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DLN: 93493313014992

1

Department of the Treasury

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)

OMB No 1545-0047

ntemal R	evenue	Service I he organization may have to use a copy			requirements	Inspection		
A For	the 2	2011 calendar year, or tax year beginning 01-01-2011	and ending 12-31-201	.1	D Employer id	antification number		
		oplicable C Name of organization PARKVIEW HOSPITAL INC				entification number		
√ Addr	ess ch	ange Doing Business As		_	35-086808 E Telephone nu			
Nam	e char	nge			-			
— Initia	al retur	Number and street (of PO box it mail is not delivere	ed to street address) Room/s	uite	(260) 373-			
Term	nınated	11109 PARKVIEW PLAZA DRIVE		1	G Gross receipts	\$ 670,413,668		
– Ame	nded r			_				
— Appli	ıcatıon	FORT WAYNE, IN 468451701 pending						
		F Name and address of principal officer		H(a) I a Abra		£		
		MICHAEL PACKNETT		affiliat	a group retur es?	TYes ▼ No		
		10501 CORPORATE DRIVE FORT WAYNE,IN 46845						
		TORT WATNE, IN 40043		1 ' '	affiliates includ			
Tax-	-exem	pt status	4947(a)(1) or	_	," attach a list o exemption nu	(see instructions)		
				H(c) Group	exemption nu	illibel F		
w e	bsite	:► WWW PARKVIEW COM		<u> </u>				
〈 Form	of org	anization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨		L Year of for	mation 1941	1 State of legal domicile IN		
Par	tΙ	Summary						
Governance	F	Briefly describe the organization's mission or most sig PARKVIEW HOSPITAL, INC WILL PROVIDE QUALI' WE WILL WORK TO IMPROVE THE HEALTH OF OUR	TY HEALTH SERVICES	TO ALL WHO E	ENTRUST THE	IR CARE TO US AND		
ē	? (Check this box 🛏 if the organization discontinued its	onerations or disposed	of more than 25	5% of its net a	ccatc		
		Number of voting members of the governing body (Part				16		
Acuvines &		Number of independent voting members of the government			4	1:		
		otal number of individuals employed in calendar year			5	3,98		
₹		otal number of volunteers (estimate if necessary) .			6	700		
₹		otal unrelated business revenue from Part VIII, colu			7a	1,594,966		
		Net unrelated business taxable income from Form 990			7b	2,00 .,000		
				Prior	Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		11101	650,214	815,172		
9	9	Program service revenue (Part VIII, line 2g)		. 5:	519,727,587			
Revenue	10	Investment income (Part VIII, column (A), lines 3,			815,760	613,854,672		
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue—add lines 8 through 11 (must equal F						
		12)		51	30,731,112	625,272,979		
	13	Grants and similar amounts paid (Part IX, column (A			1,472,467	1,409,188		
	14	Benefits paid to or for members (Part IX, column (A)	•		0			
82	15	Salaries, other compensation, employee benefits (Pa $5-10$)	art IX, column (A), lines	19	96,168,267	196,956,562		
ž	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) •0			-			
	17	Other expenses (Part IX, column (A), lines 11a-11e	d 11f-24e)	_ 3	19,530,434	358,457,657		
	18	Total expenses Add lines 13–17 (must equal Part I		<u> </u>	17,171,168	556,823,407		
	19	Revenue less expenses Subtract line 18 from line 1			13,559,944	68,449,572		
8 9 S		·		Beginning	of Current	End of Year		
9 e e e e e e e e e e e e e e e e e e e	20	Total accets (Part V line 15)			56,942,675	357,672,470		
9	20 21	Total assets (Part X, line 16)		<u> </u>	44,675,536	42,676,375		
鱼舞士	21	Net assets or fund balances Subtract line 21 from li		<u> </u>	12,267,139	314,996,095		
			mc 20		,-01,133	317,950,093		
	penal edge a	Signature Block ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of		er) is based on a	II information o			
Sign		Signature of officer		201 Dat	. <u>2-11-08</u> :e			
oign Here		MICHAEL P BROWNING PH SVP & CFO						
		Type or print name and title						
Paid		Preparer's signature KENNETH J KEBER		Check if self- employed •	Preparer's taxpa (see instructions P00240883	yer identification number s)		
Prepai		Firm's name (or yours CROWE HORWATH LLP f self-employed),			EIN • 35-09216	580		
Jse O	nıy	address, and ZIP + 4 330 E JEFFERSON BLVD PO BOX 7						
		SOUTH BEND, IN 466240007			Phone no 🕨 (5	574) 232-3992		

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

✓ Yes

✓ No

4e Total program service expenses►\$ 464,139,890

Other program services (Describe in Schedule O)

including grants of \$

4d

(Expenses \$

) (Revenue \$

Part IV	Checklist	of Rea	uired	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 (see instructions)? *	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	ı	No
C	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.	11c		No
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	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		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV.	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [~	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	152			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
-	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Tracticust one is reported on time 24, and the organization me an required rederal employment tax retains	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the	·		
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	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 or securities	4a		
	account)?	44		No_
Ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible?	OD		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	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		Νo
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
		76		
С	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			
_	11 Test, indicate the number of forms of 52 med during the year 1 1 1 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Form 1098-C?	/ "		
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			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
L	Enter the aggregate amount of reserves the organization is required to maintain by			
Đ	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
l-	If "Vac " has it filed a Form 7.20 to report these payments? If "Ma" provide an explanation in Schedule O	146		

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.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		No
3	other officer, director, trustee, or key employee?	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was	3		No
	filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►IN			
				

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 made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 ► MICHAEL P BROWNING
 10501 CORPORATE DRIVE
 FORT WAYNE,IN 46845
 (260) 373-8407

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	director/trustee)						(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	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗСУ	organizations	
(1) SUZANNE EHINGER DIRECTOR/PVHOS COO/PH EVP	40 00	х		Х				328,752	0	89,566	
(2) MICHAEL PACKNETT DIRECTOR/PH CEO	1 00	х		Х				0	647,552	166,370	
(3) THOMAS BOND DIRECTOR/PH PHYSICIAN	8 00	х						49,950	168,846	37,884	
(4) MICHAEL GRABOWSKI DIRECTOR/PVHOS MSO & SLL	10 00	х						144,500	550	0	
(5) JEFFREY NICKEL DIRECTOR/PVHOS ASST MED DIR ECC	7 00	х						89,975	0	0	
(6) THOMAS BEAVER DIRECTOR/CHAIR	1 00	х						6,500	2,500	0	
(7) STEVE CORONA DIRECTOR	1 00	х						4,250	0	0	
(8) DAVID HAIST DIRECTOR	1 00	х						3,500	1,750	0	
(9) THOMAS KIMBROUGH DIRECTOR/VICE-CHAIR	1 00	х						4,250	0	0	
(10) DAVID KOHLI DIRECTOR	1 00	х						4,750	0	0	
(11) DAVID MICHEL DIRECTOR	1 00	х						4,250	0	0	
(12) SHERRI MILLER DIRECTOR	1 00	х						4,000	0	0	
(13) MARILYN MORAN-TOWNSEND DIRECTOR/SECRETARY	1 00	х						4,250	0	0	
(14) WENDY ROBINSON DIRECTOR	1 00	х						4,250	0	0	
(15) CHRISTINE RUPP DIRECTOR/TREASURER	1 00	х						4,750	0	0	
(16) WIL SMITH DIRECTOR	1 00	х						4,750	3,500	0	
(17) MICHAEL BROWNING PH SVP & CFO	1 00			Х				0	399,631	66,886	

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

(A) Name and Title	(B) A verage hours per week (describe hours for related organizations in Schedule O)	unles: an	on (d e thai	n on son er a	e bo ıs bo nd a	x, oth	Former	(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
(18) CHAD CARPENTER PVHOS COO PARKVIEW HEART INSTITUTE	40 00			х				171,775	0	34,283
(19) JUDITH BOERGER PVHOS SVP	40 00				х			238,589	0	45,674
(20) DANIEL GARMAN PVHOS SVP	40 00					х		216,126	0	53,170
(21) THOMAS GUTWEIN PVHOS MEDICAL DIR ECC	24 00					х		164,900	750	0
(22) CHARLES CLARK PVHOS SVP	40 00					Х		165,379	0	40,592
(23) TIMOTHY CMELIK PVHOS DIR PHARMACY	40 00					Х		158,258	0	30,464
(24) KEITH JACKSON PVHOS HHIP SUPERVISOR	40 00					Х		155,894	0	29,079
(25) MARK NAFZIGER FORMER OFFICER	0 00						Х	0	211,886	816
(26) STANTON RISSER FORMER OFFICER CURRENT PH EMPLOYEE	0 00						х	0	109,511	22,752
1b Sub-Total	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>. </u>		<u> </u> ►			
c Total from continuation sheets t	o Part VII, Sect	ion A					 -			
d Total (add lines 1b and 1c)							•	1,933,598	1,546,476	617,536
Total number of individuals (inclu \$100,000 of reportable compens	•				ed a	bove)	who	received more thai	1	

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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	4,707,544
INDIANA SURGICAL SPECIALISTS LLC 1818 CAREW STREET STE 160 FORT WAYNE, IN 46805	PHYSICIANS	2,169,110
ORTHOPAEDICS NORTHEAST PC 5050 N CLINTON STREET FORT WAYNE, IN 46825	PHYSICIANS	754,419
FORT WAYNE RADIOLOGY 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	MEDICAL SERVICES	514,385
ALLIED HOSPITAL PATHOLOGISTS PC 2458 LAKE AVENUE FORT WAYNE, IN 46805	MEDICAL SERVICES	463,496
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Form 99		Statement o	of Povonuo					Page 9
Part		Statement	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated cam	paigns 1a					
g ja	b	Membership du	ies 1b					
æ, ç	С	Fundraising ev	ents 1c					
<u>≅</u> ,⊒	d		zations 1d	620,497				
ns, sim	е	Government grant		194,675				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	ibutions included in					
S E	h	Total. Add lines	s 1a-1f	▶	815,172			
				Business Code				
nua	2a	NET PATIENT SERV	VICE	622000	586,114,598	586,114,598		
Program Serwce Revenue	b	LAB SERVICES		621500	16,887,891	16,887,891		
93	С	PHARMACY	_	446110	7,536,956	7,536,956		
Serv	d	MEANINGFUL USE		900099	1,744,585	1,744,585		
Ē	e	CORP SER ALLOCA		561000	1,026,391	1,026,391		
200	f	All other progra	am service revenue		544,251	177,013	367,238	
	g	Total. Add lines	s 2a-2f		613,854,672			
	3		ome (including dividen					
			ar amounts)		504,849			504,849
	5		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	3,722,341	(ii) i ereenar				
	ь	Less rental	1,677,330					
	c	expenses Rental income	2,045,011					
	d	or (loss) Net rental inco	me or (loss)		2,045,011		-16,815	2,061,826
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	43,317,890	68,098				
	ь	Less cost or other basis and sales expenses	42,977,284	60.000				
	C	Gain or (loss)	340,606	68,098	408,704			408,704
	d 8a	Net gain or (los	rom fundraising		100,701			100,701
Other Revenue		events (not inc \$ of contributions						
the	b		penses b					
0	C		(loss) from fundraising -	events 🛌				
	9a		rom gaming activities ne 19 a					
	Ь		penses b	L _.				
	10a		(loss) from gaming acti	vities				
	104	Gross sales of returns and allo		515,685				
	b	_	oods sold b	486,075				
	С		(loss) from sales of inv		29,610			29,610
	11a	Miscellaneous		Business Code 541900	3,156,851	1,981,564	1,175,287	
	ь			722210	2,216,503	1,301,301	1,173,237	2,216,503
	c	ORTHO DEF R		900099	1,060,508			1,060,508
	d	All other reven	·		1,181,099	1,082,682	69,256	29,161
	e	Total. Add lines			7,614,961			· ·
	12	Total revenue.	See Instructions .	▶	625,272,979	616,551,680	1,594,966	6,311,161
	-				,	,,		Form 990 (2011)

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,388,913 1,388,913 Grants and other assistance to individuals in the United States See Part IV, line 22 20,275 20,275 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 1,251,213 1,251,213 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 148,532,488 146,014,916 2,517,572 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 47,172,861 46,219,990 952,871 Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 80,249 80,249 68,066,251 64,004,136 4,062,115 g Advertising and promotion . . . 640,585 619,627 20,958 12 16,974,875 Office expenses 14,747,162 2,227,713 13 14 Information technology 15 Royalties . . 16 9,390,079 8,818,364 571,715 1,091,367 926,324 165,043 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 207,507 57,956 149,551 236,646 236,646 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 20,054,512 20,021,715 32,797 23 1,241,045 47,139 1,193,906 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **UBI TAXES & REFUNDS** 126,000 126,000 CORP SERVICE ALLOCATION 79,134,000 79,134,000 MEDICAL SUPPLIES 74,452,863 74,452,863 BAD DEBT 55,265,312 55,265,312 d е All other expenses 31,496,366 31,172,552 323,814 25 Total functional expenses. Add lines 1 through 24f 556,823,407 464,139,890 92,683,517 0 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 12,900 12,852 1 918.662 85.878 2 2 Savings and temporary cash investments 3 3 73,714,133 76.807.665 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 724,240 7 562,483 9.193.791 8 9.256.896 9 1.823.075 1,355,192 Prepaid expenses and deferred charges 445.349.016 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 287,230,761 b Less accumulated depreciation 167,025,355 10c 158, 118, 255 16,939,817 11 16,656,287 11 5,478,968 6,415,221 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 1,543,174 1,543,174 14 14 79,568,560 15 86,858,567 15 356,942,675 357,672,470 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 22,963,653 17 22,411,602 17 Accounts payable and accrued expenses . 18 18 19 12,950,646 19 11,944,150 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 3.852.825 23 2,412,421 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 4,908,412 25 5,908,202 D 26 44,675,536 26 42,676,375 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 312,267,139 27 314,996,095 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 312.267.139 33 314,996,095 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 356.942.675 357.672.470

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		625,2	272,97
2	Total expenses (must equal Part IX, column (A), line 25)	2			323,40
3	Revenue less expenses Subtract line 2 from line 1	3		68,4	149,57
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		312,2	267,139
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-65,7	720,61
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		314,9	96,09
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization PARKVIEW HOSPITAL INC

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) 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	ion in ted in rning	organızatı col (ı) of	Old you notify the Organization in Col (i) of your Support? Is the Organization in Col (i) organized in the U.S.?		on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

(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?

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493313014992

OMB No 1545-0047

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.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), 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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number PARKVIEW HOSPITAL INC 35-0868085 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 ┌ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from

			filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Privacy Act and Paperwork Reduction	on Act Notice, see the instructions for F	orm 990. Ca	t No 50084S Schedule C (F	orm 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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)).

	•	(8	1)	(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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		23,189
j	Total lines 1c through 1i			23,189
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), o	r 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".

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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	,	A PORTION OF THE DUES PAID TO INDIANA HOSPITAL AND HEALTH ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, INDIANA ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC AND AMERICAN ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC WERE USED FOR LOBBYING ACTIVITIES

1 1

DLN: 93493313014992

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

Open to Public

nterna	al Revenue Service	orm 990. F See separate instructions.	Inspection
	me of the organization RKVIEW HOSPITAL INC		Employer identification number
			35-0868085
Pa	Organizations Maintaining Donor Ad		nds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor advised failes	(b) I and and other decounts
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 advi funds are the organization's property, subject to the	<u> </u>	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose Yes No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
		<u> </u>	Held at the End of the Year
а	Total number of conservation easements	-	2a
b	·	F	2b
С	Number of conservation easements on a certified his	` ′	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ation easement is located 🛌	<u>_</u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents during the year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year
•	▶ \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sect	Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	
Pai	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

كلتحر	•••• Organizations Maintaining Co	<u>liections of Art</u>	t, His	tori	cai ire	<u>east</u>	11 es, oi o	uie	i Sillillai Ass	sets (co	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he foll	owing th	hat ar	re a significa	ant u	se of its collecti	on	
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams			
b	Scholarly research		е	\vdash	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	/ further	rthe	organızatıon	's ex	cempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	forc	ontribut	tions	or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Г		Δ	ount	
_	Darwaya balanca						F	1.0	Alli	Ount	
c d	Additions during the year							1c 1d			
	Additions during the year							1a 1e			
e •	Distributions during the year										
f	Ending balance	000 5					L	1f			
2a	Did the organization include an amount on Fo		e 21?	•					J	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1.1157		- 000				
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year)Prior \			Form 990, vo Years Back			(e) Four V	ears Back
1a	Beginning of year balance	(a)curient rear	(5	<i>)</i> 1 1101	i cui	(0)11	VO TCUTS DUCK	1(4)	Tillee Tears back	(C) Our 1	cars back
b	Contributions							\dagger			
c	Investment earnings or losses							+			
d	Grants or scholarships				+			+			
e	Other expenditures for facilities										
_	and programs				+			+			
f	Administrative expenses							+			
g	End of year balance							<u> </u>			
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	administere	d for	the	V	T
	organization by (i) unrelated organizations								3a(i	Yes	No
	(ii) related organizations					•		•	3a(ii	-	
	(II) related organizations							•	3b	-	<u> </u>
b	If "Yes" to 3a(u), are the related organization	ns listed as require		scnea	шеки						
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•								•	<u> </u>
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	nds					•	<u> </u>
4	Describe in Part XIV the intended uses of the total Land, Buildings, and Equipment	e organization's en	dowm	ent fu art X (a)	nds , line 1 Cost or ot	0. ther	(b) Cost or ot		(c) Accumulated	(d) Bo	ok value
4 Par	Describe in Part XIV the intended uses of th t VI Land, Buildings, and Equipme Description of property	e organization's en	dowm	ent fu art X (a)	nds , line 1	0. ther			(c) Accumulated depreciation	(d) Bo	ok value
4 Par	Describe in Part XIV the intended uses of the total Land, Buildings, and Equipment	e organization's en	dowm	ent fu art X (a)	nds , line 1 Cost or ot	0. ther	(b) Cost or ot	-)			ok value 6,627,744
4 Par	Describe in Part XIV the intended uses of th t VI Land, Buildings, and Equipme Description of property	e organization's en	dowm	ent fu art X (a)	nds , line 1 Cost or ot	0. ther	(b)Cost or ot basis (other	⁻) ,744			
Par	Describe in Part XIV the intended uses of the total Land, Buildings, and Equipment Description of property and	e organization's en	dowm	ent fu art X (a)	nds , line 1 Cost or ot	0. ther	(b)Cost or ot basis (other	,744 ,841	depreciation	8	6,627,744
Par 1a l b f	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property Land	e organization's en	dowm	ent fu art X (a)	nds , line 1 Cost or ot	0. ther	(b)Cost or ot basis (other 6,627, 235,943,	,744 ,841 ,965	149,519,397	8	6,627,744
1a b c l e (Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipmed Description of property Land	e organization's endent. See Form 99	dowm	ent fu art X (a) basis	nds , line 10 Cost or ot (investm	O. ther nent)	(b)Cost or ot basis (other 6,627, 235,943, 9,068,	,744 ,841 ,965 ,635	149,519,397 2,770,044	8	6,627,744 6,424,444 6,298,921

(2) EST MEDICARE/MEDICAID SETTLEMENTS (3) RESTRICTED FUNDS (484,0) Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes EST MEDICARE/MEDICAID SETTLEMENTS (5,421,546) RESTRICTED FUNDS (484,061) PROPERTY SECURITY DEPOSITS (2,595)	Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of measured type (b) Book value (c) Description of measured type (d) Description of measured type (e) Description of measured type (o) Description of measu		(b)Book value		
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	Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	5,908,202		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
3			
!	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization PARKVIEW HOSPITAL INC

Employer identification number

						0868085			
P	art I Charity Care and	l Certain (Other Com	munity Benefits a	t Cost				
						_		Yes	No
1a	Did the organization have a c	harity care p	olicy? If "No,	" skip to question 6a		[1a	Yes	
b	If "Yes," is it a written policy	?				[1b	Yes	
2	If the organization had multip care policy to the various hos		, indicate whic	h of the following best	describes application (of the charity			_
	Applied uniformly to all ho	ospitals		Applied uniformly	to most hospitals				
	Generally tailored to indiv	•	als	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3	Answer the following based o organization's patients during	•	_	cy criteria that applies	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					care?	3a	Yes	
	Г _{100%} Г _{150%}			, Other	, %		эа	165	
ь									
U	"Yes," indicate which of the fo								
	— — —	_	·	· _ `	_		3b		No
	200% 250%	3	00%	350% 40	0% Other_	<u>%</u>			
C	If the organization did not use determining eligibility for free test or other threshold, regar	ordiscount	ed care Inclu	de in the description w	hether the organizatior				
4	Did the organization's policy	provide free	or discounted	I care to the "medically	ındıgent"?	[4	Yes	
5a	Did the organization budget a the tax year?			nted care provided und		nce policy during	5a	Yes	
b	If "Yes," did the organization	's charity ca	re expenses e	exceed the budgeted ar	mount?		5b		No
С	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		
6a	Did the organization prepare	a community	benefit repor	tduring the tax year?			6a		No
	If "Yes," did the organization					 	6b		110
	Complete the following table worksheets with the Schedule	using the wo					<u> </u>		
7	Charity Care and Certain C		ınıtv Benefits	at Cost					
	Charity Care and Means-Tested	(a) Number of activities or programs	f (b) Persons served	(c) Total community benefit expense	(d) Direct offsetting revenue (e) Net community expense		enefit	(f) Pero	
	Government Programs	(optional)	(optional)						
а	Charity care at cost (from Worksheet 1)			14,751,118		14,75	1,118	2	940 %
b	Medicaid (from Worksheet 3, column a)			60,479,019	32,817,041	27,66	1,978	5	520 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)			3,941,950	3,293,511	64	8,439	0	130 %
d	Total Charity Care and Means-Tested Government			70 172 087		43,06			590 %
	Programs Other Benefits			79,172,087	36,110,552	43,00	1,000	0	330 70
е	Community health improvement services and community benefit operations (from (Worksheet 4)			4,355,930	439,984	3,915,946		0	780 %
f	Health professions education (from Worksheet 5)			4,226,787	1,419,374	2,807,413			560 %
g	Subsidized health services (from Worksheet 6)			27,879,926		27,87	9,926	5	560 %
h	Research (from Worksheet 7)			1,332,042	324,589	1,00	7,453	0	200 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			1,383,660	63,322	1,32	0,338	0	260 %
j	Total Other Benefits			39,178,345	2,247,269	36,93			360 %
k	Total. Add lines 7d and 7j			118,350,432	38,357,821	79,99	2,611	15	950 %

Pa	rt II Community Buildin	ng Activitie	s Complete t	this table if the o	organızat	on co	nducted any commur	nity b	ouildin	g
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense	, , , ,	rect offs revenue	etting (e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing			260,9	943		260,	,943	0	050 %
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and training for community members									
	Coalition building									
7	Community health improvement advocacy									
8	Workforce development			156,9	992		156,	,992	0	030 %
9	Other							_		
10 Par	Total t IIII Bad Debt, Medicar	e & Collec	tion Practic	417,9	935		417,	,935	0	080 %
	-	e, a conce	tion i ractic							
	ion A. Bad Debt Expense	4 4-64			·				Yes	No
1	Did the organization report bac Statement No 15?		e in accordance	e with Heathcare F	inanciai M	anager • •	nent Association	1	Yes	
2	Enter the amount of the organi	zatıon's bad d	ebt expense .			2	55,265,312			
3	Enter the estimated amount of patients eligible under the org	-		•		3	2,605,024			
4	Provide in Part VI the text of t In addition, describe the costi	the footnote to ng methodolog	the organization	on's financial state rmining the amour	ements tha					
Sect	rationale for including a portio ion B. Medicare	n or bad debt a	amounts as con	nmunity benefit						
5	Enter total revenue received fi	rom Medicare	(ıncludına DSH	and IME)		5	103,989,283			
6	Enter Medicare allowable cost					—	118,561,030			
7	Subtract line 6 from line 5 Th					7	-14,571,747			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes Cost accounting system	osting method the method us	ology or source	e used to determin						
Soct	ion C. Collection Practices	1. 60	ist to charge ra	10	Other					
9a	Did the organization have a wr	utten deht coll	ection policy di	uring the tay year?	,			•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part V	collection po ection practice	licy that applied	d to the largest nu d for patients who	mber of its are known	patier to qua	lify for financial	9a 9b	Yes	
Pai	rt IV Management Com	panies and	Joint Ventu	ires (see instru	ctions)		_			
	(a) Name of entity	(1	 Description of pi activity of entit 		(c) Organi profit % o ownersh	r stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	pro	e) Physio ofit % oi ownershi	stock
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
12		T T						T		

Part	V Facility Information									
	on A. Hospital Facilities	Licen	Gener	Childr	Teach	Ontica	Resea	ER-24	ER-other	
(lıst ır	order of size from largest to smallest)	Licensed hospital	General medical	Children's hospital	Teaching hospital	al acces	Research facility	ER-24 hours	her	
	nany hospital facilities did the organization operate during x year?2	pital	cal & surgical	epital	pta	Ortical access hospital	lity			
Namo	and address									
Name	and address									Other (Describe)
1	PARKVIEW RANDALLIA 2200 RANDALLIA DRIVE FORT WAYNE,IN 46805	X	х		х		х	х		
2	PARKVIEW NORTH 11115 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 46845	х	х		х			х		
		+				<u> </u>				
		-				<u> </u>				
						<u> </u>				
						 				
	1	+								
		1				t				
					1	1				

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

PARKVIEW RANDALLIA

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a Γ A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 📕 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 00000000000000% If "No," explain in Part VI the criteria the hospital facility used			

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		No
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c ▼ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ▼ The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e / Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)	I		

If "Yes," explain in Part VI

provided to that patient?

.

20

21

Νo

Νo

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A)

PARKVIEW NORTH

Name of Hospital Facility:		
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	2	

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
_	j Other (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
_	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
	(check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"	_		
E:~	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
LIL	nancial Assistance Policy Did the hospital facility have in place during the tax year a written financial assistance policy that	1		
8			Vac	
	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	_
_	If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%		1 1 63	
	If "No," explain in Part VI the criteria the hospital facility used			
	Schodula	11 /5	000	2011

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11		Νo
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c ▼ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ▼ The policy was available upon request			
	g Other (describe in Part VI)			
Bil	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e / Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)	I		

If "Yes," explain in Part VI

Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part Other (describe in Part VI)

Inc	dividuals Eligible for Financial Assistance		
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20	No
21	If "Yes," explain in Part VI Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?		

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Part V Facility Information (continue

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?				
Name and address	Type of Facility (Describe)			
1 See Add	ditional Data Table			
2				
3				
4				
5				
6				
7				
8				
9				
10				

Schedule H (Form 990) 2011

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 11, 3, 4, 5c, 61, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities 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.)
- Affiliated health care system. 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
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation	
		PART I, LINE 3C ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CAREPARKVIEW HOSPITAL, INC PROVIDES DISCOUNTED CARE TO 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	

Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
		PART I, LINE 7 PART I, LINE 7APARKVIEW HOSPITAL,
		INC IS COMMITTED TO PROVIDING 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 INABILITY 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 7BPARKVIEW 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 7CPARKVIEW HOSPITAL, INC
		ACCEPTS ALL CERTAIN MEANS-TESTED PATIENTS FROM
		THE HEALTHY INDIANA PLAN (HIP) WITH THE
		KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-
		545 IMPLIES THAT TREATING MEANS-TESTED 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 HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO
		PROMOTE THE HEALTH OF THE COMMUNITY THE
		UNREIMBURSED HIP COST REPORTED ON LINE 7C IS
		CALCULATED UNDER THE COST TO CHARGE RATIO
		METHODOLOGY UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO
		DETERMINE THE COST OF HIP SERVICES RENDERED
		THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR
		HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE
		TO THESE PATIENTS PART I, LINE 7EAMOUNTS
		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 7FAMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN
		CONFORMITY WITH AGREED UPON COMMITMENTS WITH
		THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE
		7HAMOUNTS 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 7IIN 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
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES PARKVIEW HOSPITAL, INC INCLUDED \$27,879,926 IN COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) PERCENT OF TOTAL EXPENSESPARKVIEW HOSPITAL, INC EXCLUDED \$55,265,312 OF BAD DEBT EXPENSE

Identifier	ReturnReference	Explanation
Identifier		PART II DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES 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 PHYSICIAN RECRUITMENT 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 PARKVIEW HOSPITAL, INC STRIVES TO BRING THE BEST INTEGRATED, QUALITY, AND COST EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY TO OUR COMMUNITIES IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS EVERY MEMBER OF PARKVIEW HOSPITAL, INC 'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE AS THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE WE ARE COMMITTED TO PROVIDING EXCELLENT CUSTOMER SERVICE TO ALL PEOPLE WE KNOW HOW IMPORTANT CLINICAL, SERVICE AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF PARKVIEW HOSPITAL, INC , AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY PHYSICAL IMPROVEMENTS AND HOUSING PARKVIEW HOSPITAL, INC REPORTED SEVERAL PHYSICAL IMPROVEMENTS THAT PROMOTE NEIGHBORHOOD REVITALIZATION AND INCLUDED REPAIRS AND ENHANCEMENTS TO THE SLEN THAT PROMOTE NEIGHBORHOOD REVITALIZATION AND INCLUDED REPAIRS AND ENHANCEMENTS TO THE SLEN THAT PROMOTE NEIGHBORHOOD REVITALIZATION AND INCLUDED REPAIRS AND ENHANCEMENTS TO THE SLEN THAT PROMOTE NEIGHBORHOOD REVITALIZATION AND ON-GOING SEWER IMPROVEMENT PROJECT WORKFORCE DEVELOPMENT PARKVIEW HOSPITAL, INC PROMOTES
		HEALTHCARE CAREERS THROUGH STUDENT JOB SHADOWING AND INTERNSHIP OPPORTUNITIES IN VARIOUS HEALTHCARE AREAS THROUGHOUT THE
	<u> </u>	ORGANIZATION

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE - FINANCIAL
		STATEMENT FOOTNOTETEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT
		DESCRIBES BAD DEBT EXPENSE THE CORPORATION'S
		ESTIMATION OF THE ALLOWANCE FOR DOUBTFUL
		ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND
		AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE
		EFFECTIVENESS OF COLLECTION EFFORTS PH'S POLICY
		IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE
		UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS
		AND DEDUCTIBLES, AS CHARGES ARE RECORDED
	l .	ACCOUNTS RECEIVABLE BALANCES ARE REVIEWED
		MONTHLY AS TO THE EFFECTIVENESS OF PH'S RESERVE
		POLICIES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES THESE EFFORTS PRIMARILY
		CONSIST OF REVIEWING THE FOLLOWING HISTORICAL
		WRITE-OFF AND COLLECTION EXPERIENCE USING A
		HINDSIGHT, OR LOOK-BACK, APPROACH, REVENUE AND
		VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-
	l .	PAY COMPONENTS, CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED
		FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND
	l .	ACCOUNTS THAT REPRESENT CO-PAYMENTS AND
		DEDUCTIBLES DUE FROM PATIENTS, CASH COLLECTIONS
	l .	AS A PERCENTAGE OF NET PATIENT REVENUE LESS BAD
	l .	DEBT EXPENSE, TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE, AND VARIOUS ALLOWANCE
		COVERAGE STATISTICS COSTING METHODOLOGY
		USED UNCOLLECTIBLE PATIENT ACCOUNTS ARE
		CHARGED AGAINST THE ALLOWANCE FOR
		UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HOSPITAL, INC 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
		PATIENTS ARE ELIGIBLE TO APPLY FOR FREE CARE AT
		ANY TIME, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED IN A BAD DEBT AGENCY THE
		AMOUNT REFLECTED ON LINE 3 WAS CALCULATED BY
		TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO
		BAD DEBT AND PLACED WITH A COLLECTION AGENCY,
		BUT SUBSEQUENTLY RECLASSIFIED AS FREE CARE
		DURING THE 2011 CALENDAR YEAR THE ACCOUNTS WERE RECLASSIFIED AS FREE CARE DUE TO THE FACT
		THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR,
		FREE CARE AFTER THE ACCOUNTS WERE PLACED WITH A
		BAD DEBT AGENCY PARKVIEW HOSPITAL, INC PROVIDES
	l .	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
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Identifier	ReturnReference	Explanation
Identifier		PART III, LINE 8 COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTSSUBSTANTIAL SHORTFALLS TYPICALLY 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 PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, 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 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 SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT PARKVIEW HOSPITAL, INC. RECOGNIZES THAT THE SHORTFALL OR SUPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND
		REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE
		PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION Schodule W (Form 200) 201

Identifier	ReturnReference	Explanation
		PART III, LINE 9B COLLECTION PRACTICES FOR
		PATIENTS ELIGIBLE FOR CHARITY CARETHE 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

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Identifier	ReturnReference	Explanation
PARKVIEW RANDALLIA		PART V, SECTION B, LINE 10 ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CAREPARKVIEW HOSPITAL, INC PROVIDES DISCOUNTED CARE TO 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

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Page **8**

Identifier	ReturnReference	Explanation
PARKVIEW RANDALLIA		PART V, SECTION B, LINE 19D FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE INCOME FALLS UNDER 200% OF THE FPG ON CHARITY CARE PATIENTS WITH RESIDUAL SELF-PAY BALANCES AFTER INSURANCE PROCESSED AND PAID OR DENIED THEIR CLAIM, 100% OF THE REMAINING ACCOUNT BALANCE AFTER INSURANCE PAYMENTS AND CONTRACTUAL ADJUSTMENTS IS WRITTEN OFF TO CHARITY CARE

Identifier	ReturnReference	Explanation
PARKVIEW NORTH		PART V, SECTION B, LINE 19D FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE INCOME FALLS UNDER 200% OF THE FPG ON CHARITY CARE PATIENTS WITH RESIDUAL SELF-PAY BALANCES AFTER INSURANCE PROCESSED AND PAID OR DENIED THEIR CLAIM, 100% OF THE REMAINING ACCOUNT BALANCE AFTER INSURANCE PAYMENTS AND CONTRACTUAL ADJUSTMENTS IS WRITTEN OFF TO CHARITY CARE

Identifier	ReturnReference	Explanation
Identifier		PART VI, LINE 2 DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES PARKVIEW HEALTH SYSTEM, INC , INCLUDING PARKVIEW HOSPITAL, INC , AND IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT, IS CURRENTLY CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTY SERVICE AREA IN WHICH PARKVIEW HOSPITALS RESIDE IN ADDITION, PARKVIEW HEALTH SYSTEM, INC HAS PARTNERED WITH THE TECHNICAL ASSISTANCE PROGRAM OF PURDUE UNIVERSITY AND THE SOCIAL RESEARCH DEPARTMENT OF INDIANA UNIVERSITY - PURDUE UNIVERSITY OF FORT WAYNE (IPFW) TO COMPLETE MUCH OF THE FIELD WORK IPFW IS CONDUCTING THE COMMUNITY SURVEY AND PROVIDING DATA ANALYSIS AND INCORPORATING SECONDARY DATA INTO THE ASSESSMENT PURDUE UNIVERSITY IS ASSISTING WITH THE PUBLIC HEALTH AND OTHER HEALTH CARE PROFESSIONALS SURVEY PARKVIEW HEALTH SYSTEM, INC PLANS TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE DEVELOPMENT AND ADOPTION OF AN IMPLEMENTATION STRATEGY DURING 2013 IN 2006, 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 ALLEN COUNTY, INDIANA LOW-INCOME HEALTH SURVEY PROFESSIONAL RESEARCH CONSULTANTS, INC , ANATIONAL RESEARCH CONSULTANTS, INC , ANATIONAL 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 FOCUSED ON THOSE WHOSE HOUSEHOLD INCOME WAS UP TO 200% OF THE FEDERAL POVERTY LEVEL IN LATE 2007, PARKVIEW HEALTH SYSTEM, INC , INCLUDING PARKVIEW HOSPITAL, INC , AGAIN PARTICIPATED IN A COMMUNITY HEALTH CARE SERVICES THE STUDY FOCUSED ON THOSE WHOSE HOUSEHOLD INCOME WAS UP TO 200% OF THE FEDERAL POVERTY LEVEL IN LATE 2007, PARKVIEW HOSPITAL, INC , AGAIN PARTICIPATED IN A COMMUNIT
		RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER
		COMMUNITY ORGANIZATIONS AND LEADERS PARKVIEW HOSPITAL, INC REPRESENTATIVES HAVE RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH VARIOUS ORGANIZATIONS THAT SHARE PARKVIEW HOSPITAL, INC 'S MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
Identifier		PART VI, LINE 3 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 FINANCIAL ASSISTANCE POLICY -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
		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
<u></u>	ı	Schodulo H (Form 000) 2011

COUNTY IS THE URBAN AREA THAT RESIDES IN PARKVIEW HEALTH'S SERVICE AREA BASED ON 2011 DATA, THE POPULATION OF THE COUNTY IS APPROXIMATELY 358,327 OF WHICH 71% OF THE POPULATION INHABITS THE CITY OF FORT WAYNE NEW HAVEN IS THE LARGEST TOWN AND ACCOUNTS FOR 4 2% OF THE ALLEN COUNTY POPULATION IN 2010, APPROXIMATELY 13 9% OF THE POPULATION WAS REPORTED BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$34,088 AND THE MEDIAN HOUSEHOLD INCOME WAS \$48,714 AS OF JUNE 2011, UNEMPLOYMENT STOOD AT 9 1% THE SOUTH FORT WAYNE SERVICE AREA IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT ACCORDING TO THE DECEMBER 2009 INDIANA HEALTH COVERAGE	Identifier	ReturnReference	Explanation
RESIDENTS ARE ENROLLED IN MEDICAID			ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES PARKVIEW HOSPITAL, INC PRIMARILY SERVES THE ALLEN COUNTY COMMUNITY BUT AS A REGIONAL HOSPITAL AND THE REGION'S FIRST LEVEL II TRAUMA CENTER, PARKVIEW HOSPITAL, INC ALSO SERVES SURROUNDING COMMUNITIES TO A GREAT EXTENT ALLEN COUNTY IS THE URBAN AREA THAT RESIDES IN PARKVIEW HEALTH'S SERVICE AREA BASED ON 2011 DATA, THE POPULATION OF THE COUNTY IS APPROXIMATELY 358,327 OF WHICH 71% OF THE POPULATION INHABITS THE CITY OF FORT WAYNE NEW HAVEN IS THE LARGEST TOWN AND ACCOUNTS FOR 4 2% OF THE ALLEN COUNTY POPULATION IN 2010, APPROXIMATELY 13 9% OF THE POPULATION WAS REPORTED BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$34,088 AND THE MEDIAN HOUSEHOLD INCOME WAS \$48,714 AS OF JUNE 2011, UNEMPLOYMENT STOOD AT 9 1% THE SOUTH FORT WAYNE SERVICE AREA IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT ACCORDING TO THE DECEMBER 2009 INDIANA HEALTH COVERAGE PROGRAM ENROLLMENT DATA, 15 7% OF ALLEN COUNTY

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Identifier	ReturnReference	Explanation
		PART VI, LINE 5 PROVIDE ANY OTHER INFORMATION
		IMPORTANT TO DESCRIBING HOW THE ORGANIZATIO N'S
		HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROM
		OTING THE HEALTH OF THE COMMUNITY (E.G. OPEN
		MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLU S FUNDS, ETC) PARKVIEW HOSPITAL, INC 'S BOARD OF
		DIRECTORS IS COMPRISED OF MEMBERS OF WHO M
		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 MEDIC AL
		STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN
		THE COMMUNITY PARKVIEW HOSPITAL, INC IS PROUD
		TO ANNOUNCE THE OPENING OF THE NEW PARKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN
		MARCH, 2012 THE NEW CENTER OFFERS THE LATEST IN
		CARE DESIGN AND STATE OF THE ART EQUIPMENT AND
		CLINICAL CAPABILITIES PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON PARKVI EW 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 NU RSING STAFF THAT IS
		EXCEPTIONALLY 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 SPE CIALIZED CARE THEY NEED - THROUGH ACCESS TO THE REGION'S FIRST
		VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA
		CENTER, THE NEW PARKVIEW HEART INSTITUTE AND
		HOSPITAL, AND THE CERTIFIED PARKVIEW STANLEY WISSMAN STROKE CENTER PATIENTS RECEIVING
		EMERGENCY CARE AT PARKVIEW HOS PITAL, INC MAY
		ALSO SEE SPECIALISTS IN ORTHOPAEDICS,
		NEURO SURGERY, PLASTIC SURGERY AND MA NY 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 EMERGENCY RESPONSE HELICOPTERS ARE AVAILABLE
		FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TR
		AINED CREW AND ADVANCED ON-BOARD TRAUMA
		TECHNOLOGY ADDITIONALLY, DATA OBTAINED THROUGH PER IODIC COMMUNITY HEALTH ASSESSMENTS,
		PHYSICIAN SURVEYS, AND TREND 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 ESTABL ISHED 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 HEA
		LTH 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 F REE MEDICATIONS TO THE POOR-PROMOTION OF HEALTH CAREERS, PARTICULARLY THOSE IN WHICH THE C
		OMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF
		HEALTH CARE PROFESSIONALS-SUPPORT FOR ACTIV ITIES WHICH INCREASE THE AFFORDABILITY AND
		ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSU
		RED HEALTH SCREENING AND PREVENTION -CANCER
		SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM, CO LORECTAL, AND PROSTATE SCREENING-TOBACCO
		CESSATION PROGRAMS-INJURY PREVENTION FOR YOUNG
		PE OPLE-DIABETES EDUCATION AND SCREENING-
		CARDIOVASCULAR DISEASE EDUCATION AND SCREENING-PROGR AMS TO REDUCE DANGEROUS
		DRIVINGDISEASE MANAGEMENT -CARDIOVASCULAR
		DISEASE -CANCER-MENTAL I LLNESSES-TRAUMA AND ORTHOPAEDIC AILMENTS-WOMEN'S AND CHILDREN'S
		MEDICINE WITH AN EMPHASIS ON CHILDREN'S ASTHMA-
		DIABETES AND OBESITY HEALTH INNOVATION,
		EDUCATION, AND RESEARCH AND D EVELOPMENTTHIS AREA CONCENTRATES ON OPPORTUNITIES FOR -
		ENHANCING HEALTH CARE EDUCATION, M EDICAL
		RESEARCH, AND TECHNOLOGY-PROMOTING ECONOMIC
		AND OTHER DEVELOPMENT OF THE COMMUNITY PARKVIEW HOSPITAL, INC. ANNUALLY FUNDS COMMUNITY
		HEALTH IMPROVEMENT EFFORTS THESE FUNDS A RE
		USED TO SUPPORT HEALTH-RELATED, COMMUNITY-
		BASED PROGRAMS, PROJECTS AND ORGANIZATIONS T HESE FUNDS ARE ALSO USED TO SUPPORT A PORTION OF
		PARKVIEW HOSPITAL, INC 'S COMMUNITY OUTRE ACH
		PROGRAMS AND HEALTH INITIATIVES THE EMPHASIS
		WITH THESE PROJECTS CONTINUES TO BE ON I MPROVING THE HEALTH OF THE COMMUNITIES WE
		SERVE PARKVIEW HOSPITAL, INC PROVIDES A COMMUNI
		TY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND
		THEIR FAMILIES EACH YEAR OTHER PARKVIEW
		HOSPITAL, INC OUTREACH PROGRAMS INCLUDE
		MEDICATI ON ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDUCATION AND TRAUMA PREVENTION
		SOME LOCAL HEALTH PARTNERS THAT ADDRESS ACCESS
		TO HEALTH CARE INCLUDE MATTHEW 25 HEALTH AND
		DENTAL CLI NIC, NEIGHBORHOOD HEALTH CLINIC, SUPER SHOT, CANI COVERING KIDS AND FAMILIES, AND CANCER
		S ERVICES OF NORTHEAST INDIANA IN ADDITION,
		PARKVIEW HOSPITAL, INC PROVIDES FUNDING TO COM
		MUNITY TRANSPORTATION NETWORK TO PROVIDE MEDICAL TRANSPORTATION THROUGHOUT THE
		COMMUNITY A COMMITTEE OF COMMUNITY LEADERS,
		MADE UP OF MEMBE
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Identifier	ReturnReference	Explanation
Identifier		Explanation RS OF THE PARKVIEW HOSPITAL, INC BOARD, AS WELL AS REPRESENTATION FROM THE PARKVIEW HOSPI TAL, INC STAFF, MEETS REGULARLY TO ESTABLISH OR AFFIRM FUNDING PRIORITIES FOR PARKVIEW HO SPITAL, INC 'S COMMUNITY HEALTH IMPROVEMENT PROGRAM PARKVIEW HOSPITAL, INC PROACTIVELY SEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS IN DEVELOPING AND IMPLEMENTING HEALTH INITIATIVES PARKVIEW HOSPITAL, INC IS DEDICATED TO THE INVESTMENT OF TIME AND RESOUR CES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH OF THE COMMUNITY, PAR TICULARLY FOR THE UNDERSERVED PARKVIEW RESEARCH CENTER PROVIDES CLINICAL RESEARCH SERVICES TO PARKVIEW HEALTH SYSTEM, INC PHYSICIANS AND HAS DEVELOPED AREAS OF SPECIALIZATION IN C ARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE, AND CRITICAL CARE IN AN EFF ORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC PARKVIEW HOSPITAL, INC IS PROUD TO ANNOUNCE THE OPENING OF THE NE W PARKVIEW HOSPITAL, INC PARKVIEW HOSPITAL, INC IS PROUD TO ANNOUNCE THE OPENING OF THE NE W PARKVIEW HOSPITAL, INC NORTH CAMPUS IN MARCH, 2 012 REPRESENTING A SIGNIFICANT INVESTMENT IN THE LOCAL COMMUNITY AND THE NORTHEAST INDIANA REGION THE CENTER WILL BLEND THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIEN T-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 AND REMAIN A VITAL PART OF THE LOCAL NEIGHBORHOOD IN ADDITION, PARKVIEW HOSPITAL, INC WILL BE PARTIEN THE LOCAL ON PROVIDE GREATER ACCESS TO PARKVIEW HOSPITAL, INC CAMPUS LOCATED IN NORTH CENTRAL FORT WAYNE WILL RECEIVE A FACELIFT AND REMAIN A VITAL PART OF THE LOCAL NEIGHBORHOOD IN ADDITION, PARKVIEW HOSPITAL, INC WILL BE PARTNERING WITH THE LIFE SCIENCE AND RESEARCH CONSORTIUM OF NORTHEAST INDIANA TO CREATE A
		CAMPUS FOR ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION, AND SENIOR CARE
<u> </u>	1	In

PART VI, LINE 6 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 NORTHEAS TIDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, 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 AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC. PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION 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, PHYSICIANS, CO-WORKERS AND COMMUNITIES PARKVIEW SEEKS TO 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 SELVELOP CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING A WORKPLACE THAT IS SECOND TO NONE FOR ITS PHYSICIANS, NURSES AND STAFF PARKVIEWS MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND TO IMPROVE THE HEALTH OF OUR COMMUNITIES PARKVIEWS BLIEVES THAT THE COMMUNITIES PARKVIEWS BLIEVES THAT THE COMMUNITIES PARKVIEWS BLIEVES THAT THE COMMUNITIES IS SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTH CORES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTH CARE, REGARDLESS OF WETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING	Identifier	ReturnReference	Explanation
AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTH CARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, 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 THE REGION 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, PHYSICIANS, CO-WORKERS AND COMMUNITIES 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 PARKVIEWS MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND 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			,
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Software ID: Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Recognized as a Hospital Facility	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 22	
	Type of Facility
Name and address	(Describe)
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PARKVIEW BEHAVIORAL HEALTH 1720 BEACON STREET FORT WAYNE,IN 46805	IP & OP BEHAVIORAL

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493313014992 OMB No 1545-0047

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

Inspection

Employer identification number

PARKVIEW HOSPITAL INC						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?							
2 Describe in Part IV the organize							
Part II Grants and Other A Form 990, Part IV, In Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and govern	nent organizations list	ed in the line 1 table .				15
3 Enter total number of other orga						. ► <u>-</u>	0

art III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes"	to Form 990,	Part IV, line 2
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) FAMILY & CHILDREN ASSISTANCE	479		2,384	FMV	GAMES, TOYS, BABY ITEMS, ETC
(2) CAR SEAT DISTRIBUTION PROGRAM	354		17,891		CAR SEATS

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 COMMUNITY HEALTH IMPROVEMENT FUNDING PARTNER ORGANIZATIONS ARE REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT RELATED TO PROGRAM FUNDING PARTNER ORGANIZATIONS ARE REQUIRED TO RE-APPLY FOR FUNDING ON AN ANNUAL BASIS

Software ID:

Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

(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
EARLY CHILDHOOD ALLIANCE INC 3320 FAIRFIELD FORT WAYNE,IN 46807	35- 0953465	501 (C)3	330,859				OPERATIONS FUNDING
MATTHEW 25 HEALTH CLINIC 413 E JEFFERSON BLVD FORT WAYNE,IN 46802	35- 1484951	501 (C)3	319,358				PROGRAMS AND OPERATIONS FUNDING

	-						
(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
IPFW2101 E COLISEUM BLVD FORT WAYNE,IN 46805	35- 6002041	501 (C)3	309,268				OPERATIONS AND TAPESTRY
NEIGHBORHOOD HEALTH CLINICS INC1717 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	35- 1922483	501 (C)3	100,000				OPERATIONS FUNDING

(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
CANCER SERVICES OF NORTHEAST INDIANA6316 MUTUAL DRIVE FORT WAYNE, IN 46825	35- 0965609	501 (C)3	30,000				OPERATIONS FUNDING AND PATIENT ADVOCACY PROGRAMS
MIDWEST ALLIANCE FOR HEALTH EDUCATION1819 CAREW FORT WAYNE,IN 46805	35- 1637515	501 (C)3	30,000				RESEARCH PROJECTS AND INTERNSHIPS

(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
AMERICAN HEART ASSOCIATION4040 VINELAND DRIVE FORT WAYNE, IN 46815	13- 5613797	501 (C)3	25,000				PROGRAMS AND OPERATIONS FUNDING
PARKVIEW FOUNDATION INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805	23- 7220589	1 5017 (**) 3	23,535				OPERATIONS FUNDING

(a) Name and address of organization or government	(b) EIN	` '	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY TRANSPORTATION NETWORK2701 S COLISEUM BLVD SUITE 1315 FORT WAYNE, IN 46803	35- 2109955	501 (C)3	16,500				MEDICAL TRANSPORTATION
COMMUNITY HARVEST FOOD BANK OF NORTHEAST INDIANA INCP O BOX 10967 FORT WAYNE, IN 46855	31-	501 (C)3	15,500				OPERATIONS FUNDING

(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
TURNSTONE CENTER FOR DISABLED CHILDREN AND ADULTS3320 N CLINTON FORT WAYNE,IN 46805	35- 0913541	501 (C)3	15,000				FITNESS AND WELLNESS PROGRAMS
AFRICAN AMERICAN HEALTHCARE ALLIANCE OF FORT WAYNE INC 815 CRO WDER COURT FORT WAYNE, IN 46825	35- 2134195	501 (C)3	10,000				STUDENT SCHOLARSHIPS FOR HEALTHCARE EDUCATION

(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
VERA BRADLEY FOUNDATION FOR BREAST CANCER PO BOX 80201 FORT WAYNE, IN 46898	35- 2058177	501 (C)3	10,000				SPONSORSHIP OF RESEARCH EVENT
SUPER SHOT INC 709 CLAY STREET SUITE 300 FORT WAYNE,IN 46802	35- 2122575	501 (C)3	7,500				CHILDREN'S IMMUNIZATION PROGRAMS

(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
INDIANA YOUTH INSTITUTE INC603 E WASHINGTON STREET STE 800 INDIANAPOLIS,IN 46204	31- 1251680	501 (C)3	6,000				PROGRAMS AND OPERATIONS FUNDING

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DLN: 93493313014992

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Compensation Information

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.

Open to Public

Inspection

	RKVIEW HOSPITAL INC	identification n	ımber	
IAN	35-0868	085		
Pa	art 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 Fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel Housing allowance or residence for personal	ıse		
	Travel for companions Payments for business use of personal residents.	nce		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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 o reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	, 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
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 Compensation committee Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation commensured to the board or compensation commens	nittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing o or a related organization	rganızatıon		
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III		T	
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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) SUZANNE EHINGER	(I) (II)	309,314 0	0 0	19,438 0	68,460 0	21,106 0	418,318 0	0
(2) MICHAEL PACKNETT	(I) (II)	0 644,714	0	0 2,838	0 154,444	0 11,926	0 813,922	0
(3) THOMAS BOND	(I) (II)	49,950 168,083	0	0 763	4,531 15,316	4,118 13,919		
(4) MICHAEL BROWNING	(I) (II)	0 369,144	0	0 30,487	0 46,620	0 20,266	0 466,517	0
(5) CHAD CARPENTER	(I) (II)	169,517 0	0	2,258 0	22,946 0	11,337 0	206,058	0
(6) JUDITH BOERGER	(I) (II)	234,183 0	0	4,406 0	32,727 0	12,947 0	284,263 0	0
(7) DANIEL GARMAN	(I) (II)	202,757 0	0	13,369 0	35,187 0	17,983 0	269,296 0	10,531 0
(8) THOMAS GUTWEIN	(I) (II)	164,900 750	0	0	0	0	164,900 750	
(9) CHARLES CLARK	(I) (II)	163,088 0	0	2,291 0	29,275 0	11,317	205,971	0
(10) TIMOTHY CMELIK	(I) (II)	156,513 0	1,000	745 0	8,252 0	22,212	188,722 0	0
(11) KEITH JACKSON	(I) (II)	146,672 0	1,620 0	7,602 0	11,867 0	17,212	184,973 0	0
(12) MARK NAFZIGER	(I) (II)	0	0	0 211,886	0	0 816	0 212,702	0
(13)STANTON RISSER	(I) (II)	0 108,116	0 1,000	0 395	0 5,580	0 17,172	0 132,263	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
	3	RELATED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF PARKVIEW HOSPITAL, INC 'S CEO/EXECUTIVE DIRECTOR COMPENSATION COMMITTEE (BOARD OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC) INDEPENDENT COMPENSATION CONSULTANT FORM 990 OF OTHER ORGANIZATIONS COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE (BOARD OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC)
	LINES 4A-B	SEVERANCE PAYMENT - MARK NAFZIGER \$212,180 ELIMINATION OF PH EVP & COO POSITION SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - DANIEL GARMAN \$10,531 PARTICIPANTS DEFERRED - JUDITH BOERGER \$27,983, MICHAEL BROWNING \$46,020, CHAD CARPENTER \$19,767, CHARLES CLARK \$19,407, SUZANNE EHINGER \$39,060, DANIEL GARMAN \$22,875, MICHAEL PACKNETT \$137,294

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DLN: 93493313014992

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization PARKVIEW HOSPITAL INC **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii the organizatio	ili alisweled Tes Oli	TOTTI 330, Part IV, III	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organiz	aring of ation's nues?
	organization			Yes	No
(1) INDIANA SURGICAL SPECIALISTS LLC	ENTITY OF WHICH DIRECTOR MICHAEL GRABOWSKI WAS SERVING AS AN OFFICER		COMMON PAYMASTER, PARKVIEW HEALTH SYSTEM, INC EIN 35-1972384, PAID INDIANA SURGICAL SPECIALISTS, LLC FOR CONTRACTED SERVICES TRANSACTIONS WERE ENTERED INTO AT ARM'S- LENGTH THE CONTRACTED SERVICES INCLUDE CALL COVERAGE 24/7, MEDICAL DIRECTOR COVERAGE, AND PROFESSIONAL TRAUMA SERVICES PROVIDED TO PARKVIEW HOSPITAL, INC PATIENTS INDIANA SURGICAL SPECIALISTS, LLC ASSIGN THEIR BILLINGS AND RECEIPTS TO THE HOSPITAL COLLECTED AMOUNT OF \$571,384 IS NOT REFLECTED ON SCHEDULE L		No

Supplemental Information Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

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DLN: 93493313014992

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

	Employer identifi	cation number
PARKVIEW HOSPITAL INC		
	35-0868085	

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING 2011, SEVERAL CHANGES WERE MADE TO THE BY LAWS OF PARKYLEW HOSHTAL, INC. AND ARE AS FOLLOWS. ARTICLE V, SECTION 1 is AS FOLLOWS. THE MANAGEMENT, CONTROL AND OPERATION OF THE CORPORATION (THE "BOARD.), SUBJECT TO THE RESERVED POWERS OF THE CORPORATION (THE "BOARD.), SUBJECT TO THE RESERVED POWERS OF THE CORPORATE MEMBERS SET FORTH NO PUBLISHED." THE POWERS SHALL INCLIDE ("A)DEVILOPMENT AND A PROVAL OF AN ANNUAL BUIDG ET AND CAPITAL PLAN, SUBJECT TO SYSTEM BOARD APPROVAL (B) AUTHORITY TO GOVERN THE HOSHTAL WITHIN THE FRAMEWORK OF THE APPROVED BILDGET AND STRATEGIC PLAN, AND (C) AUTHORITY FOR EXPENDITURES, NOT NOCLUDED IN THE BUDGET, NOT TO EXCEED 33 MILLION HER EXPENDITURE ARTICLE V, SECTION 3 IS AS FOLLOWS. THE APPOINTMENT AND BEMOVAL OF DIRECTORS OF THE CORPORATION SHALL BE CONDUCTED IN ACCONDANCE WITH THE RESERVED POWERS OF THE CORPORATION END REMOVED DIRECTORS, FOR WITH A THE APPOINTMENT AND REMOVED OF THE CORPORATION SHALL BE CONDUCTED IN THE BUDGET. NOT TO EXCEED 33 MILLION HER EXPENDITURE ARTICLE V, SECTION 3 IS AS DESCRIBED IN EXHBIT A THE CORPORATIONS OF THE CORPORATION SHALL BE CONDUCTED IN THE MINISTER AND ACCONDANCE WITH THE RESERVED POWERS OF THE CORPORATION AND REMOVE DIRECTORS, PROVIDED THAT INTAKING SUCH ACTION, THE CORPORATION SHALL APPOINT SUCH DIRECTORS FOR OM AS LATE OF CANDIDATES PROPOSED BY THE CORPORATIONS BOARD OF DIRECTORS ON THE TOP THE CORPORATION SHALL APPOINT SUCH DIRECTORS FOR OM AS LATE OF CANDIDATES IN CORPORATIONS BOARD OF DIRECTORS AND REQUEST THAT A NEW SLATE OF DIFFERENT CANDIDATES BE PRESE SHIED LUTIL. AN ACCEPTABLE CANDIDATE IS PRESENTED LY A MAJORITY OF THE CORPORATE MEMBERS AND THE CORPORATIONS BOARD OF DIRECTORS SHALL BE CANDIDATE IS PRESENTED LY AND AND ACCEPTABLE CANDIDATE IS PRESENTED. IN A MAJORITY OF THE CORPORATION SHALL BE FORTS TO ACCEPTABLE OF THE CORPORATIONS BOARD OF THE CORPORATION SHALL BE SHIED LY AND ACCEPTABLE CANDIDATES THAT A NEW SLATE OF DIFFERENT CANDIDATES BE PRESE SHIED LUTIL. AN ACCEPTABLE CANDIDATE IS PRESENTED. IN A MAJORITY OF THE CORPORATI

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	ALL BE ANNUALLY ELECTED AND QUALIFIED BY THE BOARD THE TERMS SHALL BEGIN UPON ADJOURNMENT OF THE MEETING AT WHICH THE ELECTION IS HELD AT THE OPTION OF THE BOARD. THE OFFICES OF SECRETARY AND TREASURER MAY BEHELD BY THE SAME PERSON THE CHAIR OF THE BOARD MAY APPOINT ASSISTANT SECRETARIES OR ASSISTANT TREASURERS, FROM TIME TO TIME, AS NEEDED TO ACCOMILISH THE OBJECTIVES OF THE CORPORATION. THE CHIEF OFFRATING OFFICER OF THE CORPORATION, WHILE NOT AN OFFICER OF THE BOARD, IS AN OFFICER OF THE CORPORATION AND WILL, THEREFORE, BE CONS. IDERED IN THIS ARTICLE. ARTICLE VII, SECTION 2 IS AS FOLLOWS. THE CHAIR SHALL PRESIDE AT A LL MEETINGS OF THE BOARD, IF PRESENT, AND SHALL, IN GENERAL, POSSESS SUCH AUTHORITY AND PO WER AND SHALL FULFILL SUCH DUTIES AND RESPONSIBILITIES AS ARE RORMALLY. NICIDENT TO SUCH OF FICE AND SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE BOARD. THE CHAIR SHALL APPOINT MEMBER S AND CHAIRS OF ALL STANDING COMMITTEES AND SUCH SPECIAL COMMITTEES AS MAY BE CONSTITUTED. THE CHAIR MAY, AT HIS/HER DISCRETION, ATTEMD AND VOTE AS AND SUCH OFFICE AND SUCH OTHER DUTIES AS MAY BE CONSTITUTED. THE CHAIR MAY, AT HIS/HER DISCRETION, ATTEMD AND VOTE AS AND SUCH SPECIAL. COMMITTEES AS THE CONDUCT OF THE CORPORATION OF AN ATTEMD AND VOTE AS AND SUCH SPECIAL. COMMITTEES AS IT SHALL DEEM NECESSARY FOR THE CONDUCT OF THE CORPORATION OF A STANDING AND SPECIAL COMMITTEES WERE ASSISTED AND SUCH SPECIAL COMMITTEES AS IT SHALL DEEM NECESSARY FOR THE CONDUCT OF THE CORPORATION OF AFTENDED SHALL BE COMPOSED OF NOT LESS THAN TWO (2) BOARD MEMBERS MEMBERSHIP ON THE PARKVIEW HOSPITAL BEDOARD AND ASPECIAL DECOMPOSED OF NOT LESS THAN TWO (2) BOARD MEMBERS MEMBERSHIP ON THE PARKVIEW HOSPITAL BOARD AND ASPECIAL DECOMPOSED OF NOT LESS THAN TWO (2) BOARD MEMBERS MEMBERS HIP ON THE PARKVIEW HOSPITAL BOARD AND ASPECIAL DECOMPOSED OF NOT LESS THAN TWO (2) BOARD MEMBERS MEMBERSHIP ON THE PARKVIEW HOSPITAL BOARD AND THE CHIEF OPERATING OFFICER SHALL BE VOTING MEMBERS HIP OR FOR SERVICE AS A COMMITTEE CHAIR UNLESS OTHERWISE SPECIFIED IN TH

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	CONTINUED ARTICLE VIII, SECTION 7 IS AS FOLLOWS MEETINGS OF THE STANDING COMMITTEES MAY BE CALLED BY THE CHAIR OF THE COMMITTEE, AT THE DIRECTION OF THE BOARD OF DIRECTORS, OR BY THE CHIEF OPERATING OFFICER REASONABLE NOTICE OF SUCH MEETINGS SHALL BE GIVEN BY TELEPHONE OR WRITTEN OR ELECTRONIC COMMUNICATION THE CHANGED PORTION AS NOW FINALIZED, OF ARTICLE XI, SECTION 1 IS AS FOLLOWS NOTICES OF REGULAR MEETINGS OF THE BOARD SHALL BE GROVED TO FACH MEMBER AT LEAST TEN (10) DAYS PRECEDING THE DATE OF A MEETING SUCH NOTICES NEED NOT INDICATE THE SUBJECT TO BE TRESENTED AT THE MEETING UNLESS AN AMENDMENT OF THE BY LAWS IS TO BE PRESENTED AT SUCH MEETING, IN WHICH EVENT A COPY OF THE PROPOSED AMENDMENT AND A STATEMENT THAT IT WILL BE SUBJECT TO BE CONSIDERATION SHALL BE CONTAINED IN THE NOTICES NOTICE OF SPECIAL MEETINGS SHALL BE GIVEN AS ABOVE INDICATED FOR REGULAR MEETINGS, EXCEPT THAT A BRIEF OUTLINE SHALL BE GIVEN OF ALL SUBJECTS PROPOSED FOR CONSIDERATION AT SAID MEETING ARTICLE XI, SECTION 2 IS AS FOLLOWS A QUORUM FOR THE PURPOSE OF DOING BUSINESS SHALL BE A MAJORITY OF THE MEMBERS OF THE BOARD A MAJORITY OF THE MEMBERS OF THE BOARD A MAJORITY OF ANY STANDING OR SPECIAL COMMITTEE SHALL CONSTITUTE A QUORUM IF NECESSARY TO CONSTITUTE A QUORUM, A MEMBER CAN BE COUNTED AS PRESENT IF THROUGH MEANS OF THE ECOMMUNICATION SAID MEMBER WAY HEAR AND BE HEARD BY ALL OTHER MEMBERS PRESENT AT SUCH MEETINGS THAN A MEETING AT WHICH A QUORUM IS PRESENT SHALL BE THE ACT OF THE BOARD OR COMMITTEE EXCEPT WHERE OTHERWISE PROVIDED BY LAW OR BY THESE SYLAWS ANY ACTION REQUIRED OR PRESENT IS EXECUTED BY ALL MEMBERS OF THE BOARD (OR OF ANY COMMITTEE THEREOF) MAY BE TAKEN WITHOUT A MEETING BY WAY OF WRITTEN CONSENT TO INCLUDE ELECTRONIC/E-MAIL COMMUNICATION BECURED OF THE BOARD AT WHICH A QUORUM IS NATIFENDANCE (B) SUBSEQUENTLY, AT A REGULAR OR SPECIAL MEETING OF THE BOARD AT WHICH A QUORUM IS NATIFENDANCE (B) SUBSEQUENTLY, AT A REGULAR OR SPECIAL MEETING OF THE EPOPOSED AMENDMENT SHALL BE COUNTED AS AN EXCENTINE OF THE BOARD AT ANY MEE

Identifier	Return Reference	Explanation				
	•	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				

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED ROWERS AS DEFINED IN THE INSTRUMORY AGREEMENT (A) APPOINT DIRECTIONS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY 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 PRESEDST OF THE CORPORATION WITH HOR 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 AND PROVIDE CONSIDERATION OR THE SINCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEBMED BY THE CORPORATION OR ITS STRATEGIC MEMORITANIES ON A PROVIDED BY THE CORPORATION OR ITS AFFILLATES AND DIRECT AND MONITOR COMPLANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) UPON RECOMMENDATIONS OF THE CORPORATION AND ITS AFFILLATES (A) APPROVE AND ADOPT THE CORPORATION AND ITS AFFILLATES (A) APPROVED AND ADOPT THE CORPORATION AND ITS AFFILLATES, INCLUDING TRANSFERS OF A SETS BY THE CORPORATION INCLUDING THE ISSUANCE OF BONDS BY THE CORPORATION AND ITS AFFILLATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGEILE OR INTANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGEILE OR INTANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGEILE OR INTANSFERS OF THE CORPORATION OR ITS AFFILLATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGEILE OR INTANSFERS OF THE CORPORATION AND ITS AFFILLATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	SEE SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 7A

Identifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION B, LINE 11	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, PRIOR TO FILING WITH THE IRS ON OCTOBER 10, 2012, 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 FORM 990 AND SUPPLEMENTAL SCHEDULES		

Identifier	Return Reference	Explanation
	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 IT'S 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 AFFILLATE BOARD OR BOARD COMMITTEE IS CONSIDERING A TRANSACTION OR ARRANSEMENT 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, 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 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 BOARD MEMBERS PRESENT AT A MEETING CONSIDERATIONS SHOULD BE MADE 4 IF APPROPRIATE, THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT BY ONE STRANSACTION OR ARRANGEMENT THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN THE BESINTERESTED BOARD MEMBERS, THAT THE PROPOSED TRANSACTION OR ARRANGEMENT

Identifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION B, LINE 15	TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR A BOVE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES THE PROCESS INCLUSES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISOR, REVIEW, AND APPROVAL BY THE GOVERNING BODY, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDICEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS IN 2011, THE BOARD OF PARKVIEW HEALTH SYSTEM, INC. REVIEWED AND APPROVED ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2011 COMPENSATION PACKAGE, PURSUANT TO THE PARKVIEW HEALTH BY LAWS THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD MEMBERS PARKVIEWS INDEPENDENT CONSULTANT PREPARES A COMPENSATION PACKAGE. PURSUANT TO THE PARKVIEW HEALTH BY LAWS THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD MEMBERS PARKVIEWS INDEPENDENT CONSULTANT PREPARES A COMPENTITIVE COMPENSATION AND USE SIDE OF A THE PROMINAL THE 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 BASS THE INDEPENDENT CONSULTANT REVOVIDES A STATEMENT OF PRESIDENT LEVEL AND ABOVE ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS THE BOARD APPROVES ANY CHANGES IN 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 THE BOARD APPROVES ANY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS APPROVAL IS ALSO PROVIDED FOR THE MERIT BUGGET FOR THE ENTIFIE ORGANIZATION THE BOARD OR SUBJECT STATEMENT OF EAST ON A THE MERIT BUGGET FOR THE ENTIFIE ORGANIZATION THE BOARD CONSIDERED THE SSUE OF MERIT INCREASES AND MICH PRIVICAL OF THE BOARD ORGANIZATION THE BOARD CONSIDERED THE SSUE OF MERIT INCREASES AND MICH PRIVICAL ORGANIZATION THE BOARD CONSIDERED THE SSUE OF RESTILING THE PHYSICIAN EXCLUTIVE VICE PRESIDENT FAR VIEW FOR AND MICH PRIVICAL PRIVICAL PRIVICAL PR		

ldentifier	Return Reference	Explanation				
	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				

ldentifier	Return Reference	Explanation
COMMON PAYING AGENT FOR FILING ORGANIZATION	1A, 2A AND PART VII,	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, 2011 WAS 501 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2011 WAS 8,034 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR THE PARKVIEW HOSPITAL, INC WAS 152 AND 3,983 RESPECTIVELY AS REFLECTED IN PART VII, SECTION B, APPROXIMATELY 10 INDEPENDENT CONTRACTORS RECEIVED MORE THAN \$100,000 IN COMPENSATION FOR SERVICES FROM PARKVIEW HOSPITAL, INC

ldentifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN B	MICHAEL PACKNETT (DIRECTOR/PH CEO) AND MICHAEL BROWNING (PH SVP & CFO) DEVOTED APPROXIMATELY 40 HOURS PER WEEK TO PARKVIEW HEALTH SYSTEM, INC (PH), AND ONE HOUR PER WEEK TO EACH OF THE FOLLOWING TAX-EXEMPT AND TAXABLE ORGANIZATIONS RELATED TO PH PARKVIEW HOSPITAL, INC (PVHOS) - FILING ORGANIZATION PARKVIEW OCCUPATIONAL HEALTH CENTERS, INC (POHCI) HUNTINGTON MEMORIAL HOSPITAL, INC (IMHOS) COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (LIGHOS) COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (NBHOS) WHITLEY MEMORIAL HOSPITAL, INC (WIHOS) PARKVIEW FOUNDATION, INC (PVFND) PARKVIEW HUNTINGTON HOSPITAL FOUNDATION, INC (MIFND) COMMUNITY HOSPITAL OF NOBLE COUNTY FOUNDATION, INC (NBFND) WHITLEY MEMORIAL HOSPITAL FOUNDATION, INC (WIFND) PARKVIEW PROFESSIONAL PROGRAMS, INC (PPP) MIDWEST COMMUNITY HEALTH ASSOCIATES, INC (MCHA) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (ORTHO) MANAGED CARE SERVICES, LLC (MCS) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE, LLC (ISCLC) PARKVIEW IMAGING HUNTINGTON, LLC (PHLC) THOMAS BOND (DIRECTOR/PH PHYSICIAN) DEVOTED APPROXIMATELY 8 HOUR PER WEEK TO PVHOS AND 32 HOURS PER WEEK TO PH MICHAEL GRABOWSKI (DIRECTOR/PVHOS MSO & SLL) DEVOTED APPROXIMATELY ONE HOUR PER WEEK TO PVFND, 10 HOURS PER WEEK TO PVHOS AND AS NEEDED HOURS PER WEEK TO PH THOMAS BEAVER (DIRECTOR/CHAIR) DEVOTED APPROXIMATELY ONE HOUR PER WEEK TO PVHOS AND ONE HOUR PER WEEK TO PHORE PER WEEK TO PVHOS AND ONE PER WEEK TO PVHOS AND AS NEEDED HOURS PER WEEK FOR PH STANTON RISSER (FORMER OFFICER/INTERIM PH CFO / CURRENT PH EMPLOYEE/CONTROLLER) DEV

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,036,193 ASSET TRANSFERS/ADJUSTMENTS 16,110 CURRENT YEAR EARNINGS TRANSFERRED TO PARENT -65,615,536 INCOME (LOSS) FROM HOSPITAL LAUNDRY SERVICE, INC 98,569 INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC 837,684 BOOK/TAX DIFFERENCES K-1'S -21,250 TOTAL TO FORM 990, PART XI, LINE 5 -65,720,616

DLN: 93493313014992

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury

Internal Revenue Service

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state (a)
Name, address, and EIN of disregarded entity Primary activity Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	<u> </u>						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	ntrolled
						Yes	No
(1) PARKVIEW HEALTH SYSTEM INC							
10501 CORPORATE DRIVE	HEALTH CARE	IN	501(C)(3)	LINE 11C, III-FI	N/A		No
FORT WAYNE, IN 46845 35-1972384							
(2) PARKVIEW FOUNDATION INC							
2200 RANDALLIA DRIVE	FUND MGMT	IN	501(C)(3)	LINE 11A, I	PARKVIEW HOSPITAL INC	Yes	
FORT WAYNE, IN 46805 _23-7220589							
(3) PARKVIEW OCCUPATIONAL HEALTH CENTERS INC							
2200 RANDALLIA DRIVE	OCCUP HEALTH	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
FORT WAYNE, IN 46805 35-2064353							
(4) COMMUNITY HOSPITAL OF NOBLE COUNTY INC							
401 SAWYER ROAD	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
KENDALLVILLE, IN 46755 _35-2087092							
(5) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC							
207 N TOWNLINE ROAD	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
LAGRANGE, IN 46761 20-2401676							
(6) WHITLEY MEMORIAL HOSPITAL INC							
1260 E STATE ROAD 205	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
COLUMBIA CITY, IN 46725 35-1967665							
(7) HUNTINGTON MEMORIAL HOSPITAL INC							
2001 STULTS ROAD	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
HUNTINGTON, IN 46750 35-1970706							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2011					2011		

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part 1	V, 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) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partr	ral or iging	(k) Percentage ownership
							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 ıncome	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PARKVIEW PROFESSIONAL PROGRAMS INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 35-1668888	REFERENCE LAB	IN	PARKVIEW HOSPITAL INC	С	15,163,615	4,893,587	100 000 %
(2) PARKVIEW PROFESSIONAL BILLINGS INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 35-1950305	BILLING	IN	PARKVIEW HOSPITAL INC	С	511		100 000 %

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	i No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	ganızatıons lısted ın Par	ts II-IV?	Γ		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	a Yes	
b Gift, grant, or capital contribution to related organization(s)			1	b Yes	3
c Gift, grant, or capital contribution from related organization(s)			1	c Yes	
d Loans or loan guarantees to or for related organization(s)			1	d	No
e Loans or loan guarantees by related organization(s)			1	е	No
f Sale of assets to related organization(s)			1		No
g Purchase of assets from related organization(s)			1	_	No
h Exchange of assets with related organization(s)			1		No
i Lease of facilities, equipment, or other assets to related organization(s)			1	i Yes	<u>; </u>
j Lease of facilities, equipment, or other assets from related organization(s)			1	j Yes	+
k Performance of services or membership or fundraising solicitations for related organization(s)			1		No
l Performance of services or membership or fundraising solicitations by related organization(s)			1	ı	No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	m	No
n Sharing of paid employees with related organization(s)			1	n	No
Doumburg amont paid to related arganization/s) for avapages			1	o Yes	
Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses			<u> </u>	p Yes	
p Reimbursement paid by related organization(s) for expenses			 	p res	'
q Other transfer of cash or property to related organization(s)			1	q Yes	;
r Other transfer of cash or property from related organization(s)			1	r	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 rela	tionships and transact	tion thresholds		
(a)	(b) Transaction	(c)	(d) Method of detem		nount
Name of other organization	type(a-r)	Amount involved	involv		Hount
(1) PARKVIEW FOUNDATION INC	А	25,263	PART VII SUPPLEMENT INFORMATION	ITAL	
(2) PARKVIEW FOUNDATION INC	В	23,535	PART VII SUPPLEMENT INFORMATION	ITAL	
(3) PARKVIEW FOUNDATION INC	С	445,497	PART VII SUPPLEMENT INFORMATION	ITAL	
(4) PARKVIEW PROFESSIONAL PROGRAMS INC	Р	1,026,391	PART VII SUPPLEMENT INFORMATION	ITAL	
(5)					
(6)					
\cdot ,	I .	i .	1		

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

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)	income(related, unrelated, excluded from tax under sections 512- 514)		501(c)(3) organizations?		partners section to 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Dispropitionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No					

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
METHOD	SCHEDULE R,	THE AMOUNTS REPORTED AS TRANSACTIONS WITH RELATED ORGANIZATIONS ARE CONSISTENT WITH THE AMOUNTS REPORTED ON THE
USED TO	PART V, LINE	ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER THE GENERALLY ACCEPTED ACCOUNTING STANDARDS DEPENDING ON THE TYPE
DETERMINE	2, COLUMN	OF TRANSACTION INVOLVED
VALUE	(C)	

Schedule R (Form 990) 2011

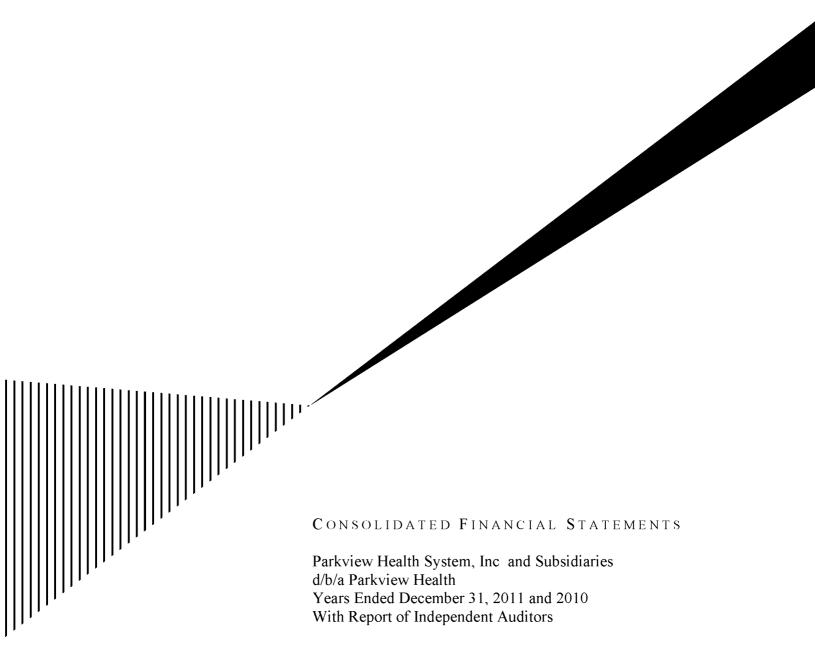
Software ID: Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Ide	entification of F	celated lax-	exempt org	anizations			
(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	Sectio (b)(contr	n 512 13) olled
PARKVIEW HEALTH SYSTEM INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	HEALTH CARE	IN	501(C) (3)	LINE 11C, III-FI	N/A		No
PARKVIEW FOUNDATION INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 23-7220589	FUND MGMT	IN	501(C) (3)		PARKVIEW HOSPITAL INC	Yes	
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 35-2064353	O C C U P HEALTH	IN	501(C) (3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
COMMUNITY HOSPITAL OF NOBLE COUNTY INC 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C) (3)		PARKVIEW HEALTH SYSTEM INC		No
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C) (3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
WHITLEY MEMORIAL HOSPITAL INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C) (3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
HUNTINGTON MEMORIAL HOSPITAL INC 2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C) (3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No



Ernst & Young LLP



Consolidated Financial Statements

Years Ended December 31, 2011 and 2010

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Report of Independent Auditors

The Board of Directors Parkview Health System, Inc

We have audited the accompanying consolidated balance sheets of Parkview Health System, Inc and subsidiaries (the Corporation) as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Corporation's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Corporation's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control over financial reporting Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Parkview Health System, Inc. and subsidiaries at December 31, 2011 and 2010, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

As discussed in Note 2 to the consolidated financial statements, the Corporation adopted authoritative guidance issued by the Financial Accounting Standards Board related to presentation and disclosure of patient service revenue and provisions for bad debts

Ernst + Young LLP

April 19, 2012

Consolidated Balance Sheets

(In Thousands)

	December 31				
	 2011		2010		
Assets					
Current assets					
Cash and cash equivalents	\$ 19,153	\$	21,209		
Patient accounts receivable, less allowances for bad debts of \$37,171 and \$28,868					
in 2011 and 2010, respectively	128,046		120,743		
Inventories	12,295		10,915		
Prepaid expenses and other current assets	23,190		20,566		
Collateral from securities lending agreement (Note 6)	6,040		6,318		
Total current assets	188,724		179,751		
Investments (Note 6) Board-designated debt reserve and capital replacement funds Securities pledged Other investments	490,325 7,304 133 497,762		650,549 7,660 122 658,331		
Property and equipment (Note 7)					
Cost	1,441,104		1,223,956		
Less accumulated depreciation and amortization	506,510		500,642		
Other assets	934,594		723,314		
Interest rate swaps	5,596		6,197		
Deferred financing costs, net	2,944		3,146		
Investments in joint ventures	2,763		4,237		
Goodwill and intangible assets, net (Note 3)	47,173		45,735		
Other assets	20,543		30,448		
	79,019		89,763		
Total assets	 1,700,099	\$	1,651,159		

	December 31				
	2011		2010		
Liabilities and net assets					
Current liabilities					
Accounts payable and accrued expenses	\$ 73,251	\$	71,424		
Salaries, wages, and related liabilities	60,665		41,415		
Accrued interest	3,130		2,944		
Estimated third-party payor settlements	6,513		6,208		
Payable under securities lending agreement (Note 6)	7,482		7,835		
Current portion of long-term debt (Note 8)	15,739		32,250		
Total current liabilities	166,780		162,076		
Noncurrent liabilities					
Long-term debt, less current portion (Note 8)	611,399		596,091		
Interest rate swaps (Note 9)	85,450		46,390		
Accrued pension obligations (Note 10)	57,544		11,205		
Other	16,268		13,359		
	770,661		667,045		
Net assets					
Parkview Health System, Inc	743,146		802,315		
Noncontrolling interest in subsidiaries	 14,264		14,926		
Total unrestricted net assets	757,410		817,241		
Temporarily restricted net assets	4,346		4,020		
Permanently restricted net assets	 902		777_		
Total net assets	762,658		822,038		
Total liabilities and net assets	\$ 1,700,099	\$	1,651,159		

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See accompanying notes.

Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

	Y	ear Ended Dec	ember 31 2010
Revenues			
Patient service revenue (net of contractual allowances and discounts)	\$	954,907 \$	808,283
Provision for bad debts		(84,618)	(55,701)
Net patient service revenue, less provision for bad debts		870,289	752,582
Other revenue		52,193	23,466
		922,482	776,048
Expenses			
Salaries and benefits		489,685	413,898
Supplies		121,989	115,524
Purchased services		119,535	97,446
Utilities, repairs, and maintenance		39,463	35,242
Depreciation and amortization		49,864	50,556
Other		31,759	30,584
		852,295	743,250
Operating income before impairment charges		70,187	32,798
Write-down of asset due to impairment (Note 7)		(7,736)	(4,385)
Operating income		62,451	28,413
Nonoperating income (expense)			
Interest, dividends, and realized gains			
on sales of investments, net (Note 6)		11,864	16,588
Unrealized (losses) gains on investments, net (Note 6)		(23,040)	27,381
Interest expense		(10,155)	(21,606)
Realized and unrealized losses on interest rate swaps, net		(39,787)	(17.880)
Other (Note 2)		(3,823)	(878)
(Deficit) excess of revenues over expenses		(2,490)	32,018
Excess of revenues over expenses attributable to noncontrolling			
interest in subsidiaries		9,556	8,623
(Deficit) excess of revenues over expenses attributable to			
Parkview Health System, Inc. and subsidiaries	\$	(12,046) \$	23,395

See accompanying notes

Consolidated Statements of Operations and Changes in Net Assets (continued) (In Thousands)

	_
Unrestricted net assets (Deficit) excess of revenues over expenses Distributions to noncontrolling interests \$ (2,490) \$ (12,046) \$ - (10,218) - (12,046) \$	9,556
(Deficit) excess of revenues over expenses \$ (2,490) \$ (12,046) \$ Distributions to noncontrolling interests (10,218) - (12,046)	
Distributions to noncontrolling interests (10,218) – (1	
	10,218)
Dangen related ahanges other than	
Pension-related changes other than	
net periodic pension cost (46,714) (46,714)	_
Other (409)	_
Decrease in unrestricted net assets (59,831) (59,169)	(662)
Temporarily restricted net assets	
Contributions 705 705	_
Investment income 40 40	_
Net assets released from restrictions (707) (707)	_
Other 288 288	_
Increase in temporarily restricted net assets 326 326	_
Permanently restricted net assets	
Contributions 125 125	_
Increase in permanently restricted net assets 125 125	
Decrease in net assets (59,380) (58,718)	(662)
	14,926
	14,264

See accompanying notes

Consolidated Statements of Operations and Changes in Net Assets (continued) (In Thousands)

	Year Ended December 31, 2010					
		Controlling		Noncontrolling		
	 Total		Interest		Interest	
Unrestricted net assets					_	
Excess of revenues over expenses	\$ 32,018	\$	23,395	\$	8,623	
Distributions to noncontrolling interests	(8,059)		_		(8,059)	
Pension-related changes other than						
net periodic pension cost	3,309		3,309		_	
Other	 (2.044)		(2,056)		12	
Increase in unrestricted net assets	 25,224		24,648		576	
Temporarily restricted net assets						
Contributions	508		508		_	
Investment income	74		74		_	
Net assets released from restrictions	(527)		(527)		_	
Other	227		227		_	
Increase in temporarily restricted net assets	282		282		_	
Increase in net assets	25,506		24,930		576	
Net assets at beginning of year	796,532		782,182		14,350	
Net assets at end of year	\$ 822,038	\$	807,112	\$	14,926	

See accompanying notes

Consolidated Statements of Cash Flows

(In Thousands)

	Year Ended December 31		
		2011	2010
Operating activities			
(Decrease) increase in net assets	\$	(59,380) \$	25,506
Adjustments to reconcile (decrease) increase in net assets to			
net cash provided by operating activities			
Provision for bad debts		84,618	55,701
Depreciation and amortization		49,864	50,556
Unrealized loss on interest rate swaps		39,660	17,837
Amortization of deferred financing costs and discount		468	480
Loss from disposal of property and equipment		442	440
Write-down of assets due to impairment		7,736	4.385
Pension-related changes other than net periodic pension cost		46,714	(3.309)
Changes in operating assets and liabilities		•	,
Patient accounts receivable		(91,921)	(40.528)
Inventories		(1,380)	82
Prepaid expenses and other current assets		(2,243)	14,438
Trading securities		160,570	153,423
Accounts payable, accrued expenses, and other current liabilities		20,911	3.900
Estimated third-party payor settlements		305	(164)
Accrued pension obligations		(375)	(8.774)
Collateral returned (posted) on swaps		13,979	(17,080)
Other		6,797	8.089
Net cash provided by operating activities		276,765	264.982
Investing activities			
Property and equipment additions, net		(266,753)	(280,701)
Business acquisitions		(824)	(16,972)
Proceeds from sale of property and equipment		378	195
Net cash used in investing activities		(267,199)	(297,478)
Financing activities			
Principal payments of long-term debt		(11,961)	(10.720)
Proceeds from issuance of long-term debt		13,565	29,337
Distributions to noncontrolling interests		(10,218)	(8.059)
Other		(3,008)	266
Net cash (used in) provided by financing activities		(11,622)	10,824
Decrease in cash and cash equivalents		(2,056)	(21.672)
Cash and cash equivalents at beginning of year		21,209	42,881
Cash and cash equivalents at end of year	<u>s</u>	19,153 \$	21,209

Supplemental disclosures of cash flow information

The Corporation entered into capital lease obligations in the amounts of \$370 and \$32 for new equipment in 2011 and 2010, respectively

See accompanying notes

Notes to Consolidated Financial Statements (Dollars in Thousands)

Years Ended December 31, 2011 and 2010

1. Organization

Nature of Operations

Parkview Health System, Inc , d/b/a Parkview Health (PH or the Corporation), is a health care system that provides services in northeast Indiana PH's mission is to provide quality health care services to all who entrust their care to PH and to improve the health of the community Services provided by PH include acute, nonacute, and tertiary care services on an inpatient, outpatient, and emergency basis, managed care contracting, health care diagnostics, and treatment services for individuals and families, home health care, and behavioral health care. The principal operating activities of PH are conducted by wholly owned or controlled affiliates and subsidiaries

PH is the sole corporate member of Parkview Hospital, Inc (PVH), which operates Parkview Hospital, a 512-bed acute care hospital located in Fort Wayne, Indiana Until recently, PVH operated Parkview North Hospital, a 108-bed acute care hospital Effective March 17, 2012, the new Parkview Regional Medical Center (PRMC) opened on the north campus PRMC, including the existing Parkview North Hospital, now offers a total of 401 beds on the north campus PH is the majority owner (60%) of the Orthopaedic Hospital at Parkview North LLC (ORTHO), which is a for-profit joint venture hospital with a large orthopaedic physician group ORTHO operates the Orthopaedic Hospital, a 36-bed orthopaedic specialty hospital In addition, PH is the sole corporate member of Huntington Memorial Hospital, Inc, Whitley Memorial Hospital, Inc, Community Hospital of Noble County, Inc, and Community Hospital of LaGrange County, Inc, each of which operates an acute care community hospital and related facilities in the northeast region of Indiana These hospitals are collectively the "Hospital Affiliates"

PH and PVH are the sole members of Managed Care Services, LLC, which provides third-party administrative services to PH's employee health plan, as well as a preferred provider organization network of providers to self-funded employers, and assumes risk on a capitated Medicaid program through MDwise

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization (continued)

Parkview Physicians Group (PPG), a division of PH, is a multidisciplinary group of employed physicians PPG was developed to enhance the delivery of quality health care services in northeast Indiana and northwest Ohio Disciplines represented in PPG include primary care, obgyn, orthopaedics, colon and rectal surgery, cardiovascular surgery, general surgery, hospitalists/intensivists, podiatry, psychiatry, urology, cardiology, pulmonology and critical care, gastroenterology, rheumotology, and physiatry PPG is the largest physician group headquartered in northeast Indiana

The legal entity names, marketing brand names, and the acronyms for each significant entity within PH are as follows

Legal Name	Marketing Brand (d/b/a) Name	Acronym	
Parkview Health System, Inc	Parkview Health, including Parkview		
	Physicians' Group	PH and PPG	
Parkview Hospital, Inc	Parkview Hospital	PVH	
Orthopaedic Hospital at Parkview North, LLC	Parkview Ortho Hospital	ORTHO	
Huntington Memorial Hospital	Parkview Huntington Hospital	PHH	
Whitley Memorial Hospital, Inc	Parkview Whitley Hospital	PWH	
Community Hospital of Noble County, Inc	Parkview Noble Hospital	PNH	
Community Hospital of LaGrange County. Inc	Parkview LaGrange Hospital	PLH	
Managed Care Services, LLC	Managed Care Services	MCS	
Parkview Foundation, Inc	Parkview Foundation	PVHF	
Whitley Memorial Hospital Foundation, Inc	Parkview Whitley Hospital Foundation	PWHF	
Community Hospital of Noble County	•		
Foundation, Inc	Parkview Noble Hospital Foundation	PNHF	
Huntington Memorial Hospital Foundation, Inc	Parkview Huntington Hospital Foundation	PHHF	

Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as net patient care service revenue. Other transactions are included with other revenue. Other revenue includes rentals of medical office buildings, capitation revenues, investment income from affiliated foundations, and equity income of unconsolidated subsidiaries and joint ventures.

Changes in Reporting Entity

During 2011 and 2010, PH acquired several physician groups for a total purchase price of \$824 and \$16,972, respectively The groups are included in PPG

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization (continued)

Community Benefits and Charity Care

The Corporation provides programs and services to address the needs of those in the communities it serves with limited financial resources, generally at no, or low, cost to those being served Additional services are provided to beneficiaries of governmental programs (principally those relating to the Medicare and Medicaid programs) at substantial discounts from established rates and are considered part of the Corporation's benefit to the communities

Assistance is also provided as needed to patients and their families for the submission of forms for insurance, financial counseling, and application to the Medicare and Medicaid programs for health service coverage. The costs of providing these programs and services are included in expenses

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay Patients who meet certain criteria for charity care are provided care without charge or at amounts less than established rates Such amounts determined to qualify as charity care are not reported as revenue Records are maintained to identify and monitor the level of charity care provided at the amount of standard charges foregone for services and supplies furnished The cost of charity care provided in 2011 and 2010 approximates \$17,673 and \$21,529, respectively The Corporation estimated these costs by calculating a ratio of cost to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients Included in the Corporation's charity care policy is a discount for uninsured patients

PVH and each of the community hospitals administer community benefit programs for the areas in which they serve PVH targets \$3,000 annually for community benefit, while the community hospitals each target 10% of their excess of revenues over expenses annually to be designated for community benefit in their respective communities. These funds are controlled by the hospitals, and contributions made as part of their community benefit program are under the direction of their respective Boards of Directors (the Boards). The hospitals have a long tradition of community involvement, and their community benefit programs reflect their commitment and support to their respective communities and counties.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization (continued)

The Corporation and its subsidiaries have a commitment to improving the health of the citizens of the communities served In all locations, PH has made a concerted effort to identify opportunities to partner with local organizations and to develop initiatives to improve the health of these communities Health fairs and screenings are common efforts to identify problems before they become serious or life-threatening Affiliates often partner with local organizations for community education, including the Minority Health Coalition, American Lung Association, SuperShot, YMCA, YWCA, Health Information Link, and American Heart Association PH provides subsidies for the emergency medical services of the counties where its four community hospitals reside An association with Fort Wayne Community Schools has provided nursing services, dental care, and physicals to needy children PH donations support nursing programs at Indiana University-Purdue University of Fort Wayne and the University of St Francis Efforts have helped provide health care to the medically underserved through support of the Neighborhood Health Clinic and Matthew 25 PH affiliates have supported homeless shelters, women's crisis shelters, safety councils, senior transportation programs, and poison control programs Awareness and prevention programs dealing with safety, trauma, drugs, and alcohol are projects of PH

2. Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of PH and all majority-owned or controlled subsidiaries Significant intercompany accounts and transactions have been eliminated in consolidation. The equity method of accounting is used for investments in joint ventures, partnerships, and companies where control or ownership is 20% to 50%. The Corporation does not have any investments in joint ventures, partnerships or companies with ownership less than 20%. For the years ended December 31, 2011 and 2010, PH's share of income recorded using the equity method approximated \$2,145 and \$1,895, respectively, and is recorded as other revenue in the consolidated statements of operations and changes in net assets

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Use of Estimates

The preparation of consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes Actual results could differ from those estimates

Cash and Cash Equivalents

Investments in highly liquid debt instruments with a maturity of three months or less when purchased, excluding amounts classified with Board-designated investments, are considered cash equivalents. The Corporation routinely invests in money market mutual funds. These funds generally invest in highly liquid U.S. government and agency obligations. Financial instruments that potentially subject the Corporation to concentrations of credit risk include the Corporation's cash and cash equivalents. The Corporation places its cash and cash equivalents with institutions with high credit quality. However, at certain times, such cash and cash equivalents may be in excess of government-provided insurance limits.

Patient Accounts Receivable, Estimated Third-Party Payor Settlements, and Net Patient Service Revenue

Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts due from patients, third-party payors (including insurers), and others for services rendered and include estimated retroactive revenue adjustments due to settlement of audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are settled and are no longer subject to such audits, reviews, and investigations

The Corporation grants credit to patients without requiring collateral or other security for the delivery of health care services. However, assignment of benefit payments payable under patients' health insurance programs and plans (e.g., Medicare, Medicaid, health maintenance organizations, and commercial insurance policies) is routinely obtained, consistent with industry practice

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The Corporation's estimation of the allowance for doubtful accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of collection efforts PH's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as charges are recorded Accounts receivable balances are reviewed monthly as to the effectiveness of PH's reserve policies and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following historical write-off and collection experience using a hindsight, or look-back, approach, revenue and volume trends by payor, particularly the self-pay components, changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients, cash collections as a percentage of net patient revenue less bad debt expense, trending of days revenue in accounts receivable, and various allowance coverage statistics

Inventories

Inventories consist primarily of drugs and supplies, are stated at the lesser of cost or market, and are valued using the average cost method

Investments

Investments in equity and debt securities are measured at fair value With respect to hedge funds, these investments are recorded under the equity method of accounting, based on information provided by the funds' managers Generally, the net asset value (NAV) reflects the contributed capital, as well as an allocated share of the underlying limited partnership's realized and unrealized gains and losses The fair value of underlying investments held by the limited partnerships is determined by the respective general partners

Investment income or loss (including realized gains and losses on the sale of investments, unrealized gains and losses on investments, and changes in the carrying value of hedge funds), with the exception of investment income or loss, as defined, related to the various PH foundations, is reported as other nonoperating income (expense) unless the income is restricted by donor or law Investment income or loss apportioned to the foundations is reported in other operating revenue. The cost of securities sold is based on the specific-identification method

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Board-designated funds represent certain funds from operations and other sources designated by the Board to be used for future capital asset replacement, for the retirement of long-term debt, and for other purposes The Board retains control over these investments and may, at its discretion, subsequently designate the use of these investments for other purposes Funds are invested in accordance with Board-approved policies, which, among other matters, require diversification of the investment portfolio, establish credit risk parameters, and limit the investment in any single organization Substantially all investment transactions are managed by professional investment managers and are held in custody at a financial institution All Board-designated funds are classified as trading securities, with the exception of land held as an investment

Investment securities purchased and sold are reported based on trade date. Due to the period lag between the trade and settlement date, PH reports receivables for securities sold but not settled and reports liabilities for securities purchased but not settled. These receivables and payables are settled from within the investment portfolio and are presented on a net basis within investments in the consolidated balance sheets.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at date of donation Interest costs incurred as part of the related construction are capitalized during the period of construction Depreciation is provided on a straight-line basis over the expected useful lives of the various classes of assets Estimated useful lives range from 5 to 25 years for land improvements, 5 to 40 years for buildings, and 3 to 15 years for equipment Amortization of capital leased assets is included within depreciation expense

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Goodwill

PH records goodwill arising from a business combination as the excess of purchase price and related costs over the fair value of identifiable tangible and intangible assets acquired and liabilities assumed PH annually reviews, as of the first day of the fourth quarter, the carrying value of goodwill for impairment In addition, a goodwill impairment assessment is performed if an event occurs or circumstances change that would make it more likely than not that the fair value of a reporting unit is below its carrying amount Management has determined that the Corporation is the reporting unit at which fair value is measured. If such circumstances suggest that the recorded amounts of goodwill cannot be recovered, the carrying value is reduced to fair value. If the carrying value of the goodwill is impaired, a material charge may be incurred to results of operations.

Intangible Assets

Costs allocated to customer relationships and other intangible assets are based on their fair value at the date of acquisition. The cost of intangible assets is amortized on a straight-line basis over the assets' estimated useful life ranging from 3 to 20 years.

Impairment

Fixed assets and amortizable intangible assets are reviewed for impairment whenever conditions indicate that the carrying amount may not be recoverable. In evaluating the recoverability of long-lived assets, such assets are grouped at the lowest level for which identifiable cash flows are largely independent of the cash flows of other assets. Such impairment tests compare estimated undiscounted cash flows to the recorded value of the asset. If an impairment is indicated, the asset is written down to its fair value, and a corresponding loss is recorded.

Derivative Financial Instruments

PH investment fund managers may use derivative financial instruments in the investment portfolio to moderate changes in value due to fluctuations in financial markets PH has not designated its derivatives related to marketable securities as hedges, and the change in fair value of these derivatives is recognized as a component of unrealized gains (losses) on investments, net

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

As part of its debt management program, the Corporation has entered into several interest rate swap arrangements. Derivative instruments are recognized as either assets or liabilities in the consolidated balance sheets at fair value. The Corporation does not account for any of its interest rate swap agreements as hedges, and accordingly, changes in the fair value of interest rate swap agreements are recorded in the consolidated statements of operations and changes in net assets as nonoperating income (expense). Included in other nonoperating income (expense) in the consolidated statements of operations and changes in net assets are net settlement payments on interest rate swaps.

Pension Plans

PH's retirement program, called Trusted Choices Retirement Program, offers a defined contribution plan Contributions to the defined contribution plan are based upon benefit service points and a combination of age and years of benefit service Contributions are calculated as a percentage of eligible pay In addition, active employees at December 31, 2004, were provided a one-time choice to remain in PH's defined benefit plan or freeze their defined benefit plan benefits and move to the employer funded defined contribution plan Definitions of eligibility, pay, benefit service, and vesting under the defined benefit plan are the same as the defined contribution plan

In addition to participation in the defined contribution plan and/or defined benefit plan, eligible employees are provided a voluntary opportunity to participate in a 403(b) or a 401(k) plan based upon the tax status of the employing corporation The 403(b) and 401(k) plans have match provisions Benefits for eligible employees are based on the employee's compensation

Income Taxes

The Internal Revenue Service has determined that the Corporation and certain affiliated entities are tax-exempt organizations as defined in Section 501(c)(3) of the Internal Revenue Code Certain subsidiaries of the Corporation are taxable entities, the tax expense and liabilities of which are not material to the consolidated financial statements

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Performance Indicator

Excess of revenues over expenses as reflected in the accompanying consolidated statements of operations and changes in net assets includes operating income and nonoperating income and expense Contributions of long-lived assets, pension-related changes, net assets released from restriction, and distributions to noncontrolling interests are excluded from excess of revenues over expenses

Operating and Nonoperating Income (Expense)

Activities directly associated with the furtherance of PH's mission are considered operating activities. Other activities that result in gains or losses peripheral to PH's primary mission are considered to be nonoperating. Nonoperating activities include interest, dividends, and realized gains (losses) on sales of investments, net, unrealized gains (losses) on investments, net, interest expense, realized and unrealized gains (losses) on interest rate swaps, net, and other

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity Investment return is allocated to unrestricted and temporarily restricted net assets based on the respective net asset balances and the wishes of the donor The net assets are generally restricted for indigent and other patient services, medical education and research programs, facilities, and medical supplies and equipment

Reclassifications

Certain 2010 amounts were reclassified to conform to the 2011 presentation Such reclassifications had no effect on previously reported excess of revenues over expenses or net assets

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Distributions

Certain consolidated subsidiaries of PH have members who hold a noncontrolling ownership interest. Upon authorization for the Boards of those subsidiaries, cash available for distribution, or a portion thereof, arising from operations may be distributed to PH and the noncontrolling members ratably in accordance with the members' respective membership interests

Adoption of New Accounting Standards

In January 2010, accounting guidance was issued to further expand disclosure requirements related to fair value measurements Additional disclosures under this guidance include disclosing transfers in and out of Level 1 and Level 2 fair value measurements and the reasons for those transfers, valuation techniques, and inputs used to measure Level 2 and Level 3 fair value measurements, and purchases, sales, issuances, and settlements separately within the Level 3 fair value measurements rollforward PH adopted this guidance effective January 1, 2010, except for the disclosure of rollforward activities for Level 3 fair value measurements, which was adopted and effective January 1, 2011 (see Note 4)

In July 2011, accounting guidance was issued to provide financial statement users with greater transparency about a health care entity's net patient service revenue and the related allowance for doubtful accounts The guidance requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered, even though they do not assess the patient's ability to pay, to reclassify the provision for bad debts related to patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The standard also requires disclosures of patient service revenue by major payor source as well as qualitative and quantitative information about changes in the allowance for uncollectible accounts PH early adopted the provisions of this standard as of and for the year ended December 31, 2011, and retrospectively applied the presentation requirements to all periods presented The change in presentation and additional disclosures are reflected in the Corporation's consolidated statements of operations and changes in net assets and in Note 5 Adoption of the new guidance had no effect on previously reported excess of revenues over expenses or net assets

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

In August 2010, guidance was issued to minimize the diversity in practice that has developed on how health care entities account for malpractice claims or similar liabilities and related insurance recoveries and eliminates the practice of netting claim liabilities with expected insurance recoveries Gross presentation reflects that the health care entity remains obligated for the claim and that the entity is exposed to credit risk from the insurer This guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 PH adopted the provisions of this standard on January 1, 2011 The adoption had no effect on previously reported excess of revenues over expenses or net assets (see Note 11)

In August 2010, guidance was issued to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care Charity care has been measured both as a basis of cost and a function of revenue This guidance requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care The method used to identify or determine such costs is required to be disclosed. This guidance is effective for fiscal years beginning after December 15, 2010, and should be applied retrospectively. PH adopted the provisions of this standard on January 1, 2011, and retrospectively applied the provisions to all periods presented. As PH does not recognize revenue when charity care is provided, the adoption had no effect on previously reported excess of revenues over expenses or net assets (see Note 1 for the additional disclosures required)

In September 2011, guidance was issued that amends Accounting Standards Codification (ASC) 350, *Intangibles – Goodwill and Other*, and permits entities to make a qualitative assessment of whether a reporting unit's fair value is, more likely than not, less than its carrying amount. If an entity concludes it is more likely than not that the fair value of a reporting unit is greater than its carrying amount, the entity is not required to perform the two-step impairment test for that reporting unit. The update is effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011, with early adoption permitted PH early adopted this guidance and concluded it is more likely than not that the fair value of the reporting units is greater than their carrying amount, and the entity was not required to perform the two-step impairment test

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Goodwill and Intangible Assets

The following tables summarize goodwill and other intangibles as of December 31, 2011 and 2010

Goodwill balance at January 1, 2010	\$ 38,629
Acquisitions	 4,339
Goodwill balance at December 31, 2010	42,968
Acquisitions	1,468
Goodwill balance at December 31, 2011	\$ 44,436

	December 31, 2011				December 31, 2010			
	 0	Accumulated Amortization		0				
Intangible assets	\$ 3,323	\$	586	\$	3,178	\$	411	

Amortization expense of \$175 and \$98 was recognized in 2011 and 2010, respectively, and is included in depreciation and amortization expense in the consolidated statements of operations and changes in net assets

During the year ended December 31, 2010, PH acquired several physician groups The business combinations were recorded using the purchase accounting method Goodwill of \$4,339 was recognized upon purchase, which represents the excess of purchase price over identifiable assets and liabilities During the year ended December 31, 2011, PH acquired additional physician practices The business combinations were recorded using the purchase accounting method Goodwill of \$255 was recognized upon purchase, which represents the excess of purchase price over identifiable assets and liabilities In addition, goodwill of \$1,213 was recognized as a result of a reassessment of the purchase accounting allocation of a prior year acquisition

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurement

ASC 820, Fair Value Measurement, defines fair value and establishes a fair value hierarchy that prioritizes the inputs used to measure fair value Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement)

Certain of PH's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market funds, fixed income and equity instruments, and interest rate swap contracts. The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows.

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources. In evaluating the significance of inputs, management generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or in the aggregate, represent more than 10% of the fair value of the assets or liabilities. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurement (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2011

	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Cash and short-term				
investments	\$ 36,791	\$ 36,791	\$ _	\$ _
U S government and agency				
obligations	49,460	31,150	18,310	_
Corporate bonds	57,849	_	57,849	_
Mortgage- and asset-backed				
securities	14,280	_	14,280	_
Domestic equities	68,218	58,966	9,252	_
International equities	19,376	· –	19,376	_
Mutual funds	,		•	
Equity type	119,644	119,644	_	_
Fixed income type	71,896	_	71,896	_
Total investments	437,514	246,551	190,963	_
Deferred compensation plan	,	,	,	
assets – mutual funds	9,826	9,826	_	_
Interest rate swaps	5,596	, <u> </u>	5,596	_
Collateral from securities lending	,		,	
program – cash and short-term				
investments	6,040	_	6,040	_
Total assets	\$ 458,976	\$ 256,377	\$ 202,599	\$ _
Liabilities				
Interest rate swaps	\$ (85,450)	\$ _	\$ _	\$ (85,450)
Total liabilities	\$ (85,450)	_	\$ _	\$ (85,450)

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurement (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2010

	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Cash and short-term				
investments	\$ 22,683	\$ 14,975	\$ 7,708	\$ _
U S government and agency				
obligations	119,503	116,490	3,013	_
Corporate bonds	44,820	_	44,820	_
Mortgage- and asset-backed				
securities	15,824	_	15,824	_
Domestic equities	63,063	58,149	4,914	_
International equities	29,597	_	29,597	_
Mutual funds				
Equity type	126,441	126,441	_	_
Fixed income type	173,433	_	173,433	_
Total investments	595,364	316,055	279,309	_
Deferred compensation plan				
assets – mutual funds	7,198	7,198	_	_
Interest rate swaps	6,197	_	6,197	_
Collateral from securities lending				
program – cash and short-term				
investments	6,318	_	6,318	_
Total assets	\$ 615,077	\$ 323,253	\$ 291,824	\$ _
Liabilities				
Interest rate swaps	\$ (46,390)	\$ 	\$ (46,390)	\$
Total liabilities	\$ (46,390)	\$ _	\$ (46,390)	\$

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurement (continued)

Certain of PH's investments are made through alternative investments and private investment funds, primarily partnership trusts PH accounts for its ownership in these funds under the equity method, and as a result, investments totaling \$52,632 and \$55,260 as of December 31, 2011 and 2010, respectively, are excluded from the fair value disclosure Deferred compensation plan assets are included in other assets in the consolidated balance sheets

PH held real estate for investment purposes of \$20,415 and \$23,655 as of December 31, 2011 and 2010, respectively, which are accounted for at cost and assessed for impairment when indicators exist. The real estate is written down to fair value as estimated by third-party valuation experts when impairment exists, with losses recorded in realized gains (losses) on investments in the consolidated statements of operations and changes in net assets. In 2011 and 2010, PH recorded realized losses related to its real estate investments of \$1,016 and \$114, which are nonrecurring fair value measurements using level 3 inputs

Following is a description of the Corporation's valuation methodologies for assets and liabilities measured at fair value Fair value for Level 1 is based upon quoted market prices. The fair values of other fixed income securities included in Level 2 are based on quoted market prices for similar assets. The fair values of the interest rate swap contracts are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved. The valuations reflect a credit spread adjustment to the LIBOR discount curve in order to reflect the credit value adjustment for nonperformance risk. The credit spread adjustments for liability position interest rate swap contracts included in Level 3 are internally valued using other comparably rated entities' bonds priced in the market

The carrying values for cash and cash equivalents, patient and other accounts receivable, accounts payable and accrued expenses, estimated third-party payor settlements, payable under securities lending agreements, and certain other current assets and liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Fair Value Measurement (continued)

The carrying value of the Corporation's tax-exempt variable rate and other debt approximates fair value. The fair value of the fixed rate debt (all of which is tax-exempt) is estimated using discounted cash flow analyses based on the Corporation's current incremental borrowing rates for similar types of borrowing arrangements, and falls in Level 2 of the fair value hierarchy. The fair value of the Corporation's tax-exempt, fixed rate debt at December 31, 2011 and 2010, was \$386,299 and \$331,807, respectively, compared to book value of \$303,550 and \$312,930, respectively.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Corporation believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

The following table is a rollforward of the consolidated balance sheet amounts for financial instruments classified by the Corporation within Level 3 of the valuation hierarchy defined above

	Financial Liabilities – Interest Rate <u>Swaps</u>				
Fair value at January 1, 2011 Transfers into Level 3	\$	- (85,450)			
Purchases Sales or retirements		_ _			
Unrealized gains included in excess of revenue over expenses		_			
Fair value at December 31, 2011	\$	(85,450)			

PH transfers assets and liabilities in and/or out of Level 3 as significant inputs, including performance attributes, used for the fair value measurement become observable or unobservable

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Net Patient Service Revenue

Certain agreements with third-party payors provide for payments at amounts different from established rates A summary of the payment arrangements with major third-party payors follows

Medicare: Certain inpatient care services are paid at prospectively determined rates per discharge based on clinical, diagnostic, and other factors Certain services are paid based on cost reimbursement methodologies subject to certain limits Physician services are reimbursed based upon established fee schedules Outpatient services are reimbursed using prospectively determined rates

Medicaid: Reimbursements for Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service, or per covered member

Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Differences between established rates and payment under these agreements are reflected as contractual allowances

Medicare and Medicaid revenue accounted for approximately 32% and 8%, respectively, of patient service revenue (net of contractual allowances and discounts) for the year ended December 31, 2011, and approximately 30% and 6%, respectively, for the year ended December 31, 2010 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation The Corporation believes that it is in substantial compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of wrongdoing While no such regulatory inquiries have been made, compliance with health care industry laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action,

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Net Patient Service Revenue (continued)

including fines, penalties, and exclusion from the Medicare and Medicaid programs As a result, there is at least a reasonable possibility that recorded estimated settlements could change It is also reasonably possible that recorded settlements could change by a material amount in the near term PH received Medicare and Medicaid settlements and resolutions on prior year filed and appealed cost reports and other matters, which increased net patient service revenue by \$540 and \$3,060 in 2011 and 2010, respectively

The composition of patient service revenue (net of contractual allowances and discounts) by third-party payor for the year ended December 31 is as follows

	 2011	2010
Medicare	\$ 309,755	\$ 240,295
Medicaid	78,601	48,814
Managed care and other insurers	467,280	457,977
Uninsured	67,424	48,286
Other	31,847	12,911
	\$ 954,907	\$ 808,283

The allowance for doubtful accounts was approximately \$37,171 and \$28,868 as of December 31, 2011 and 2010, respectively These balances as a percent of accounts receivable, net of contractual adjustments, were approximately 23% and 19% as of December 31, 2011 and 2010, respectively On a same hospital basis, the combined allowance for doubtful accounts, uninsured discounts, and charity care covered approximately 73% and 61% of combined uninsured and self-pay after insurance accounts receivable as of December 31, 2011 and 2010, respectively The increase in the allowance for doubtful accounts during the year ended December 31, 2011, was primarily the result of an increase in uninsured and self-pay after insurance accounts receivable from \$61,960 of PH's total accounts receivable as of December 31, 2010, to \$65,768 as of December 31, 2011

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Net Patient Service Revenue (continued)

	alance at ginning of Year	(Additions Charged to Costs and Expenses	W	ritten Off, Net of Lecoveries nd Other	salance at 1d of Year
Allowance for doubtful accounts						
Year ended						
December 31, 2010	\$ 33,737	\$	55,701	\$	(60,570)	\$ 28,868
Year ended December 31, 2011	28,868		84,618		(76,315)	37,171

Components of accounts receivable, net, at December 31, 2011 and 2010, include Medicare, 21% and 23%, respectively, Medicaid, 7% and 2%, respectively, commercial insurers, 58% and 63%, respectively, and other, 14% and 12%, respectively One managed care payor represented 22% and 23%, respectively, of patient accounts receivable at December 31, 2011 and 2010

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Investments

The composition of investments is as follows

	December 31				
		2011		2010	
Cash and short-term investments	\$	36,791	\$	22,683	
Fixed income securities					
U S government and agency obligations		49,460		119,503	
Corporate and other bonds		57,849		44,820	
Mortgage- and asset-backed securities		14,280		15,824	
Domestic equities		68,218		63,063	
International equities		19,376		29,597	
Mutual funds		191,540		299,874	
Hedge funds		52,632		55,260	
Real estate held for investment		20,415		23,655	
Gross investment		510,561		674,279	
Amounts due to brokers		(28,264)		(18,253)	
Amounts due from brokers		15,465		2,305	
Net investments	\$	497,762	\$	658,331	

PH's investments are exposed to various kinds and levels of risk Fixed income securities expose PH to interest rate risk, credit risk, and liquidity risk As interest rates change, the value of many fixed income securities is affected, particularly those with fixed interest rates Credit risk is the risk that the obligor of the security will not fulfill its obligation Liquidity risk is affected by the willingness of market participants to buy and sell given securities

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Investments (continued)

Equity securities expose PH to market risk, performance risk, and liquidity risk Market risk is the risk associated with major movements of the equity markets, both foreign and domestic Performance risk is the risk associated with a particular company's operating performance Liquidity risk, as previously defined, tends to be higher for international equities and small capitalization equity companies

Hedge funds are not necessarily readily marketable. The funds often employ complex strategies, including short sales on securities and trading on future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments, and the composition of the individual investments within these funds is not readily determinable. The hedge fund investments are partnership interests in limited partnerships. These investments are not publicly traded, and the NAV is based upon information provided by the fund manager. The hedge funds have restrictions on the timing of withdrawals ranging from one to three months, which may reduce liquidity

The real estate investments are recorded at cost, less impairment charges recognized to date, and present valuation risks as they are not actively traded. Additionally, these investments present a concentration of risk, as they are held within the same geographic region, northeast Indiana.

The composition of investment return recognized in the consolidated statements of operations and changes in net assets is as follows

	Year Ended December 31				
		2011	2010		
Investment income					
Unrealized (losses) gains on investments, net	\$	(23,352) \$	27,686		
Dividend and interest income		7,919	11,547		
Net realized gains on the sale of investments		4,567	6,026		
Total investment return	\$	(10,866) \$	45,259		
Included in other revenue Included in interest, dividends, and realized gains on sales	\$	310 \$	1,290		
of investments, net		11,864	16,588		
Included in unrealized (losses) gains on investments, net		(23,040)	27,381		
Total investment return	\$	(10,866) \$	45,259		
		_			

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Investments (continued)

Securities Lending

The Corporation participates in securities lending transactions, whereby a portion of its investments are loaned to a broker in return for cash, letters of credit, or U S government securities from the broker as collateral for securities loaned. The Corporation participates in a program with its trustee to reinvest the cash collateral received in other short-term investments. The Corporation earns income on the collateral pledged while related securities are outstanding but has risk of loss on the collateral received due to the reinvestment program. In the accompanying consolidated balance sheets, the fair value of securities purchased with the cash collateral held for loaned marketable securities was \$6,040 and \$6,318 at December 31, 2011 and 2010, respectively, and is reported as a current asset. A payable for repayment of cash collateral received, upon settlement of the lending arrangement, is reported as other current liabilities of \$7,482 and \$7,835 at December 31, 2011 and 2010, respectively

7. Property and Equipment

The costs of property and equipment consist of the following

	December 31				
	2011	2010			
Land and improvements	\$ 60,96	59 \$ 57,300			
Buildings	436,22	24 412,245			
Equipment	436,12	428,447			
Construction-in-progress	507,79	325,964			
	\$ 1,441,10	94 \$ 1,223,956			

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Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Property and Equipment (continued)

The cost of commitments to complete construction-in-progress projects is estimated to be \$90,749 at December 31, 2011 Depreciation expense recorded in the consolidated statements of operations and changes in net assets was \$45,547 and \$47,074 at December 31, 2011 and 2010, respectively Amortization expense on capital leases recorded in the consolidated statements of operations and changes in net assets was \$4,142 and \$3,384 at December 31, 2011 and 2010, respectively Assets under capital leases at December 31, 2011 and 2010, were \$19,200 and \$21,065, respectively Accumulated amortization on capital leases at December 31, 2011 and 2010, was \$15,894 and \$16,128, respectively

During 2011, the Corporation committed to a plan of implementing an enterprise-wide electronic medical record system. It was determined that a condition of impairment existed at that time for certain systems, some of whose useful lives were greatly diminished and others not yet put into production. The total amount of impairment recognized during the year ended December 31, 2011, was \$7,736.

In December, 2010, it was determined that a condition of impairment existed for certain fixed assets of Parkview Whitley Hospital Operations at the old facility transferred to the new Parkview Whitley Hospital in October 2011, and plans are for the current hospital building to be razed The total amount of impairment reported during the year ended December 31, 2010, was \$4,385

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Long-Term DebtLong-term debt consists principally of tax-exempt bonds as follows

		December 31				
Description	Interest Rates		2011		2010	
Tax-exempt, variable rate demand bonds						
Series 2010A due through 2040	1 32%	\$	26,465	\$	12,900	
Series 2009BCD due through 2031	0 06%-0 08%		223,665		223,665	
Series 2007 due through 2032	0 90%		22,495		23,145	
Series 2001 due through 2031	0 12%-0 19%		17,325		18,400	
Tax-exempt, fixed rate serial and term bonds						
Series 2009A due through 2031	4 0%-5 88%		249,395		257,620	
Series 1998 due through 2028	4 5%-5 4%		54,155		55,310	
Various notes to banks	Various		22,768		24,286	
Mortgages on real estate	Various		12,219		12,458	
Other	Various		303		1,065	
Capital leases	Various		3,265		4,811	
			632,055		633,660	
Less unamortized original issue discount			4,917		5,319	
			627,138		628,341	
Less current portion			15,739		32,250	
		\$	611,399	\$	596,091	

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Long-Term Debt (continued)

The scheduled maturities and mandatory redemptions of long-term debt are as follows

Year ending December 31	
2012	\$ 15,739
2013	14,891
2014	14,392
2015	13,978
2016	14,905
Thereafter	 558,150
	\$ 632,055

Total interest paid was approximately \$22,900 in 2011 and \$24,164 in 2010 Interest cost of \$12,745 in 2011 and \$2,558 in 2010 was capitalized as part of the cost of construction

Obligations Through Use of Master Indenture

PH and PVH have issued tax-exempt revenue, revenue refunding, and variable rate demand bonds through the use of a Master Indenture, as amended and supplemented The various agreements require PH and PVH not to incur indebtedness secured by an encumbrance and not to mortgage certain facilities except under certain circumstances. The agreements require the maintenance of debt service coverage ratios and contain certain other restrictive covenants.

On May 4, 2010, PH arranged for the issuance of up to \$30,000 of variable rate, tax-exempt private placement bonds using the Master Indenture and through the Indiana Finance Authority The proceeds of the bonds and certain other funds of PH will be used to finance the construction and furnishing of the new Parkview Whitley Hospital The funds are being drawn as required through construction The amounts drawn through December 31, 2011 and 2010 were \$26,465 and \$12,900, respectively The bonds bear interest monthly, and interest is paid monthly

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Long-Term Debt (continued)

In August 2009, PH and PVH issued \$265,530 of fixed rate, tax-exempt revenue bonds (the Series 2009A Bonds) and \$223,665 of variable rate, tax-exempt revenue bonds (the Series 2009B Bonds, the Series 2009C Bonds, and the Series 2009D Bonds), using the Master Indenture and through the Indiana Finance Authority The proceeds of the bonds were used to refund all but \$19,425 of the outstanding Indiana Health Facility Financing Authority Revenue Bonds, Series 2001A, 2001B, and 2001C (collectively, the Series 2001 Bonds), refund all of the outstanding Indiana Health and Educational Facility Financing Authority Revenue Bonds, Series 2005A and 2005B (collectively, the Series 2005 Bonds), pay certain costs related to the termination of a portion of swaps related to the Series 2001 Bonds, pay costs of issuance and costs of refunding, and to finance, refinance, or reimburse certain costs for capital expenditures at the PVH facilities Interest on the Series 2009A Bonds is paid semiannually Interest on the Series 2009BCD Bonds bears interest weekly, and interest is paid monthly

During 2011, the three direct-pay Letters of Credit enhancing the 2009BCD Bonds were replaced PH entered into two direct-pay Letters of Credit agreements (the LOCs) issued by PNC Bank (Series 2009C Bonds) and Wells Fargo Bank (Series 2009B&D Bonds) to enhance the marketability of the bonds Under the terms of the LOCs, if bonds are not successfully remarketed and thereby purchased by the banks, the principal maturities of the bonds purchased are accelerated over the subsequent three-year period commencing at least one year and one day from the draw on the LOC, and PH would pay a defined rate, based on a formula in the agreements, at a minimum rate of 8 0% for the first 90 days after bank purchase, 9 0% for days 91 through 180, and 10 0% thereafter The current LOCs expire August 26, 2014 At December 31, 2011, all bonds had been successfully remarketed

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Long-Term Debt (continued)

On March 15, 2007, PLH issued \$24,930 of adjustable rate, tax-exempt revenue bonds. The bonds were issued through the Indiana Health and Education Facility Financing Authority. The proceeds of the Series 2007 Bonds and certain other funds of PLH were used to finance the construction and furnishing of a new hospital facility and to pay financing costs. These Series 2007 Bonds bear interest at a weekly rate, and interest is paid monthly. The Series 2007 Bonds are secured by an irrevocable direct-pay LOC issued by PNC Bank that matures on August 26, 2014. This LOC has a maximum rate of 15%. At December 31, 2011, all bonds had been successfully remarketed. The borrower's obligations under the bond documents are secured by a security interest in and lien upon all of the borrower's real and personal property.

In November 2001, PH and PVH issued \$220,000 of variable rate, tax-exempt auction revenue bonds (the Series 2001 Bonds) using the Master Indenture and through the Indiana Health Facility Financing Authority These Series 2001 Bonds auction every 28 days The bonds have a maximum rate of 15% Beginning in February 2008 and continuing through December 31, 2011, PH's Series 2001 Bonds failed to attract sufficient bids to be remarketed. As a result of the failed auctions, interest rates are set based upon a formula contained in the bond documents. The interest rate formula is based upon the 7-day AA Composite Commercial Paper rate times a factor. This factor can vary from 125% to 225%, depending upon the credit rating of the bond. The bond rating is equal to the rating of either the insurer of the debt or the issuer, whichever is higher. At December 31, 2011 and 2010, the factor was 175%. The Series 2001 Bonds are secured by a financial guaranty insurance policy provided by Ambac Assurance Corporation (Ambac). Ambac is rated Caa2 by Moody's, while PH has retained its Moody's rating of A1.

In November 1998, PH and PVH issued \$144,610 of fixed rate, tax-exempt revenue bonds (the Series 1998 Bonds) using the Master Indenture through the Hospital Authority of the City of Fort Wayne, Indiana The Series 1998 Bonds consist of serial and term bonds and require annual principal or mandatory sinking fund redemption, with interest payable semiannually

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Long-Term Debt (continued)

Debt Guarantee

At December 31, 2011, the Corporation had guaranteed approximately \$3,016 of certain outstanding debt obligations of unconsolidated entities If the unconsolidated entities default on their debt obligation, the Corporation would then be responsible for the obligation At December 31, 2011, the Corporation has no amounts accrued related to these guarantees

9. Interest Rate Swaps and Other Derivatives

PH uses a combination of interest rate swap agreements with the objective to mitigate the impact interest rate fluctuations have on its interest payments PH uses fixed payor, fixed spread basis, fixed receiver, and forward fixed payor contracts entered into with various third parties Interest rate swap contracts between PH and a third party (counterparty) provide for the periodic exchange of payments between the parties based on changes in a defined index and a fixed rate and include counterparty credit risk. This is the risk that contractual obligations of the counterparties will not be fulfilled Concentrations of credit risk relate to groups of counterparties that have similar economic or industry characteristics that would cause their ability to meet contractual obligations to be similarly affected by changes in economic or other conditions Counterparty credit risk is managed by requiring high credit standards for PH's counterparties The counterparties to these contracts are financial institutions that carry investment-grade credit ratings The interest rate swap contracts contain collateral provisions applicable to both parties to mitigate credit risk PH does not anticipate nonperformance by its counterparties The fair value of the certain fixed payor and fixed spread basis swaps obligations exceeded contractual thresholds and triggered the necessity of PH to post collateral with the counterparties Collateral required to be posted by PH totaled \$6,407 and \$20,386 at December 31, 2011 and 2010, respectively, and is included with other assets in the consolidated balance sheets PH's policy is to present the collateral on a gross basis in the consolidated balance sheets

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Interest Rate Swaps and Other Derivatives (continued)

The following table is a summary of the outstanding positions under these interest rate swap agreements at December 31, 2011 and 2010

Expiration Date						nal Amount ember 31		
		PH Pays	PH Receives	s 2011			2010	
2020-2031	(1)	3 47%–3 71%	67% of one-month LIBOR	\$	38,475	\$	39,550	
2028-2033	(1)	3 26%-3 49%	62 4% of one-month LIBOR +					
			0 29% margın		100,340		104,175	
2028-2033	(2)	3 26%-3 49%	62 4% of one-month LIBOR +					
			0 29% margın		75,000		75,000	
2011–2016	(2)	BMA/SIFMA Index	3 61%-4 0%		60,000		90,000	
2037	(1)	3 81%	61 8% of one-month LIBOR +					
			0 31% margin		148,850		149,530	
2014-2025	(3)	BMA/SIFMA Index	68% of one-month LIBOR +					
			0 37%–0 52% margin		180,000		180,000	
			_	\$	602,665	\$	638,255	

- (1) The objective of these interest rate swaps is to mitigate interest rate fluctuations and synthetically fix certain variable rate exposure
- (2) The objective of these interest rate swaps is to create a basis swap
- (3) The objective of this interest rate swap is to take advantage of yield curve differences and mitigate risk on future bond offerings. This interest rate swap is not associated with outstanding debt

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Interest Rate Swaps and Other Derivatives (continued)

The fair value of derivative instruments is as follows

Derivatives Not Designated	December 31					
Hedging Instruments		2011		2010		
Interest rate swap Interest rate swap	Other assets Other liabilities	\$	5,596 (85,450)	\$	6,197 (46,390)	
Total derivatives		\$	(79,854)	\$	(40,193)	

The effects of derivative instruments on the consolidated statements of operations and changes in net assets are as follows

Derivatives Not Designated as Hedging Instruments	Location of Gain or Loss on Derivatives Recognized in Excess of Revenues Over Expenses	Amount of Gain or Loss on Derivatives Recognized in Excess of Revenue Over Expenses						
			Decem	ber 3	1			
			2011		2010			
Interest rate swap – unrealized gains (losses) Interest rate swap – net cash	Realized and unrealized losses on interest rate swaps, net Other – nonoperating	\$	(39,787)	\$	(17,880)			
payments	o monoporaming		(3,104)		(1,466)			
Investments	Interest, dividends, and realized gains on sales of investments.							
	net		_		403			
Total derivatives		<u>\$</u>	(42,891)	\$	(18,943)			

Interest rate swap settlement payments, net were \$8,204 and \$7,670 in 2011 and 2010, respectively, of which \$5,100 and \$6,204 was capitalized as part of the cost of construction in 2011 and 2010, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans

Defined Benefit Pension Plan

The Corporation sponsors a noncontributory, defined benefit pension plan (the Plan) covering eligible employees employed prior to January 2005. Plan benefits are based on years of service and an employee's compensation during a consecutive five-year term of employment within the 10 years prior to benefit determination, which results in the highest earnings. An employee became a plan participant upon reaching age 21 and completing at least one year of eligible service. A year of eligible service is credited to an employee upon the completion of at least 1,000 hours of service in a calendar year. The following table sets forth the funded status of the Plan and accrued pension obligation as of December 31, as actuarially determined.

	December 31				
		2011	2010		
Change in projected benefit obligation			_		
Projected benefit obligation at beginning of year	\$	293,733 \$	259,842		
Service cost		8,415	7,605		
Interest cost		16,474	15,836		
Actuarial loss		32,231	17,427		
Benefits paid		(7,979)	(6,977)		
Projected benefit obligation at end of year		342,874	293,733		
Change in plan assets					
Plan assets at fair value at beginning of year		282,528	236,554		
Actual return on plan assets		2,181	32,651		
Corporation and subsidiary contributions		8,600	20,300		
Benefits paid		(7,979)	(6,977)		
Plan assets at fair value at end of year		285,330	282,528		
Funded status of the Plan	\$	(57,544) \$	(11,205)		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans (continued)

	Y	ear Ended 2011	Dec	ember 31 2010
Items not yet recognized as a component of net periodic pension cost				
Net actuarial loss	\$	116,158	\$	69,268
Prior service cost		276		452
	\$	116,434	\$	69,720

Changes in plan assets and benefit obligation recognized in unrestricted net assets during 2011 and 2010 include

	Year Ended December 31				
	2011			2010	
Unrecognized actuarial loss Amortization of actuarial loss Amortization of prior service cost	\$	52,153 (5,263) (176)	\$	3,067 (6,200) (176)	
- -	\$	46,714	\$	(3,309)	

The actuarial loss and prior service cost included in unrestricted net assets and expected to be recognized in the net periodic pension cost during the year ended December 31, 2012, total \$8,222 and \$176, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans (continued)

	Ye	Year Ended December 2011 2010		
Periodic benefit cost				
Service cost	\$	8,415	\$	7,605
Interest cost		16,474		15,836
Expected return on plan assets		(22,123)		(18,271)
Amortization of unrecognized net loss		5,263		6,200
Amortization of unrecognized prior service cost		176		176
Net periodic benefit cost	\$	8,205	\$	11,546
		December 31 2011 2010		
		2011		
Accumulated benefit obligation	\$	314,800	\$	267,476
Plan assets at fair value		285,330		282,528
Funded status (based on accumulated benefit obligation)	\$	(29,470)	\$	15,052

The weighted-average assumptions used to determine benefit obligations at December 31 and net periodic benefit costs for the years then ended are as follows

	2011	2010
Assumptions – benefit obligations		
Discount rate	4.98%	5 69%
Expected return on plan assets	8.00	8 00
Rate of compensation increase	3.50	3 50
Assumptions – net periodic benefit cost		
Discount rate	5.69%	6 18%
Expected return on plan assets	8.00	8 00
Rate of compensation increase	3.50	3 50

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans (continued)

The amortization of any prior service cost is determined using a straight-line amortization of the cost over the average remaining service period of employees expected to receive benefits under the Plan The reduction in the discount rate between years resulted in an increase in the projected benefit obligation of \$33,012

The principal long-term determinant of a portfolio's investment return is its asset allocation. The Plan's allocation is weighted toward growth assets (60%) versus fixed income (40%). In addition, management believes its active strategies have added value relative to passive benchmark returns. The expected long-term rate of return assumption is based on the mix of assets in the Plan, the long-term earnings expected to be associated with each asset class, and the additional return expected through active management. This assumption is periodically benchmarked against peer plans.

The Plan's weighted-average asset allocations at December 31, 2011 and 2010, by asset category, are as follows

	2011	2010
Equity securities	57%	59%
Debt securities	40	39
Short-term investments	3	2
Total	100%	100%

The Corporation's policy on investment allocation for the Plan consists of an allocation of 40% to 70% for growth investments and 30% to 60% for fixed income investments. Within the growth investment classification, the Plan's asset strategy encompasses equity and equity-like instruments that are of both public and private market investments. These equity and equity-like instruments are public equity securities that are well diversified and invested in U.S. and international companies

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans (continued)

The fair value of pension plan assets was determined using the following inputs at December 31, 2011

			Fair Value Measurements Using						
	Fair Value			Level 1 Le		Level 2	L	Level 3	
Mutual funds									
Equities	\$	163,186	\$	135,003	\$	28,183	\$	_	
Fixed income		114,626		114,626		_		_	
Guaranteed investment									
contract		7,518		_		_		7,518	
	\$	285,330	\$	249,629	\$	28,183	\$	7,518	

Fair value methodologies for Level 1 and Level 2 investments are consistent with the inputs described in Note 3 The fair value of the Level 3 interest in the guaranteed investment contract (GIC) is based on information reported by the issuer of the GIC at year-end

The fair value of pension plan assets was determined using the following inputs at December 31, 2010

			Fair Value Measurements Using					
	<u> </u>	air Value		Level 1]	Level 2	I	Level 3
Mutual funds								
Equities	\$	165,468	\$	124,898	\$	40,570	\$	_
Fixed income		110,123		110,123		_		_
Guaranteed investment								
contract		6,937		_		_		6,937
	\$	282,528	\$	235,021	\$	40,570	\$	6,937

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans (continued)

The following table is a rollforward of the pension plan assets classified within Level 3 of the valuation hierarchy

	Fina Assets			
Fair value at January 1, 2010	\$	8,612		
Purchases, issuances, and settlements Actual return on plan assets		(2,003) 328		
Fair value at December 31, 2010		6,937		
Purchases, issuances, and settlements		293		
Actual return on plan assets		288		
Fair value at December 31, 2011	\$	7,518		
Estimated future benefit payments				
2012	\$	9,510		
2013		10,664		
2014		11,902		
2015		13,373		
2016		14,845		
2017–2019		101,255		

The Corporation expects to contribute \$10,000 to its defined benefit pension plan in 2012

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Pension Plans (continued)

Defined Contribution and Other Pension Plans

Eligible employees hired after December 31, 2004, and employees who were active at December 31, 2004, and elected at that time to participate in the defined contribution plan and freeze their benefits in the defined benefit plan, participate in the defined contribution plan The accrued liability for the defined contribution pension plan is \$11,047 and \$9,915 at December 31, 2011 and 2010, respectively, and is recorded as a current liability on the consolidated balance sheets During 2011 and 2010, expense for this plan totaled \$11,054 and \$9,005, respectively, and is reported as salaries and benefits

Contributions to the tax-sheltered annuity and 401(k) plans are based on a percentage of eligible employee salaries, as defined The contributions for the tax-sheltered annuity and 401(k) plans were \$6,932 and \$5,741 in 2011 and 2010, respectively, and were reported as salaries and benefits

11. Malpractice Insurance

The Corporation and its affiliates are subject to pending and threatened legal actions that arise in the normal course of their activities Medical malpractice coverage is provided through a program of self-insurance and commercial insurance and considers limitations imposed by the Indiana Medical Malpractice Act, as amended (the Act) The Act limits the amount of individual claims to \$1,250 (effective July 1, 1999), of which \$1,000 would be paid by the State of Indiana Patient Compensation Fund and \$250 by the Corporation or by its commercial insurer, The Medical Protective Company

Malpractice claims for incidents that may give rise to litigation have been asserted against the Corporation by various claimants. The claims are in various stages of resolution, and some may ultimately be brought to trial. There are also reported incidents that have occurred through December 31, 2011, that may result in the assertion of additional claims. There may be other claims from unreported incidents arising from services provided to patients. The reserve for medical malpractice includes amounts for claims and related legal expenses for these incurred

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Malpractice Insurance (continued)

but not reported incidents. This reserve is actuarially determined by combining industry data and the Corporation's historical experience. Accrued malpractice losses and insurance recovery receivable have been discounted at 5% in both 2011 and 2010 and, in management's opinion, provide adequate reserve for loss contingencies. In December 2011, the Corporation adopted new accounting guidance that requires expected claim losses and related expenses be estimated without consideration of insurance recovery. In conjunction with the new guidance, the Corporation recorded receivable balances to reflect the expected recovery from commercial insurance coverage. In accordance with this adopted guidance, the Corporation is reporting \$323 and \$295 in prepaid expenses and other current assets at December 31, 2011 and 2010, respectively, and \$961 and \$926 in other assets at December 31, 2011 and 2010, respectively. The Corporation has recorded \$1,358 and \$895 in accounts payable and accrued expenses as of December 31, 2011 and 2010, respectively, and \$4,787 and \$4,235 at December 31, 2011 and 2010, respectively, are reported as other liabilities in the consolidated balance sheets

The Corporation established a revocable, restricted trust for claims not covered by commercial insurance for the purpose of setting aside assets based on actuarial funding recommendations. Under the trust agreements, the trust assets can only be used for payment of malpractice and general liability losses, related expenses, and the cost of administering the trust. The balance of the trust was \$3,131 and \$4,120 at December 31, 2011 and 2010, respectively. The trust is included in Board-designated debt reserve and capital replacement funds in the accompanying consolidated balance sheets.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Commitments and Contingencies

Certain property and equipment are leased using noncancelable operating lease arrangements Rental expense associated with the operating leases was \$20,977 and \$16,234 for the years ended December 31, 2011 and 2010, respectively The leases expire in various years through 2020 Future minimum lease payments required under noncancelable operating leases for property and equipment as of December 31, 2011, are as follows

Year Ending December 31		Operating Leases		Capital Leases	
2012	\$	6,206	\$	1,339	
2013	Ψ	5,662	Ψ	1,284	
2014		5,283		745	
2015		5,197		90	
2016		3,640		69	
Thereafter		17,685		_	
Total minimum lease payments	\$	43,673		3,527	
Less amount representing interest			=	301	
Present value of net minimum lease payments			\$	3,226	

13. Functional Expenses

The Corporation, as an integrated health care delivery system, provides and manages the health care needs of its patients and members. Aggregate direct expenses for these services as a percent of total expenses were approximately 89% and 87% for the years ended December 31, 2011 and 2010, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

14. Indiana Medicaid Disproportionate Share

Under Indiana law (IC 12-15-16 (1-3)), health care providers qualifying as State of Indiana Medicaid Acute Disproportionate Share and Medicaid Safety Net Hospitals (DSH providers) are eligible to receive Indiana Medicaid Disproportionate Share (State DSH) payments The amount of these additional State DSH funds is dependent on regulatory approval by agencies of the federal and state governments and is determined by the level, extent, and cost of uncompensated care (as defined) and various other factors State DSH payments are paid according to the fiscal year of the State, which ends on June 30 of each year, and are based on the cost of uncompensated care provided by the DSH providers during their respective fiscal year ended during the State fiscal year

In 2011, PH recognized income of \$2,877 from Indiana Supplemental Partial Payment to Privately Owned Hospitals payments, which pertained to state fiscal year 2011 PH recorded a favorable change in estimate of \$1,298 in 2011

In 2010, PH recognized income of \$2,353 from Indiana Supplemental Partial Payment to Privately Owned Hospitals payments, which pertained to state fiscal year 2010 PH recorded a favorable change in estimate of \$1,442 in 2010

At December 31, 2011 and 2010, PH recorded State DSH payments receivable of \$0

15. Subsequent Events

PH evaluated events and transactions occurring subsequent to December 31, 2011 through April 19, 2012, the date the consolidated financial statements were issued During this period, there were no subsequent events that required recognition in the consolidated financial statements Parkview is in the process of refinancing the Series 1998 and 2009A fixed rate bonds Closing is anticipated by the end of the second quarter of 2012

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