					
	d Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		0	0	0	0	
		a						0
		b Less direct expenses	b					0
	c Net income or (loss) from fundraising events . . .							
	9a	Gross income from gaming activities See Part IV, line 19		0	0	0	0	
		a						0
		b Less direct expenses	b					0
	c Net income or (loss) from gaming activities . . .							
	10a	Gross sales of inventory, less returns and allowances . .		-44,134	0	0	-44,134	
		a						478,897
		b Less cost of goods sold . . .	b					523,031
	c Net income or (loss) from sales of inventory . . .							
	Miscellaneous Revenue		Business Code					
	11a	ORTHO BILLINGS		541,900	2,920,259	1,834,927	1,085,332	0
	b	CAFETERIA & MEALS		722,210	2,071,444	0	0	2,071,444
	c	2009 PORTION - DEFERRED REV OF ORTHO HOSPITAL SALE		900,099	1,060,508	0	0	1,060,508
	d	All other revenue			1,962,585	615,357	509,170	838,058
	e	Total. Add lines 11a-11d			8,014,796			
	12	Total revenue. See Instructions			564,807,428	557,560,915	2,359,819	4,217,167

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	1,365,919	1,365,919		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	19,548	19,548		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,246,823	0	1,246,823	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	230,657	0	230,657	0
7	Other salaries and wages	179,778,898	146,961,262	32,817,636	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	56,740,129	45,916,157	10,823,972	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	88,254	0	88,254	0
g	Other	70,081,824	66,118,981	3,962,843	0
12	Advertising and promotion	224,266	185,344	38,922	0
13	Office expenses	84,624,071	82,447,195	2,176,876	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	9,247,541	8,798,278	449,263	0
17	Travel	1,156,513	990,605	165,908	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	219,721	65,894	153,827	0
20	Interest	292,406	292,406	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	23,292,219	23,199,381	92,838	0
23	Insurance	1,464,714	28,773	1,435,941	0
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	CORPORATE SERVICE ALLOCATION	36,551,774	0	36,551,774	0
b	BAD DEBT	35,806,958	35,806,958	0	0
c	PH SUBSIDY	13,699,163	13,699,163	0	0
d	RESIDENCY SUPPORT-FAMILY ORTHOPAEDICS	3,145,421	3,145,421	0	0
e	DUES, SUBSCRIPTIONS & MEMBERSHIPS	629,982	331,893	298,089	0
f	All other expenses	776,685	563,613	213,072	0
25	Total functional expenses. Add lines 1 through 24f	520,683,486	429,936,791	90,746,695	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			13,391	1	13,390
	2	Savings and temporary cash investments			15,092	2	33,475
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			78,127,284	4	88,167,115
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	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			0	6	0
	7	Notes and loans receivable, net			534,444	7	895,849
	8	Inventories for sale or use			11,286,880	8	9,125,633
	9	Prepaid expenses and deferred charges			1,439,891	9	758,976
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	423,727,483			
	b	Less accumulated depreciation	10b	254,114,715	181,072,699	10c	169,612,768
	11	Investments—publicly traded securities			13,538,383	11	15,326,893
	12	Investments—other securities See Part IV, line 11			2,754,381	12	3,488,152
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			1,873,308	14	1,101,984
	15	Other assets See Part IV, line 11			30,850,381	15	81,651,773
	16	Total assets. Add lines 1 through 15 (must equal line 34)			321,506,134	16	370,176,008
Liabilities	17	Accounts payable and accrued expenses			24,090,016	17	24,153,966
	18	Grants payable			0	18	0
	19	Deferred revenue			14,903,540	19	14,027,942
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			3,651,186	23	5,307,448
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities Complete Part X of Schedule D			5,313,688	25	5,812,446
	26	Total liabilities. Add lines 17 through 25			47,958,430	26	49,301,802
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			273,547,704	27	320,874,206
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			273,547,704	33	320,874,206
	34	Total liabilities and net assets/fund balances			321,506,134	34	370,176,008

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization PARKVIEW HOSPITAL INC	Employer identification number 35-0868085
---	--

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 (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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 "facts 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—2008. 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 organization 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private 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. 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

Additional Data

Software ID:

Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MICHAEL PACKNETT DIRECTOR/PH CEO	1	X		X				0	844,405	156,626
THOMAS BOND DIRECTOR/PH EMPLOYEE	1	X						0	272,911	37,503
LARRY BAGWELL DIRECTOR	1	X						3,750	1,500	0
TOM BEAVER DIRECTOR	1	X						4,500	750	0
STEVE CORONA DIRECTOR	1	X						4,750	0	0
JAMES DO ZIER DIRECTOR	1	X						1,750	3,000	0
MICHAEL GRABOWSKI DIRECTOR	1	X						50,000	0	0
DAVID HAIST DIRECTOR	1	X						6,750	3,500	0
HERB HERNANDEZ DIRECTOR	1	X						4,750	1,500	0
THOMAS KIMBROUGH DIRECTOR	1	X						4,500	0	0
DAVID KOHLI DIRECTOR	1	X						4,750	0	0
DAVID MICHEL DIRECTOR	1	X						4,750	0	0
CARL MILLER DIRECTOR	1	X						2,000	0	0
SHERRI MILLER DIRECTOR	1	X						4,500	0	0
MARILYN MORAN-TOWNSEND DIRECTOR	1	X						3,250	0	0
WENDY ROBINSON DIRECTOR	1	X						3,500	0	0
CHRISTINE RUPP DIRECTOR	1	X						4,750	0	0
WIL SMITH DIRECTOR	1	X						5,000	3,750	0
SUZANNE EHINGER PVHOS COO	40			X				401,617	0	82,091
JEFFREY FRANCIS PH CFO	1			X				0	244,565	54,389
JUDITH BOERGER PVHOS EMPLOYEE	40				X			300,645	0	42,779
DANIEL GARMAN PVHOS EMPLOYEE	40				X			249,244	0	57,197
JOHN STANFORD PVHOS EMPLOYEE	40					X		347,112	0	12,704
SUBHASH SHARMA PVHOS EMPLOYEE	40					X		235,477	0	30,673
CHARLES CLARK PVHOS EMPLOYEE	40					X		181,546	0	28,517

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TIMOTHY CMELIK PVHOS EMPLOYEE	40					X		174,662	0	18,120
BERNARD NIEZER PVHOS EMPLOYEE	0					X		379,669	0	5,415
DALE WILCOX FORMER PVHOS COO	0						X	230,657	0	0
ROBERT CARLISLE FORMER PH CFO	0						X	0	226,760	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE	622,000	531,200,064	531,200,064	0	0
LAB SERVICES	621,500	18,204,803	18,204,803	0	0
PHARMACY	446,110	5,443,446	5,443,446	0	0
PATHOLOGY TESTS	621,500	640,460	0	640,460	0
WOMEN'S HEALTH CENTER	812,900	207,584	61,931	145,653	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CORPORATE SERVICE ALLOCATION	36,551,774	0	36,551,774	0
BAD DEBT	35,806,958	35,806,958	0	0
PH SUBSIDY	13,699,163	13,699,163	0	0
RESIDENCY SUPPORT-FAMILY ORTHOPAEDICS	3,145,421	3,145,421	0	0
DUES, SUBSCRIPTIONS & MEMBERSHIPS	629,982	331,893	298,089	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization PARKVIEW HOSPITAL INC	Employer identification number 35-0868085
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV	Yes		22,139
	j Total lines 1c through 1i			22,139
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Other lobbying activities	Schedule C, Part II-B, Line 1i	A PORTION OF THE DUES PAID TO THE FOLLOWING ORGANIZATIONS WERE USED FOR LOBBYING ACTIVITIES AMERICAN HOSPITAL ASSOCIATION, INDIANA HOSPITAL AND HEALTH ASSOCIATION, INDIANA ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization PARKVIEW HOSPITAL INC	Employer identification number 35-0868085
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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? <div>YesNo</div>	
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 for any other purpose conferring impermissible private benefit <div>YesNo</div>	

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) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
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, handling of violations, and enforcement of the conservation easements it holds? <div>YesNo</div>
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>
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 <div>▶ \$ _____</div>
	(ii) Assets included in Form 990, Part X <div>▶ \$ _____</div>
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 <div>▶ \$ _____</div>
b	Assets included in Form 990, Part X <div>▶ \$ _____</div>

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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 the 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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	6,627,744		6,627,744
b Buildings	0	225,361,990	134,994,446	90,367,544
c Leasehold improvements	0	8,862,738	2,191,028	6,671,710
d Equipment	0	171,007,007	109,721,904	61,285,103
e Other	0	11,868,004	7,207,337	4,660,667
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				169,612,768

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	0
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	0
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	0

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	0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	0

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	0
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	0

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> 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"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
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)	0	0	17,396,974	0	17,396,974	3 59 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	0	0	63,674,278	35,219,081	28,455,197	5 87 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d Total Charity Care and Means-Tested Government Programs	0	0	81,071,252	35,219,081	45,852,171	9 46 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	4,249,165	493,155	3,756,010	0 77 %
f Health professions education (from Worksheet 5)	0	0	4,851,087	1,394,634	3,456,453	0 71 %
g Subsidized health services (from Worksheet 6)	0	0	15,801,003	635,656	15,165,347	3 13 %
h Research (from Worksheet 7)	0	0	1,659,838	603,733	1,056,105	0 22 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	0	0	2,038,298	137,134	1,901,164	0 39 %
j Total Other Benefits	0	0	28,599,391	3,264,312	25,335,079	5 22 %
k Total. Add lines 7d and 7j	0	0	109,670,643	38,483,393	71,187,250	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	0	0	231,682	0	231,682	0.05 %
2Economic development	0	0	0	0	0	0 %
3Community support	0	0	26,423	0	26,423	0.01 %
4Environmental improvements	0	0	0	0	0	0 %
5Leadership development and training for community members	0	0	0	0	0	0 %
6Coalition building	0	0	0	0	0	0 %
7Community health improvement advocacy	0	0	0	0	0	0 %
8Workforce development	0	0	142,950	0	142,950	0.03 %
9Other	0	0	0	0	0	0 %
10Total	0	0	401,055	0	401,055	0.09 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	13,001,735	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	150,035,139	
6Enter Medicare allowable costs of care relating to payments on line 5	6	195,118,672	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-45,083,533	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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	Yes	

Part IVManagement Companies and Joint Ventures

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

Part V Facility Information

Name and address	Other (Describe)						
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical
							Licensed hospital
PARKVIEW RANDALLIA 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805		X	X		X		X
PARKVIEW NORTH 11115 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845		X			X		X
PARKVIEW BEHAVIORAL HEALTH 1720 BEACON STREET FORT WAYNE, IN 46805							X

Part VI

Supplemental Information

Complete this part to provide the following information

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

PARKVIEW HOSPITAL, INC PROVIDES DISCOUNTED CARE ON UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY

\$13,699,163, ON SCHEDULE H, PART VI, LINE 1, PARKVIEW HOSPITAL, INC INCLUDED \$13,699,163 IN COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES

35806958

PART I, LINE 7A PARKVIEW HOSPITAL, INC IS COMMITTED TO PROVIDE CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS IT IS FURTHERMORE THE POLICY OF PARKVIEW HOSPITAL, INC NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL ABILITY TO PAY HIS/HER MEDICAL EXPENSES THE CHARITY CARE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE CHARITY CARE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7B PARKVIEW HOSPITAL, INC ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7E AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE PART I, LINE 7F AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE 7G AMOUNTS PRESENTED REPRESENT ACTUAL SPEND RELATIVE TO LOSSES SUSTAINED BY PHYSICIAN PRACTICES AND OTHER CLINICAL OPERATIONS AND SERVICES SUBSIDIZED LOSSES EXCLUDE BAD DEBT AND REFLECT ASSISTANCE REQUIRED TO SUPPORT THE OPERATIONS OF THE VARIOUS OFFICES, CLINICS AND SERVICES, SUCH AS EMS/AMBULANCE SERVICES, BEYOND CASH COLLECTIONS AND OPERATING EXPENSES AND ARE PROVIDED TO SUSTAIN SERVICES IN THESE FACILITIES AND MEET THE NEEDS OF OUR MISSION TO OUR COMMUNITIES PART I, LINE 7H AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO SUPPORT THE RESEARCH CONDUCTED BY THE PARKVIEW RESEARCH CENTER SPEND IS BASED ON THE OPERATING EXPENSES ASSOCIATED WITH RESEARCH ACTIVITIES OVER AND ABOVE GRANTS AND OTHER REVENUE RECEIVED BY THE CENTER PART I, LINE 7I IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HOSPITAL, INC CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR BAD DEBTS BASED UPON THESE INDICATORS AND ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING AND CONSIDERING HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY AND AGING THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBT AND TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR BAD DEBTS IN ADDITION, PH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES COSTING METHODOLOGY USED UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HOSPITAL, INC THE BAD DEBT EXPENSE REPORTED ON LINE 2 IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR CHARITY THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY AND ALL COLLECTION EFFORTS CEASE PARKVIEW HOSPITAL, INC PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER THINGS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF AT-RISK POPULATIONS IN ADDITION, PARKVIEW HOSPITAL, INC PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE DUE TO INADEQUATE RESOURCES OR WHO ARE UNINSURED OR UNDERINSURED

SUBSTANTIAL SHORTFALLS ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT PARKVIEW HOSPITAL, INC ACCEPTS ALL MEDICARE AND MEDICARE ADVANTAGE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY HOWEVER, MEDICARE AND MEDICARE ADVANTAGE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT " IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL AS A RESULT, PARKVIEW HOSPITAL, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE AND MEDICARE ADVANTAGE SHORTFALLS AS PART OF THE COMMUNITY BENEFIT REPORT THAT IS SUBMITTED TO THE STATE OF INDIANA

THE LAST PARAGRAPH OF THE PAYMENT POLICY STATES " FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL THOSE OPTIONS ARE WELFARE ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL CHARITY PROGRAM (SEE CHARITY CARE POLICY) PATIENTS WILL BE INSTRUCTED TO CONTACT A COUNSELOR TO DISCUSS THE AVAILABLE OPTIONS " ADDITIONALLY, THERE IS AN ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY AND THE NEED FOR PROVIDING CHARITY CARE APPLICATIONS TO PATIENTS IF A PATIENT MAY BE ELIGIBLE FOR MEDICAID, THE HOSPITAL PROVIDES A SERVICE TO OUR PATIENTS THAT HELPS THEM APPLY FOR MEDICAID WITH THE STATE IN WHICH THEY RESIDE IF A PATIENT IS APPROVED FOR CHARITY CARE, THEIR ACCOUNT IS WRITTEN OFF AND COLLECTION EFFORTS CEASE

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

PARKVIEW HOSPITAL, INC COLLABORATED AS A FUNDING PARTNER WITH THE ST JOSEPH COMMUNITY HEALTH FOUNDATION, THE LUTHERAN FOUNDATION, AND THE FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH TO FACILITATE THE 2006 ALLEN COUNTY, INDIANA LOW-INCOME HEALTH SURVEY PROFESSIONAL RESEARCH CONSULTANTS, A NATIONAL HEALTHCARE RESEARCH FIRM, WAS ENGAGED TO CONDUCT THE STUDY THIS LOW-INCOME COMMUNITY HEALTH ASSESSMENT WAS UNDERTAKEN TO BETTER UNDERSTAND THE HEALTH STATUS, RISKS, AND BEHAVIORS OF ALLEN COUNTY ADULTS AND FAMILIES, WHO, BECAUSE OF LOWER SOCIO-ECONOMIC STATUS, MAY FACE GREATER BARRIERS TO ACCESSING HEALTH CARE SERVICES THE STUDY FOCUSES ON THOSE WHOSE HOUSEHOLD INCOME WAS UP TO 200% OF THE FEDERAL POVERTY LEVEL THIS SURVEY WAS INITIATED AS A PROJECT OF THE HEALTHCARE ACCESS PROGRAM (HAP) THE MISSION OF HAP IS TO CONVENE LOCAL LOW-COST, NO-COST HEALTHCARE PROVIDERS TO SERVE AS A CENTER OF EXCELLENCE IN ORGANIZING AND ADMINISTERING PROGRAMS THAT INCREASE QUALITY AND EFFICIENCY, AND REDUCE THE COST OF HEALTHCARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF ALLEN COUNTY, INDIANA PARTICIPANTS OF HAP INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS, FORT WAYNE MEDICAL EDUCATION PROGRAM, FORT WAYNE-ALLEN COUNTY DEPARTMENT OF HEALTH, PARKVIEW HEALTH, LUTHERAN HEALTH NETWORK, ST JOSEPH COMMUNITY HEALTH FOUNDATION, AND THE FORT WAYNE MEDICAL SOCIETY THIS PROJECT REPRESENTS A STEP IN THE LONG-TERM VISION OF IMPROVING THE HEALTH AND WELLNESS OF LOW-INCOME RESIDENTS IN ALLEN COUNTY INTERVIEWS WERE RANDOMLY CONDUCTED WITH 454 LOW-INCOME RESIDENTS AGE 18 AND OVER IN THE FOLLOWING ZIP CODES IN ALLEN COUNTY, INDIANA 46802, 46803, 46805, 46806, 46807, 46808, AND 46816 THE SURVEY RESULTS REPRESENT A MAXIMUM ERROR RATE OF PLUS OR MINUS 4.6% AT THE 95 PERCENT LEVEL OF CONFIDENCE A MINIMUM OF 100 SURVEYS WERE COMPLETED FOR BOTH AFRICAN-AMERICAN AND FOR HISPANIC RESPONDENTS A TELEPHONE INTERVIEW METHODOLOGY WAS EMPLOYED THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND RECOGNIZED HEALTH ISSUES THE DATA WAS COMPARED TO NATIONAL BENCHMARKS, HEALTHY PEOPLE 2010 GOALS, AND SOME STATE INDICATORS THE COMPLETE REPORT CAN BE ACCESSED THROUGH PROFESSIONAL RESEARCH CONSULTANTS DATA PORTAL AT WWW.PRC.EASYVIEW.COM THE RESULTS WERE ALSO DISSEMINATED TO THE PUBLIC DURING SEVERAL COMMUNITY HEALTH PRESENTATIONS CONDUCTED DURING THE SPRING OF 2007 THE PURPOSE OF THE PRESENTATIONS WAS TO CALL ATTENTION TO THIS COMMUNITY HEALTH STATUS RESEARCH AND TO GENERATE INTEREST AMONG COMMUNITY ORGANIZATIONS AND COMMUNITY LEADERS WHO PLAY A ROLE IN COMMUNITY HEALTH IMPROVEMENT IN CONJUNCTION WITH PARKVIEW HEALTH SYSTEM, INC , PARKVIEW HOSPITAL, INC PARTICIPATED IN A COMMUNITY HEALTH ASSESSMENT IN LATE 2007 PROFESSIONAL RESEARCH CONSULTANTS, INC OF OMAHA, NEBRASKA, WAS ENGAGED TO CONDUCT THE SURVEY AND TO PROVIDE AN EVALUATION OF THE STUDY THE SURVEY SAMPLE INCLUDED 1,400 RESIDENTS AGE 18 AND OLDER OF ALLEN, HUNTINGTON, LAGRANGE, NOBLE, AND WHITLEY COUNTIES A TELEPHONE INTERVIEW METHODOLOGY WAS EMPLOYED THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND RECOGNIZED HEALTH ISSUES THE DATA WAS COMPARED TO NATIONAL BENCHMARKS, HEALTHY PEOPLE 2010 GOALS, AND SOME STATE INDICATORS THE COMPLETE REPORT CAN BE ACCESSED ON-LINE AT WWW.PRC.EASYVIEW.COM THE INFORMATION FROM BOTH OF THESE SURVEYS WILL BE A VALUABLE TOOL AS WE SEEK AND PRIORITIZE OPPORTUNITIES TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE AND AS WE IDENTIFY OPPORTUNITIES FOR COLLABORATION AMONG COMMUNITY ORGANIZATIONS AND LEADERS PARKVIEW HOSPITAL, INC REPRESENTATIVES HAVE RELATIONSHIPS THROUGH OUT THE COMMUNITY AND MEET REGULARLY WITH VARIOUS ORGANIZATIONS THAT SHARE PARKVIEW HOSPITAL, INC'S MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES THAT WE SERVE INCLUDING THE ALLEN COUNTY BOARD OF HEALTH

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

HOW THE ORGANIZATION INFORMS PATIENTS OF THEIR ABILITY TO APPLY FOR CHARITY CARE -AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF NORMAL BUSINESS HOURS -SIGNAGE IN THE EMERGENCY DEPARTMENT AND CASHIER AREAS INFORMS THE PATIENT OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE -THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL THE PATIENT ACCOUNTING CALL CENTER COLLECTORS SCREEN AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -THE ONLINE ACCOUNT MANAGER OF PARKVIEW HOSPITAL, INC 'S WEBSITE (WWW.PARKVIEW.COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY -ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS THE FINANCIAL COUNSELORS PROVIDE PAYMENT OPTIONS INCLUDING SCREENING FOR FREE CARE AND PROVIDE THE PATIENT WITH FREE CARE APPLICATIONS -OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THE PATIENT WILL BE SCREENED FOR FREE CARE AND PROVIDED WITH AN APPLICATION TO APPLY FOR FREE CARE -IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR INABILITY TO PAY

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

PARKVIEW HOSPITAL, INC PRIMARILY SERVES THE ALLEN COUNTY COMMUNITY AS A REGIONAL HOSPITAL AND A LEVEL II TRAUMA CENTER, PARKVIEW HOSPITAL, INC ALSO SERVES SURROUNDING COMMUNITIES TO SOME EXTENT ALLEN COUNTY IS THE URBAN AREA THAT RESIDES IN PARKVIEW HEALTH'S SERVICE AREA BASED ON 2009 DATA, THE POPULATION OF THE COUNTY IS APPROXIMATELY 353,888, OF WHICH 72% OF THE POPULATION INHABITS THE CITY OF FORT WAYNE NEW HAVEN IS THE LARGEST TOWN AND ACCOUNTS FOR 3.9% OF THE ALLEN COUNTY POPULATION IN 2008, APPROXIMATELY 11.5% OF THE POPULATION WAS REPORTED BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$34,652 AND THE MEDIAN HOUSEHOLD INCOME WAS \$49,110 AS OF JUNE 2010, UNEMPLOYMENT STOOD AT 10.4% ACCORDING TO THE JANUARY 2009 FEDERAL REPORT, THE SOUTH SIDE SERVICE AREA OF FORT WAYNE WAS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) TWENTY-TWO PERCENT OF PARKVIEW HOSPITAL, INC 'S PATIENTS ARE MEDICAID WHILE 5% ARE SELF-PAY IN 2007, AN ESTIMATED 13.8% OF ALLEN COUNTY RESIDENTS UNDER AGE 65 WERE UNINSURED ACCORDING TO THE DECEMBER 2009 INDIANA HEALTH COVERAGE PROGRAM ENROLLMENT DATA, 15.7% OF ALLEN COUNTY RESIDENTS ARE ENROLLED IN MEDICAID

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

PARKVIEW HOSPITAL, INC HAS A STRONG COMMITMENT TO THE VITALITY OF THE LOCAL COMMUNITY AND TO THE NORTHEAST INDIANA REGION AND INVESTS IN ENHANCING VARIOUS ASPECTS OF THE COMMUNITY THAT HELP TO IMPROVE THE HEALTH OF THE COMMUNITY PHYSICAL IMPROVEMENTS AND HOUSING PARKVIEW HOSPITAL, INC REPORTED SEVERAL PHYSICAL IMPROVEMENTS THAT PROMOTE NEIGHBORHOOD REVITALIZATION, I.E , RENOVATIONS AT A NEARBY BRANCH OF THE ALLEN COUNTY PUBLIC LIBRARY, AND ENHANCE THE INFRASTRUCTURE FOR PHYSICAL ACTIVITY, I.E , THE SLEN TRAIL PROJECT THE HOSPITAL ALSO HAS A LONG-TERM INVESTMENT IN AN ON-GOING SEWER IMPROVEMENT PROJECT COMMUNITY SUPPORT RELATED TO ECONOMIC DEVELOPMENT AND COMMUNITY OUTREACH, THE HOSPITAL ALSO PARTNERED WITH THE FORT WAYNE CIVIC THEATRE TO PROVIDE DIVERSITY EDUCATION TO THE COMMUNITY AND TO MAKE THEATRE TICKETS AVAILABLE TO THOSE THAT MAY NOT HAVE THE OPPORTUNITY TO ATTEND WORKFORCE DEVELOPMENT IN ADDITION, PARKVIEW HOSPITAL, INC SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY THESE RECRUITMENT ACTIVITIES ARE BASED ON RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT PARKVIEW HOSPITAL, INC DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE

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.) PARKVIEW HOSPITAL, INC'S BOARD OF DIRECTORS IS COMPOSED OF MEMBERS, OF WHICH SUBSTANTIALLY ALL ARE INDEPENDENT COMMUNITY MEMBERS A MAJORITY OF THE BOARD RESIDES IN PARKVIEW HOSPITAL, INC'S PRIMARY SERVICE AREA PARKVIEW HOSPITAL, INC ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON PARKVIEW HOSPITAL, INC TO BE STANDING BY WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY PARKVIEW HOSPITAL, INC'S EMERGENCY DEPARTMENT ALSO CONNECTS CRITICALLY ILL OR INJURED PATIENTS WITH THE SPECIALIZED CARE THEY NEED - THROUGH ACCESS TO THE REGION'S FIRST VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, ACCREDITED CHEST PAIN CENTER AND THE CERTIFIED PARKVIEW STANLEY WISSMAN STROKE CENTER PATIENTS RECEIVING EMERGENCY CARE AT PARKVIEW HOSPITAL, INC MAY ALSO SEE SPECIALISTS IN ORTHOPAEDICS, NEUROSURGERY, PLASTIC SURGERY AND MANY MORE BECAUSE THE FIRST HOUR AFTER AN EMERGENCY IS THE MOST CRITICAL, PARKVIEW HOSPITAL, INC ESTABLISHED THE SAMARITAN FLIGHT PROGRAM FOR RAPID AIR TRANSPORT THE TWO SAMARITAN HELICOPTERS ARE AVAILABLE FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TRAINED CREW AND ADVANCED ON-BOARD TRAUMA TECHNOLOGY ADDITIONALLY, DATA OBTAINED THROUGH PERIODIC COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND TRENDS AND TREATMENT ANALYSIS IS UTILIZED IN THE ORGANIZATION'S STRATEGIC PLANNING PROCESS IN IDENTIFYING COMMUNITY HEALTH NEEDS AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, PARKVIEW HOSPITAL, INC HAS ESTABLISHED SEVERAL PRIORITY AREAS THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HOSPITAL, INC'S MISSION, VISION, AND GOALS, AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HOSPITAL UNDERTAKES PRIORITY AREAS INCLUDE THE FOLLOWING PRIMARY HEALTH CARE/ACCESS TO HEALTH CARE -ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY-EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE -CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED -PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR -PROMOTION OF HEALTH CAREERS, PARTICULARLY THOSE IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTH CARE PROFESSIONALS -SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED HEALTH SCREENING AND PREVENTION -CANCER SCREENING PROGRAMS PARTICULARLY MAMMOGRAM, COLORECTAL, AND PROSTATE SCREENING -TOBACCO CESSATION PROGRAMS -INJURY PREVENTION FOR YOUNG PEOPLE - EDUCATION, SCREENING AND PREVENTION OF SEXUALLY TRANSMITTED DISEASES -DIABETES EDUCATION AND SCREENING -CARDIOVASCULAR DISEASE EDUCATION AND SCREENING -PNEUMONIA VACCINATIONS FOR INDIVIDUALS AGE 65 AND OLDER -PROGRAMS TO REDUCE DANGEROUS DRIVING DISEASE MANAGEMENT -CARDIOVASCULAR DISEASE -CANCER -MENTAL ILLNESSES -TRAUMA AND ORTHOPAEDIC AILMENTS -WOMEN AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON CHILDREN'S ASTHMA -DIABETES AND OBESITY FOR HEALTH INNOVATION, EDUCATION, AND RESEARCH AND DEVELOPMENT THIS AREA CONCENTRATES ON OPPORTUNITIES FOR -ENHANCING HEALTH CARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY -PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY PARKVIEW HOSPITAL, INC ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT EFFORTS THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS THESE FUNDS ARE ALSO USED TO SUPPORT A PORTION OF PARKVIEW HOSPITAL, INC'S COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE PARKVIEW HOSPITAL, INC PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR OTHER PARKVIEW HOSPITAL, INC OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDUCATION AND TRAUMA PREVENTION SOME LOCAL HEALTH PARTNERS THAT ADDRESS ACCESS TO HEALTH CARE INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, SUPER SHOT, CANI COVERING KIDS AND FAMILIES, AND CANCER SERVICES OF NORTHEAST INDIANA IN ADDITION, PARKVIEW HOSPITAL, INC PROVIDES FUNDING TO THREE LOCAL ORGANIZATIONS THAT PROVIDES MEDICAL TRANSPORTATION THROUGHOUT THE COMMUNITY A COMMITTEE OF COMMUNITY LEADERS, MADE UP OF MEMBERS OF THE PARKVIEW HOSPITAL, INC BOARD, AS WELL AS REPRESENTATION FROM THE PARKVIEW HOSPITAL, INC STAFF, MEET REGULARLY TO ESTABLISH OR AFFIRM FUNDING PRIORITIES FOR PARKVIEW HOSPITAL, INC'S COMMUNITY HEALTH IMPROVEMENT PROGRAM PARKVIEW HOSPITAL, INC PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS IN DEVELOPING AND IMPLEMENTING HEALTH INITIATIVES PARKVIEW HOSPITAL, INC IS DEDICATED TO THE INVESTMENT OF TIME AND RESOURCES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH OF THE COMMUNITY OUR GOAL IS TO UTILIZE BEST PRACTICES AND INNOVATIVE METHODS TO IMPROVE THE HEALTH OF THE COMMUNITY, PARTICULARLY FOR THE UNDERSERVED PARKVIEW RESEARCH CENTER PROVIDES CLINICAL RESEARCH SERVICES TO PARKVIEW HEALTH SYSTEM, INC PHYSICIANS AND HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE, AND CRITICAL CARE IN AN EFFORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC CURRENTLY UNDER CONSTRUCTION, THE PARKVIEW REGIONAL MEDICAL CENTER ON THE PARKVIEW HOSPITAL, INC NORTH CAMPUS REPRESENTS A SIGNIFICANT INVESTMENT IN THE LOCAL COMMUNITY AND THE NORTHEAST INDIANA REGION THE CENTER WILL BLEND THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE AND PROVIDE GREATER ACCESS TO HEALTH CARE FOR THE ENTIRE REGION THE PARKVIEW HOSPITAL, INC CAMPUS LOCATED IN NORTH CENTRAL FORT WAYNE WILL RECEIVE A FACELIFT REMAINING A VITAL PART OF THE LOCAL NEIGHBORHOOD

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

PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTH CARE SYSTEM SERVING NORTHEAST INDIANA, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , WHITLEY MEMORIAL HOSPITAL, INC AND HUNTINGTON MEMORIAL HOSPITAL, INC AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC PARKVIEW CONTRIBUTES TO THE SUCCESS OF NORTHEAST INDIANA BY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND THROUGH SUPPORTING LOCAL BUSINESSES AND ACTIVITIES PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, COMMUNITIES, PHYSICIANS, AND CO-WORKERS PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS BUT ALSO IN PROVIDING A WORKPLACE THAT IS SECOND TO NONE FOR ITS PHYSICIANS, NURSES AND STAFF PARKVIEW'S MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US, AND WE WILL WORK TO IMPROVE THE HEALTH OF OUR COMMUNITIES PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTH CARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING

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

IN

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
35-0868085

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" to 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 ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

29

3

Enter total number of other organizations

0

Software ID: 09000329
Software Version: v2009.2.0
EIN: 35-0868085
Name: PARKVIEW HOSPITAL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MATTHEW 25 HEALTH CLINIC413 E JEFFERSON BLVD FORT WAYNE,IN 46805	35-1484951	501(C)(3)	517,866	0	N/A	N/A	OPERATIONS, PROGRAMS, LABS
NEIGHBORHOOD HEALTH CLINIC1717 S CALHOUN STREET FORT WAYNE,IN 46802	35-1922483	501(C)(3)	127,000	0	N/A	N/A	SUBSIDIZED MEDICAL CARE
CANCER SERVICES OF NORTHEAST IN2925 E STATE BLVD FORT WAYNE,IN 46805	35-0965609	501(C)(3)	63,000	0	N/A	N/A	ASSISTANCE FOR CANCER PATIENTS
FORT WAYNE SEXUAL ASSAULT TREATMENT CENTER800 BROADWAY SUITE 215 FORT WAYNE,IN 46802	35-1943648	501(C)(3)	50,000	0	N/A	N/A	OPERATIONS
COMMUNITY TRANSPORTATION NETWORKPO BOX 13371 FORT WAYNE,IN 46802	35-2109955	501(C)(3)	35,000	0	N/A	N/A	MEDICAL TRANSPORTATION
AMERICAN HEART ASSOCIATION6100 W 96TH STREET INDIANAPOLIS,IN 46278	13-5613797	501(C)(3)	30,000	0	N/A	N/A	SPONSORSHIP
FORT WAYNE AFRICAN AMERICAN CANCER ALLIANCE2700 S LAFAYETTE STREET FORT WAYNE,IN 46806	47-0952505	501(C)(3)	30,000	0	N/A	N/A	CANCER PREVENTION CLINIC
MIDWEST ALLIANCE FOR HEALTH EDUCATION1819 CAREW FORT WAYNE,IN 46805	35-1637515	501(C)(3)	29,000	0	N/A	N/A	RESEARCH PROJECTS AND INTERNSHIPS
TURNSTONE CENTER FOR DISABLED CHILDREN3320 N CLINTON FORT WAYNE,IN 46805	35-0913541	501(C)(3)	26,000	0	N/A	N/A	FITNESS AND WELLNESS PROGRAM
ALLEN COUNTY PUBLIC LIBRARY FOUNDATION900 LIBRARY PLAZA FORT WAYNE,IN 46802	31-1121023	501(C)(3)	25,000	0	N/A	N/A	TECUMSEH BRANCH PLAZA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FORT 4 FITNESSPO BOX 9007 FORT WAYNE,IN 46899	26-1936423	501(C)(3)	25,000	0	N/A	N/A	HEALTH AND WELLNESS
IPFW2101 E COLISEUM BLVD FORT WAYNE,IN 46805	35-6002041	509(A)	25,000	0	N/A	N/A	SPONSORSHIP - TAPESTRY
FORT WAYNE CIVIC THEATRE303 EAST MAIN STREET FORT WAYNE,IN 46802	35-6001476	501(C)(3)	21,000	0	N/A	N/A	SPONSORSHIP
VERA BRADLEY FOUNDATION FOR BREAST CANCERPO BOX 80201 FORT WAYNE,IN 46898	35-2058177	501(C)(3)	17,500	0	N/A	N/A	SPONSORSHIP OF RESEARCH EVENT
ASSOCIATED CHURCHES OF FORT WAYNE AND ALLEN COUNTY602 E WAYNE STREET FORT WAYNE,IN 46802	35-0905944	501(C)(3)	16,500	0	N/A	N/A	BABY'S CLOSET PROGRAM
AIDS TASK FORCE525 OXFORD STREET FORT WAYNE,IN 46806	31-1191147	501(C)(3)	16,000	0	N/A	N/A	OPERATIONS AND PREVENTION EDUCATION
BLESSINGS IN A BACKPACK111 E WAYNE STREET FORT WAYNE,IN 46802	26-2627847	501(C)(3)	13,500	0	N/A	N/A	SPONSORSHIP OF EVENT
SUPER SHOT INC709 CLAY STREET SUITE 300 FORT WAYNE,IN 46802	35-2122575	501(C)(3)	12,500	0	N/A	N/A	IMMUNIZATION CLINIC
FORT WAYNE URBAN LEAGUE2135 S HANNA FORT WAYNE,IN 46803	35-0869052	501(C)(3)	11,500	0	N/A	N/A	SPONSORSHIP OF EVENT
IU SCHOOL OF MEDICINE - FORT WAYNEC/O INDIANA UNIVERSITY FOUNDATION INDIANAPOLIS,IN 46266	35-6018940	501(C)(3)	11,500	0	N/A	N/A	SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY PERFORMING ARTS FOUNDATIONPO BOX 10394 FORT WAYNE,IN 46825	35-2110907	501(C)(3)	11,000	0	N/A	N/A	SPONSORSHIP OF EVENT
CORE5712 LANCASHIRE COURT FORT WAYNE,IN 46825	30-0526171	501(C)(3)	10,000	0	N/A	N/A	CURRICULUM, OPPORTUNITIES AND RESOURCES FOR EDUCATORS
JUNIOR ACHIEVEMENT601 NOBLE DRIVE FORT WAYNE,IN 46825	35-0922731	501(C)(3)	10,000	0	N/A	N/A	SPONSORSHIP - LINCOLN FINANCE PARK PROGRAM
LIONS CLUB INTERNATIONALC/O SHO AFF PARK LIONS 5209 ROSEBURY DRIVE FORT WAYNE,IN 46835	35-1978468	501(C)(3)	10,000	0	N/A	N/A	VISION MACHINE
BOYS AND GIRLS CLUB OF FORT WAYNE2609 FAIRFIELD AVENUE FORT WAYNE,IN 46807	35-1778767	501(C)(3)	9,000	0	N/A	N/A	NUTRITION AND FITNESS PROGRAM
ERINS HOUSE FOR GRIEVING CHILDREN INC 3811 ILLINOIS ROAD SUITE 205 FORT WAYNE,IN 46804	35-1884264	501(C)(3)	9,000	0	N/A	N/A	GRIEF SUPPORT PROGRAMS
FRANCINES FRIENDS709 CLAY STREET FORT WAYNE,IN 46802	35-3730516	501(C)(3)	34,623	0	N/A	N/A	MOBILE MAMMOGRAPHY PROGRAM
AMERICAN CANCER SOCIETY111 E LUDWIG ROAD FORT WAYNE,IN 46825	38-1387120	501(C)(3)	7,000	0	N/A	N/A	SPONSORSHIP OF EVENT
HEALTHIER MOMS AND BABIES700 BROADWAY FORT WAYNE,IN 46802	35-6049685	501(C)(3)	5,300	0	N/A	N/A	SAFE SLEEP EDUCATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization PARKVIEW HOSPITAL INC	Employer identification number 35-0868085
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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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
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?	Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
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 only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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	Yes	
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SUZANNE EHINGER	(i)	300,385	82,464	18,768	60,777	21,314	483,708	0
	(ii)	0	0	0	0	0	0	0
JOHN STANFORD	(i)	278,726	62,099	6,287	4,900	7,804	359,816	0
	(ii)	0	0	0	0	0	0	0
JUDITH BOERGER	(i)	227,368	62,411	10,866	29,703	13,076	343,424	6,510
	(ii)	0	0	0	0	0	0	0
DANIEL GARMAN	(i)	196,733	40,590	11,921	37,476	19,721	306,441	8,958
	(ii)	0	0	0	0	0	0	0
SUBHASH SHARMA	(i)	223,761	10,528	1,188	24,306	6,367	266,150	0
	(ii)	0	0	0	0	0	0	0
CHARLES CLARK	(i)	152,566	27,849	1,131	15,930	12,587	210,063	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY CMELIK	(i)	157,121	17,265	276	1,846	16,274	192,782	0
	(ii)	0	0	0	0	0	0	0
BERNARD NIEZER	(i)	9,286	45,648	324,735	0	5,415	385,084	20,733
	(ii)	0	0	0	0	0	0	0
DALE WILCOX	(i)	0	0	230,657	0	0	230,657	230,657
	(ii)	0	0	0	0	0	0	0
MICHAEL PACKNETT	(i)	0	0	0	0	0	0	0
	(ii)	620,803	220,764	2,838	141,363	15,263	1,001,031	0
JEFFREY FRANCIS	(i)	0	0	0	0	0	0	0
	(ii)	194,899	37,125	12,541	34,323	20,066	298,954	4,630
ROBERT CARLISLE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	226,760	0	0	226,760	226,760
THOMAS BOND	(i)	0	0	0	0	0	0	0
	(ii)	258,371	14,065	475	20,914	16,589	310,414	0

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.

Identifier	Return Reference	Explanation
Personal services	Schedule J, Part I, Line 1a	PERSONAL SERVICES TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO SUZANNE EHINGER \$750, DANIEL GARMAN \$135
Severance or change-of-control payment	Schedule J, Part I, Line 4a	BERNARD NIEZER \$178,209
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JEFFREY FRANCIS \$4,630, JUDITH BOERGER \$6,510, DANIEL GARMAN \$8,958, BERNARD NIEZER \$133,708, DALE WILCOX \$230,657, ROBERT CARLISLE \$226,760 PARTICIPANTS DEFERRED - MICHAEL PACKNETT \$129,413, SUZANNE EHINGER \$36,818, JEFFREY FRANCIS \$23,600, JUDITH BOERGER \$26,635, DANIEL GARMAN \$23,330, CHARLES CLARK \$15,930
Non-fixed payments	Schedule J, Part I, Line 7	PART I, LINE 7 NON-FIXED PAYMENTS 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 M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>WHEELCHAIR</u>)	X	22	38,231	COST OR SELLING PRICE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	<p>DURING 2009 SEVERAL CHANGES WERE MADE TO THE BYLAWS OF PARKVIEW HOSPITAL, INC AND ARE AS FOLLOWS ARTICLE I, SECTION 2 IS AS FOLLOWS PARKVIEW HOSPITAL, AS AN AFFILIATE OF PARKVIEW HEALTH SYSTEM, WILL PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND WE WILL WORK TO IMPROVE THE HEALTH OF OUR COMMUNITIES ARTICLE V, SECTION 2 IS AS FOLLOWS THE BOARD SHALL BE COMPOSED OF NO MORE THAN EIGHTEEN (18) DIRECTORS, INCLUDING THE FOLLOWING EX OFFICIO DIRECTORS CHIEF OPERATING OFFICER OF THE CORPORATION, THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF PARKVIEW HEALTH SYSTEM, INC OR THE DESIGNATED VICE PRESIDENT OF THE CORPORATE MEMBER, THE PRESIDENT OF THE MEDICAL STAFF, THE IMMEDIATE PAST PRESIDENT OF THE MEDICAL STAFF, PRESIDENT-ELECT OF THE MEDICAL STAFF, AND THE SUPERINTENDENT OF THE FORT WAYNE DISTRICT OF THE UNITED METHODIST CHURCH THE REMAINING APPOINTED DIRECTORS SHALL BE SELECTED FROM AMONG PERSONS WHO ARE RESIDENTS OF THE SERVICE AREA OF THE CORPORATION AND WHO HAVE DEMONSTRATED THEIR ABILITY TO PARTICIPATE EFFECTIVELY IN THE DISCHARGE OF CORPORATE RESPONSIBILITIES AND WHO ARE ABLE AND WILLING TO SERVE AND WHO SATISFY THE CRITERIA FOR BOARD PARTICIPATION IN ADDITION TO THE SUPERINTENDENT OF THE FORT WAYNE DISTRICT OF THE UNITED METHODIST CHURCH, AT LEAST ONE NON-EX OFFICIO DIRECTOR SHALL BE AFFILIATED WITH THE UNITED METHODIST CHURCH CONSIDERATION SHOULD BE GIVEN TO PROMOTE DIVERSITY ON THE BOARD OF DIRECTORS THE BOARD SHALL CONDUCT AN ORIENTATION SESSION FOR ALL NEW DIRECTORS AND CONTINUING EDUCATION SESSIONS REGARDING CURRENT TOPICS IN HEALTH CARE (INCLUDING MECHANISMS FOR DESIGNING, MEASURING, ASSESSING AND IMPROVING HOSPITAL PERFORMANCE) TO ASSIST ALL DIRECTORS IN THE DISCHARGE OF THEIR DUTIES IT SHALL BE THE DUTY OF DIRECTORS TO ATTEND REGULAR, SPECIAL AND ANNUAL MEETINGS THE FOLLOWING SECTION WAS REMOVED FROM ARTICLE V THE BOARD SHALL HAVE THE AUTHORITY TO APPOINT A MINIMUM OF ONE (1) AND A MAXIMUM OF THREE (3) OF ITS BOARD MEMBERS TO THE CORPORATE MEMBER'S BOARD OF DIRECTORS THE BOARD'S OPPORTUNITY TO APPOINT SAID INDIVIDUAL(S) SHALL BE CONSISTENT IN TIME WITH THE ANNUAL APPOINTMENT OF THE CORPORATE MEMBER'S BOARD OF DIRECTORS THE APPOINTMENT BY THE BOARD OF ANY INDIVIDUAL PURSUANT TO THIS PARAGRAPH SHALL IN NO WAY AFFECT THE CAPACITY OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF PARKVIEW HEALTH SYSTEM, INC AS A MEMBER OF THE BOARD PURSUANT TO ARTICLE VI, SECTION 2 HEREOF AND AS A MEMBER OF THE CORPORATE MEMBER'S BOARD OF DIRECTORS PURSUANT TO THE BYLAWS OF PARKVIEW HEALTH SYSTEM, INC THIS PROVISION SHALL EXPIRE FEBRUARY 3, 2004 THE FOLLOWING SECTION WAS ADDED TO ARTICLE V WHEN PERFORMING A FUNCTION OUTLINED IN THESE BYLAWS, IF ANY DIRECTOR HAS OR REASONABLY COULD BE PERCEIVED AS HAVING A CONFLICT OF INTEREST OR BIAS IN ANY WAY INVOLVING A PERCEIVED OR ACTUAL COMPETITIVE BUSINESS OR PERSONAL MATTER, THEN THE INDIVIDUAL WITH A CONFLICT SHALL NOT PARTICIPATE IN THE DISCUSSION OR VOTE ON THE ISSUE BEFORE THE BOARD AND SHALL BE EXCUSED FROM ANY MEETING DURING THAT TIME HOWEVER, THE INDIVIDUAL MAY BE ASKED, AND MAY ANSWER, ANY QUESTIONS CONCERNING THE MATTER BEFORE LEAVING WHERE THE CHAIR OF THE BOARD OF DIRECTORS IDENTIFIES A DIRECTOR WITH A CONFLICT OF INTEREST THAT IS PERVASIVE, SUCH THAT A DIRECTOR'S PERSONAL OR ECONOMIC INTERESTS CONFLICT WITH MANY ISSUES OR MATTERS THAT MAY BE CONSIDERED BY THE BOARD OF DIRECTORS, THEN THE CHAIR SHALL BRING THIS ISSUE BEFORE THE BOARD OF DIRECTORS FOR A DECISION BY THE BOARD AS TO WHETHER THE DIRECTOR'S CONFLICT REQUIRES HIS OR HER REMOVAL FROM THE BOARD OF DIRECTORS A PERVASIVE CONFLICT OF INTEREST IS DISTINGUISHED FROM A SITUATIONAL CONFLICT OF INTEREST IN THE CASE OF A SITUATIONAL CONFLICT OF INTEREST, THE PERCEIVED OR ACTUAL CONFLICT OF INTEREST IS LIMITED TO AN ISSUE OR MATTER THAT IS NOT OF SIGNIFICANT CONSEQUENCE TO THE OVERALL OPERATION OF THE HOSPITAL OR THE BOARD OF DIRECTORS IN THESE ISOLATED SITUATIONS, THE DIRECTOR WOULD RECUSE HIM OR HERSELF FROM THE MEETING AND/OR DURING THE DISCUSSION AND VOTE ON THE ISSUE OR MATTER THAT CREATES THE CONFLICT OF INTEREST A PERVASIVE CONFLICT OF INTEREST SHALL BE GROUNDS FOR REMOVAL OF SUCH DIRECTOR, AND IS DISTINGUISHED BY ITS CHRONIC NATURE AND SIGNIFICANT IMPACT ON THE DECISION-MAKING OF THE BOARD THE CHANGED PORTION AS NOW FINALIZED, OF ARTICLE VIII, SECTION 4 IS AS FOLLOWS THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE OFFICERS OF THE BOARD, THE CHIEF OPERATING OFFICER OF THE CORPORATION, THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF PARKVIEW HEALTH SYSTEM, INC, THE IMMEDIATE PAST CHAIR OF THE BOARD, THE CURRENT PRESIDENT OF THE MEDICAL STAFF, AND SUCH OTHER PERSONS AS IDENTIFIED BY THE CHAIR THE CHANGED PORTION AS NOW FINALIZED, OF ARTICLE VIII, SECTION 5 IS AS FOLLOWS THE QUALITY COMMITTEE SHALL BE COMPRISED OF THE CHIEF MEDICAL OFFICER, THE PRESIDENT-ELECT OF THE MEDICAL STAFF, AND THE CHIEF OPERATING OFFICER OF THE CORPORATION, THE PARKVIEW HEALTH CHIEF QUALITY & SAFETY OFFICER, OR A DESIGNEE OF THESE INDIVIDUALS, AND AT LEAST TWO ADDITIONAL BOARD MEMBERS, AND ADDITIONAL MEMBERS AS DESIGNATED BY THE BOARD CHAIR</p>

lasses of members or stockholders Form 990, Part VI, Section A, Line 6 THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, PARKVIEW HEALTH SYSTEM, INC EIN 35-1972384 IS THE SOLE MEMBER OF PARKVIEW HOSPITAL, INC WITH CERTAIN RESERVED POWERS Members or stockholders electing members of governing body Form 990, Part VI, Section A, Line 7a THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFILIATES AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) UPON RECOMMENDATIONS OF THE CORPORATION, THE CORPORATE MEMBER SHALL APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS BY THE CORPORATION AND ITS AFFILIATES, AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILIATES, (F) APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION AND ITS AFFILIATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRANGEMENTS, OR BUDGETS ANY ASSET TRANSFER OR CAPITAL CONTRIBUTION FROM THE CORPORATION SHALL BE SUBJECT TO ANY AND ALL RESTRICTIONS SET FORTH IN EXHIBIT A-1 OF THE BYLAWS (G) REQUIRE AND DIRECT TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY SUCH RIGHT BY THE CORPORATE MEMBER TO DIRECT THE TRANSFER OF ASSETS SHALL NOT INCLUDE ANY TRANSFER WHICH WOULD CAUSE THE CORPORATION TO BE PUT INTO A FINANCIALLY VULNERABLE POSITION AS AN ONGOING CONCERN, NOR SHALL ANY SUCH TRANSFER CAUSE THE CORPORATION TO VIOLATE THE TERMS AND CONDITIONS OF ANY GIFTS, BEQUESTS, BOND COVENANTS, OR RESTRICTIONS SET FORTH IN THIS LIST FURTHER, FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS, OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICES PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATION, (K) APPROVE ANY ACTION OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPORATION OR THE SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS LIST WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW Decisions requiring approval by members or stockholders Form 990, Part VI, Section A, Line 7b SEE SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 7A Review of form 990 by governing body Form 990, Part VI, Section B, Line 11a PURSUANT TO PARKVIEW HEALTH SYSTEM INC 'S BYLAWS, THE SYSTEM AUDIT COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION TO PROVIDE REVIEW OF THE CORPORATION AND ITS SUBSIDIARY CORPORATIONS' FORM 990 FILINGS PARKVIEW HOSPITAL, INC IS A SUBSIDIARY CORPORATION OF PARKVIEW HEALTH SYSTEM, INC 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 13, 2010, 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 Conflict of interest policy 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 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 " Process used to establish compensation of 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 2009, PURSUANT TO THE ORGANIZATION'S BYLAWS, FOR PURPOSES OF REVIEWING AND APPROVING ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2009 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) Process used to establish compensation of 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 2009 MEETING PRESIDENT AND CEO EXECUTIVE VICE PRESIDENT STRATEGIC DIRECTION AND BUSINESS DEVELOPMENT EXECUTIVE VICE PRESIDENT PARKVIEW HEALTH/COO PARKVIEW HOSPITAL EXECUTIVE VICE PRESIDENT AND COO 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 HEALTH PLAN SERVICES SENIOR VICE PRESIDENT PATIENT CARE SENIOR VICE PRESIDENT AND CHIEF QUALITY OFFICER SENIOR VICE PRESIDENT OPERATIONS 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/COO PHYSICIAN PRACTICES SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER SENIOR VICE PRESIDENT REVENUE CYCLE MANAGEMENT SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER SENIOR VICE PRESIDENT AND MEDICAL DIRECTOR PARKVIEW PHYSICIAN GROUP SENIOR VICE PRESIDENT FACILITY DESIGN AND OVERSIGHT EXECUTIVE DIRECTOR WOMEN AND CHILDREN'S SERVICES VICE PRESIDENT - PATIENT CARE - NOBLE VICE PRESIDENT - PATIENT CARE - WHITLEY VICE PRESIDENT - PATIENT CARE - LAGRANGE CORPORATE DIRECTOR MARKETING, COMMUNICATIONS, COMMUNITY RELATIONS VICE PRESIDENT/ADMINISTRATOR PRIMARY CARE PRACTICES EXECUTIVE DIRECTOR CANCER SERVICES VICE PRESIDENT CHANGING SPACES CONSTRUCTION/PROJECT MANAGEMENT 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 VICE PRESIDENT/ADMINISTRATOR SPECIALTY PRACTICES EXECUTIVE DIRECTOR FOUNDATION VICE PRESIDENT PARKVIEW PHYSICIAN GROUP CONTROLLER VICE PRESIDENT MATERIALS MANAGEMENT

Identifier	Return Reference	Explanation
Public Disclosure	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

BOOKS AND RECORDS OF THE ORGANIZATION FORM 990, PART VI, SECTION C, LINE 20 AS OF JUNE 2010, THE BOOKS AND RECORDS OF THE ORGANIZATION ARE IN THE POSSESSION OF STANTON RISSE, INTERIM CFO, 10501 CORPORATE DRIVE, FORT WAYNE, IN 46845, (260)373-8403 COMMON PAYING AGENT FOR FILING ORGANIZATION FORM 990, PART V, LINE 1A, 2A AND PART VII, SECTION B, LINE 2 PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION, PARKVIEW HOSPITAL, INC , EIN 35-0868085 THEREFORE, ALL APPLICABLE IRS TAX FILINGS, INCLUDING FORMS 1099, 1096, W-2 AND W-3 ARE REPORTED AND FILED BY PH THE TOTAL NUMBER REPORTED IN BOX 3 OF FORM 1096 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2009 WAS 604 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2009 WAS 7,321 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR PARKVIEW HOSPITAL, INC WAS 168 AND 4,041 RESPECTIVELY AS REFLECTED IN PART VII, SECTION B, APPROXIMATELY 13 INDEPENDENT CONTRACTORS RECEIVED MORE THAN \$100,000 IN COMPENSATION FOR SERVICES FROM PARKVIEW HOSPITAL, INC RECONCILIATION OF CHANGE IN NET ASSETS FORM 990, PART I, LINE 22 NET ASSETS OR FUND BALANCE AT BEGINNING OF YEAR \$273,547,704 TOTAL REVENUE PART VIII COLUMN A LINE 12 \$564,807,428 TOTAL EXPENSES PART IX COLUMN A LINE 25 \$520,683,486 CHANGE IN NET ASSETS OR FUND BALANCE \$44,123,942 NET UNREALIZED GAINS(LOSSES) ON INVESTMENTS \$2,434,056 OTHER CHANGES BOOK TAX DIFFERENCE (\$7,105) INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC \$592,500 INCOME (LOSS) FROM LAUNDRY SERVICES, INC \$141,271 ASSET ADJUSTMENT/TRANSFER \$41,838 TOTAL ADJUSTMENTS \$3,202,560 ENDING NET ASSETS OR FUND BALANCE AT END OF YEAR \$320,874,206 SALARIES AND WAGES, OTHER EMPLOYEE BENEFITS, AND PAYROLL TAXES FORM 990, PART IX, LINES 5-10 PARKVIEW HEALTH SYSTEM, INC , EIN 35-1972384, SERVES AS THE COMMON PAYING AGENT FOR ALL TAX-EXEMPT ORGANIZATIONS OF THE SYSTEM SALARIES AND WAGES OF EMPLOYEES WORKING FOR THESE ORGANIZATIONS ARE CHARGED DIRECTLY TO THE ORGANIZATIONS IN WHICH THEY WORK THE ACTUAL EXPENSES FOR PAYROLL TAXES, EMPLOYEE BENEFITS, AND PENSION PLAN CONTRIBUTIONS ARE REFLECTED ON THE BOOKS OF PARKVIEW HEALTH SYSTEM, INC FOR FINANCIAL REPORTING PURPOSES TO ACCOUNT FOR BENEFIT COSTS ON THE BOOKS OF THE OTHER TAX EXEMPT ORGANIZATIONS, AN ALLOCATION METHODOLOGY IS UTILIZED TO CHARGE THESE ORGANIZATIONS WITH AN ESTIMATE OF THE OVERALL COSTS, REFERRED TO AS A "BENEFIT ALLOCATION" FROM PARKVIEW HEALTH SYSTEM, INC THE ALLOCATION DOES NOT DISTINGUISH BETWEEN THE COSTS OF THE VARIOUS COMPONENTS (I E PAYROLL TAXES, EMPLOYEE BENEFITS, AND PENSION PLAN CONTRIBUTIONS) THEREFORE, FOR PURPOSES OF THE FORM 990, PART IX, THE TOTAL BENEFIT ALLOCATION FOR THE EMPLOYEES' SALARIES AND WAGES REPORTED ON LINE 7 IS REFLECTED ON LINE 9 AND NOT ALLOCATED BETWEEN LINES 8 OR 10 FOR PURPOSES OF THE FORM 990, PART IX, LINES 5 AND 6 REFLECT COMPENSATION AND BENEFIT AMOUNTS REPORTED IN PART VII METHOD USED TO DETERMINE VALUE SCHEDULE R, PART V, LINE 2, COLUMN (C) THE AMOUNTS REPORTED AS TRANSACTIONS WITH RELATED ORGANIZATIONS ARE CONSISTENT WITH THE AMOUNTS REPORTED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER THE GENERALLY ACCEPTED ACCOUNTING STANDARDS DEPENDING ON THE TYPE OF TRANSACTION INVOLVED

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS (CONTINUED FROM PAGE 2)	FORM 990, PART III, LINE 4A	THROUGH THE PARKVIEW HOSPITAL, INC COMMUNITY BENEFIT FUND, THE HOSPITAL WORKS WITH COMMUNITY PARTNERS IN TAKING A PROACTIVE APPROACH TO IMPROVING SPECIFIC HEALTH-RELATED OUTCOMES AREAS OF FOCUS FOR 2009 INCLUDED, PROVIDING INCREASED ACCESS TO HEALTH CARE, HEALTH SCREENINGS AND PREVENTION PROGRAMS, DISEASE MANAGEMENT, HEALTH INNOVATION PLUS RESEARCH AND DEVELOPMENT IN CONJUNCTION WITH PARKVIEW HEALTH SYSTEM, INC , PARKVIEW HOSPITAL, INC PARTICIPATED IN A COMMUNITY HEALTH ASSESSMENT IN LATE 2007 INITIATIVES AT PARKVIEW HOSPITAL, INC , DERIVED FROM THE COMMUNITY HEALTH ASSESSMENT, WERE PNEUMONIA VACCINATIONS AND COLORECTAL AND MAMMOGRAPHY SCREENINGS TO BETTER UNDERSTAND SPECIFIC HEALTH NEEDS OF ALLEN COUNTY LOW INCOME FAMILIES, A LOW INCOME HEALTH ASSESSMENT WAS CONDUCTED IN 2006 AS A COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS THAT SHARE THE COMMON GOAL OF IMPROVING THE HEALTH OF THE UNDERSERVED THE FOLLOWING ARE SOME OF THE WAYS PARKVIEW HOSPITAL, INC IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER -CHARITY CARE -COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND PARTNERS THAT FOCUS ON ACCESS TO HEALTH CARE HEALTH SCREENING AND PREVENTION DISEASE MANAGEMENT HEALTH INNOVATION, RESEARCH AND DEVELOPMENT -HEALTH CAREERS AND CONTINUING EDUCATION - COMFORT AND SUPPORT -INTERNATIONAL MEDICAL MISSION WORK CHARITY CARE PARKVIEW HOSPITAL'S MISSION INCLUDES CARING FOR PEOPLE WHO CAN'T AFFORD TO PAY IN 2009, THE HOSPITAL PROVIDED MILLIONS IN CHARITY CARE IN THE FORM OF FREE AND DISCOUNTED CARE TO THE COMMUNITY THE HOSPITAL PLACES ITS PRIORITY ON PROVIDING THE NECESSARY CARE, NOT ON WHO IS GOING TO PAY THE BILL COMMUNITY HEALTH IMPROVEMENT INITIATIVES THE PURPOSE OF PARKVIEW HOSPITAL, INC 'S COMMUNITY HEALTH IMPROVEMENT PROGRAM IS TO FUND COMMUNITY HEALTH IMPROVEMENT EFFORTS WITHIN THE SERVICE AREA OF PARKVIEW HOSPITAL, INC THE HOSPITAL ANNUALLY FUNDS COMMUNITY HEALTH INITIATIVES AND PARTNERS WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA SEVERAL INITIATIVES AND PROGRAMS ARE HIGHLIGHTED BELOW COMMUNITY NURSING INITIATIVE BELIEVING THAT THE KNOWLEDGE AND SKILL OF DEDICATED NURSES HAS GREAT BENEFIT OUTSIDE THE HOSPITAL WALLS, PARKVIEW HOSPITAL, INC HAS SINCE 1998, FUNDED A PROGRAM THAT PLACES PARKVIEW NURSES IN STRATEGIC POSITIONS THROUGHOUT THE COMMUNITY FUNDING SUPPORTS NURSES IN PUBLIC SCHOOLS DEMONSTRATING THE GREATEST HEALTH NEEDS PARKVIEW NURSES ALSO PROVIDE HEALTHCARE MANAGEMENT EXPERTISE AT CANI HEADSTART AND MARTIN LUTHER KING MONTESSORI PRESCHOOLS, SCAN, INC (STOP CHILD ABUSE AND NEGLECT), AND THE FORT WAYNE WOMEN'S BUREAU TRANSITIONS PROGRAM FOR WOMEN RECOVERING FROM DRUG ABUSE IN ADDITION, PARKVIEW HOSPITAL, INC PROVIDES TWO DIABETES SPECIALTY NURSES, AN ASTHMA SPECIALTY NURSE, AND A RESPIRATORY THERAPIST TO IMPROVE THE HEALTH OF CHILDREN IN FORT WAYNE COMMUNITY SCHOOLS, EAST ALLEN COUNTY SCHOOLS, AND NORTHWEST ALLEN COUNTY SCHOOLS FRANCINE'S FRIENDS MOBILE MAMMOGRAPHY PROGRAM IN PARTNERSHIP WITH FRANCINE'S FRIENDS AND THE BREAST DIAGNOSTIC CENTER, PARKVIEW COMPREHENSIVE CANCER CENTER ADMINISTERS A MOBILE MAMMOGRAPHY PROGRAM IN ALLEN COUNTY AND THE SURROUNDING AREA THIS INITIATIVE BEGAN IN DECEMBER OF 2005 AND IS TARGETED TO INCREASE THE NUMBER OF MAMMOGRAMS GIVEN TO WOMEN AGE 40 AND OVER IN ADDITION, THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO DO NOT HAVE THE MEANS TO PAY FOR A MAMMOGRAM THE 2007 COMMUNITY HEALTH ASSESSMENT REVEALED A 9% INCREASE IN SCREENINGS FOR ALLEN COUNTY COLORECTAL CANCER SCREENINGS PARKVIEW'S COMPREHENSIVE CANCER CENTER ORGANIZED A COMMUNITY TASK FORCE TO INCREASE AWARENESS OF COLORECTAL CANCER SCREENING THIS CAMPAIGN INCLUDED DISTRIBUTION OF TAKE-HOME BLOOD STOOL TEST KITS AT HOSPITAL, PHYSICIAN OFFICE AND HEALTH FAIR LOCATIONS IN ADDITION TO BROAD BASED PREVENTION EDUCATION DURING THE THREE-YEAR PERIOD OF THIS INITIATIVE, SIGMOIDOSCOPY AND COLONOSCOPY SCREENINGS INCREASED 15 PERCENT FOR ADULTS AGE 50 AND OLDER IN ALLEN COUNTY PARKVIEW HOSPITAL, INC CONTINUES TO MAKE THE TEST KITS AVAILABLE TO THE COMMUNITY MEDICATION ASSISTANCE PROGRAM PARKVIEW HOSPITAL, INC 'S MEDICATION ASSISTANCE PROGRAM HELPS LOW-INCOME PATIENTS OBTAIN PRESCRIPTION MEDICATIONS AT DISCHARGE, AND AS A PART OF LONG-TERM PHARMACEUTICAL ASSISTANCE PROGRAMS TO MEET PATIENTS' HEALTH MAINTENANCE NEEDS RECENTLY, THE PROGRAM BEGAN A PILOT TO EXPAND ITS SCOPE AND SERVE PATIENTS REFERRED BY PHYSICIAN OFFICES TO RECEIVE ASSISTANCE WITH ENROLLING IN PHARMACEUTICAL ASSISTANCE PROGRAMS PRIMARY HEALTH CARE/ACCESS IN ADDITION TO PROVIDING CHARITY CARE, PARKVIEW HOSPITAL, INC REACHES OUT TO THE UNDERINSURED, UNINSURED, AND SPECIAL AT-RISK POPULATIONS BY PROVIDING FUNDING FOR LOCAL CLINICS AND SUPPORTING MEDICAL TRANSPORTATION PROGRAMS AS FOLLOWS MATTHEW 25 HEALTH & DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINIC PARKVIEW HOSPITAL, INC PROVIDES OPERATIONAL SUPPORT FOR MATTHEW 25 HEALTH AND DENTAL CLINIC AND PROVIDES FUNDING FOR LABORATORY SERVICES FOR THEIR PATIENTS THE HOSPITAL ALSO PROVIDES SUPPORT FOR SERVICES TO THE UNINSURED AND UNDERINSURED AT NEIGHBORHOOD HEALTH CLINIC, INCLUDING THE CLINIC'S DIABETES MANAGEMENT PROGRAM IN ADDITION, THE HOSPITAL PROVIDES FUNDING FOR MEDICATION ASSISTANCE PROGRAMS AT EACH OF THE AFOREMENTIONED CLINICS PARKVIEW HOSPITAL, INC ALSO PROVIDES FUNDING FOR RADIOGRAPHIC IMAGING SERVICES FOR NEIGHBORHOOD HEALTH CLINIC PARKVIEW SUPER SHOT CLINIC IN ADDITION TO CASH DONATIONS FOR OPERATIONAL SUPPORT, PARKVIEW HOSPITAL, INC PROVIDES SPACE, UTILITIES, AND BUILDING MAINTENANCE FOR THE PARKVIEW SUPER SHOT CLINIC (CHILDREN'S IMMUNIZATION CLINIC) LOCATED AT PARKVIEW CHILDREN'S SPECIALTY CLINICS IN CAREW MEDICAL PARK PARKVIEW HOSPITAL, INC ALSO PROVIDES FUNDING FOR VACCINES AND NURSING SUPPORT FOR THE CLINIC WHEN NEEDED HEALTH SCREENING AND PREVENTION PARKVIEW HOSPITAL, INC HAS A LONG-TERM COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH DISEASE PREVENTION PROGRAMS AND HEALTH EDUCATION PARKVIEW HOSPITAL, INC OFFERS 24-HOUR TELEPHONE COUNSELING THROUGH PARKVIEW BEHAVIORAL HEALTH FOR PEOPLE WITH ALCOHOL AND DRUG PROBLEMS, DEPRESSION OR OTHER MENTAL HEALTH CRISIS IN ADDITION, THE HOSPITAL PARTICIPATES IN NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR TO PROVIDE HEALTH EDUCATION, HEALTH SCREENINGS FOR DISEASE PREVENTION, AND TO PROMOTE HEALTHY LIFESTYLES FOR THE UNDERSERVED POPULATION AND THE COMMUNITY AT LARGE TRAUMA PREVENTION EDUCATION PARKVIEW HOSPITAL, INC IS A LEVEL II TRAUMA CENTER AS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS IT IS NOT ONLY PARKVIEW HOSPITAL, INC 'S RESPONSIBILITY TO PROVIDE EMERGENCY CARE, BUT TO ALSO CONDUCT PUBLIC EDUCATION WITH THE GOAL OF REDUCING THE NUMBER OF PREVENTABLE INJURIES IN THE COMMUNITY TO HELP ACCOMPLISH THIS, THE HOSPITAL SPONSORS A TRAUMA PREVENTION TASK FORCE THAT CONSISTS OF PARKVIEW EMERGENCY AND TRAUMA STAFF, OTHER EMPLOYEES, COMMUNITY-BASED EMERGENCY RESPONSE PROFESSIONALS, AND REPRESENTATIVES FROM THE COMMUNITY SOME OF THE PROGRAMS INCLUDE "DON'T DRINK AND DRIVE," "BIKE HELMET SAFETY," TEEN DRIVING CLINICS, "DON'T TEXT AND DRIVE", AND "INFANT CAR SEAT SAFETY" PROGRAMS THE "BIKE HELMET SAFETY" PROGRAM PROVIDES FREE AND LOW-COST HELMETS TO CHILDREN WHO DO NOT HAVE THE FINANCIAL RESOURCES TO AFFORD A HELMET THE STAFF WORKS CLOSELY WITH COMMUNITY GROUPS TO DISTRIBUTE THE HELMETS AND CONDUCTS BICYCLE RODEOS DURING THE SUMMER TO EMPHASIZE OVERALL BIKE SAFETY AND HELMET USAGE "DON'T DRINK & DRIVE" IS AN EDUCATIONAL PROGRAM GEARED TOWARDS TEENS THAT WARN THEM ABOUT THE DANGERS OF DRINKING AND DRIVING AS "DON'T TEXT & DRIVE" INFORMS TEENS ABOUT THE DANGER OF TEXTING AND DRIVING PARKVIEW HOSPITAL, INC PARTNERS WITH THE ALLEN COUNTY SHERIFF RESERVES TO PROVIDE EDUCATION THROUGH COMMUNITY SPEAKING EVENTS, CLASSROOM PRESENTATIONS, AND BILLBOARD AND MEDIA COVERAGE HEALTH INNOVATION AND RESEARCH IN AN EFFORT TO PROVIDE THE NEWEST TECHNOLOGIES, PROCEDURES AND MEDICINES TO PATIENTS IN A SHORTER TIME SPAN, PARKVIEW RESEARCH CENTER, IN COOPERATION WITH PHYSICIANS AND HOSPITAL STAFF, OFFERS PATIENTS NEW THERAPIES NOT AVAILABLE OUTSIDE THE INVESTIGATIONAL SETTING AS THE COMMUNITY LEADER IN MEDICAL RESEARCH FOR THE PAST DECADE, THE CENTER PROVIDES CLINICAL RESEARCH SERVICE TO MORE THAN 500 NORTHEAST INDIANA PHYSICIANS AFFILIATED WITH PARKVIEW THE CENTER HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE HEALTH CAREERS AND CONTINUING EDUCATION PARKVIEW HOSPITAL, INC SUPPORTS MEDICAL AND HEALTH EDUCATION FOR PHYSICIANS, NURSES, PHARMACISTS, AND OTHER CLINICAL PROFESSIONALS THROUGH CONTINUING MEDICAL EDUCATION PROGRAMS THE HOSPITAL ALSO SUPPORTS PROGRAMS THAT PROMOTE AND EDUCATE YOUTH ABOUT HEALTH CAREERS

EXEMPT PURPOSE ACHIEVEMENTS (CONTINUED FROM ABOVE) FORM 990, PART III, LINE 4A COMFORT AND SUPPORT WHILE MANY OF PARKVIEW HOSPITAL, INC 'S COMMUNITY PROGRAMS ARE AIMED AT THE GENERAL PUBLIC, THE HOSPITAL ALSO SPONSORS SUPPORT GROUPS FOR PEOPLE WITH SPECIAL NEEDS THERE ARE MANY HOSPITAL SUPPORT GROUPS FOR THOSE SUFFERING FROM RESPIRATORY AILMENTS, DIABETES, CANCER, BEHAVIORAL HEALTH, STROKE, AND OTHER HEALTH CONDITIONS IN ADDITION TO PROVIDING SUPPORT FOR PEOPLE WITH SPECIAL NEEDS, PARKVIEW HOSPITAL, INC CARES FOR THE WHOLE PERSON, WHICH INCLUDES SPIRITUAL HEALING AS WELL AS PHYSICAL FULL-TIME CHAPLAINS ARE ON STAFF TO MINISTER TO THE SPIRITUAL NEEDS OF OUR PATIENTS AND THEIR FAMILIES WHETHER CELEBRATING THE MIRACLE OF LIFE OR MOURNING THE LOSS OF A LOVED ONE, PARKVIEW HOSPITAL, INC 'S CHAPLAINS ARE AVAILABLE 24 HOURS A DAY

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

Cat No 51056K

Schedule O (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 2200 RANDALLIA DRIVE FORT WAYNE, IN46805 35-1668888	REFERENCE LAB	IN	NA	C CORPORATION	13,585,781	2,058,540	100 00 %
PARKVIEW PROFESSIONAL BILLINGS INC 2200 RANDALLIA DRIVE FORT WAYNE, IN46805 35-1950305	BILLING	IN	NA	C CORPORATION	2,253		100 00 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i Yes

1j Yes

1k No

1l No

1m No

1n No

1o Yes

1p No

1q No

1r No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	PARKVIEW FOUNDATION INC	A	25,263
(2)	PARKVIEW FOUNDATION INC	C	420,931
(3)	PARKVIEW FOUNDATION INC	I	25,263
(4)	PARKVIEW HEALTH SYSTEM INC	J	812,963
(5)	PARKVIEW HEALTH SYSTEM INC	O	90,586,811
(6)			

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

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EIN: 35-0868085
Name: PARKVIEW HOSPITAL INC

Form 990, Schedule R, 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 501(c)(3))	(f) Direct Controlling Entity
PARKVIEW HEALTH SYSTEM INC 10501 CORPORATE DRIVE FORT WAYNE, IN46845 35-1972384	HEALTH CARE	IN	501(C)(3)	11 - Type III - FI	NA
PARKVIEW FOUNDATION INC 2200 RANDALLIA DRIVE FORT WAYNE, IN46805 23-7220589	FUND MGMT	IN	501(C)(3)	11 - Type I	NA
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC 2200 RANDALLIA DRIVE FORT WAYNE, IN46805 35-2064353	OCCUP HEALTH	IN	501(C)(3)	3	NA
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	3	NA
COMMUNITY HOSPITAL OF NOBLE COUNTY INC 401 SAWYER ROAD KENDALLVILLE, IN46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	3	NA
WHITLEY MEMORIAL HOSPITAL INC 353 N OAK ST COLUMBIA CITY, IN46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	3	NA
HUNTINGTON MEMORIAL HOSPITAL INC 2001 STULTS ROAD HUNTINGTON, IN46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	3	NA