

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY- TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS- DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY- PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY- "EXCELLENT CARE, EVERY PERSON, EVERY DAY"

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 742,113,188	including grants of \$ 7,766,866) (Revenue \$ 672,020,172)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	742,113,188
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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 Yes	
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 for escrow or custodial account liability, 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	No
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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 323	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	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		2a	4,941	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a 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? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b JA , SW , DA , SZ , BR , CO , NO , RS , ID , PL , PO , GR , If "Yes," enter the name of the foreign country ▶ HU						
5a Was the organization filing any reports to the IRS under the Foreign Bank and Financial Accounts (FBAR) Regulations?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g 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 Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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. Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section 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	1a 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was 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		No
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		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
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 this 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	
c 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?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b Yes	
If "Yes" to line 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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ JEANNE' WICKENS 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 (260) 266-9313

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	21,788,404	255,669	4,700,690

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 772

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	PHYSICIANS	11,312,799
LOCUMTENENS PO BOX 405547 ATLANTA, GA 30384	PHYSICIANS	3,449,036
PEAK HEALTH SOLUTIONS INC 75 REMITTANCE DRIVE STE 1155 CHICAGO, IL 60675	MEDICAL CODING	2,916,814
FTI CONSULTING INC PO BOX 418005 BOSTON, MA 02241	CONSULTING	2,484,305
BOYDEN & YOUNGBLUTT 120 WEST SUPERIOR ST FORT WAYNE, IN 46802	MARKETING ANALYTICS	2,055,713

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 101</p>	
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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a										
	b	Membership dues	1b										
	c	Fundraising events	1c										
	d	Related organizations	1d	86,850									
	e	Government grants (contributions)	1e	107,431									
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,040,106									
	g	Noncash contributions included in lines 1a - 1f \$ _____											
	h	Total. Add lines 1a-1f ▶ 3,234,387											
Program Service Revenue				Business Code									
	2a	NET PATIENT SERVICE		621110	207,319,778	207,319,778							
	b	CORP SERVICE ALLOCATION		561000	188,072,725	188,072,725							
	c	PH CLINICAL SUPPORT		561499	183,752,584	183,752,584							
	d	ORTHOPAEDIC HOSPITAL AT PARKVIEW		621110	44,262,511	44,262,511							
	e	INTERUNIT RENT		532000	12,064,332	12,064,332							
	f	All other program service revenue			40,696,635	36,548,242	4,148,393						
	g	Total. Add lines 2a-2f ▶ 676,168,565											
Other Revenue	3			Investment income (including dividends, interest, and other similar amounts) ▶		18,995,303				18,995,303			
	4			Income from investment of tax-exempt bond proceeds ▶									
	5			Royalties ▶									
	6a	(i) Real		(ii) Personal									
		Gross rents											
		Less rental expenses											
		Rental income or (loss)											
	d	Net rental income or (loss) ▶			4,170,554				4,170,554				
	7a	(i) Securities		(ii) Other									
		Gross amount from sales of assets other than inventory											
		Less cost or other basis and sales expenses											
		Gain or (loss)											
	d	Net gain or (loss) ▶			6,485,066				6,485,066				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a											
	b	Less direct expenses b											
	c	Net income or (loss) from fundraising events ▶											
	9a	Gross income from gaming activities See Part IV, line 19 a											
	b	Less direct expenses b											
c	Net income or (loss) from gaming activities ▶												
10a	Gross sales of inventory, less returns and allowances a												
b	Less cost of goods sold b												
c	Net income or (loss) from sales of inventory ▶												
Miscellaneous Revenue			Business Code										
11a	CAFETERIA REVENUE		722100	1,176,526				1,176,526					
b													
c													
d	All other revenue												
e	Total. Add lines 11a-11d ▶ 1,176,526												
12	Total revenue. See Instructions ▶ 710,230,401 672,020,172 4,148,393 30,827,449												

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,766,866	7,766,866		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	19,997,561		19,997,561	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	830,123	381,157	448,966	
7 Other salaries and wages.	376,537,318	376,537,318		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	65,152,064	65,152,064		
10 Payroll taxes.	45,666,571	45,666,571		
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,039,674	823,918	215,756	
c Accounting.	632,002		632,002	
d Lobbying.	102,665		102,665	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	2,648,423		2,648,423	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	60,323,627	54,023,607	6,300,020	
12 Advertising and promotion.	1,859,235	1,855,209	4,026	
13 Office expenses.	15,975,485	15,649,715	325,770	
14 Information technology.	39,665,279	39,661,914	3,365	
15 Royalties.				
16 Occupancy.	24,454,905	24,356,636	98,269	
17 Travel.	2,316,495	1,980,997	335,498	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	816,213	702,836	113,377	
20 Interest.	20,433,210	20,433,210		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	41,842,140	41,830,887	11,253	
23 Insurance.	6,281,980	5,099,452	1,182,528	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a FEDERAL & STATE INCOME	210,000		210,000	
b MEDICAL SUPPLIES	15,785,570	15,785,570		
c BAD DEBT	12,004,982	12,004,982		
d PROVIDER CME, LICENSES	3,880,785	3,880,785		
e All other expenses	9,140,883	8,519,494	621,389	
25 Total functional expenses. Add lines 1 through 24e.	775,364,056	742,113,188	33,250,868	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	20,932	1	20,413
	2	Savings and temporary cash investments	113,000,917	2	181,550,875
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,212,122	4	25,324,652
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	137,221	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,640,201	7	2,852,025
	8	Inventories for sale or use	5,568,743	8	8,780,103
	9	Prepaid expenses and deferred charges	19,006,438	9	24,928,872
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	677,495,675		
	b	Less: accumulated depreciation	318,290,936		
			356,375,289	10c	359,204,739
	11	Investments—publicly traded securities	788,158,292	11	944,390,050
	12	Investments—other securities. See Part IV, line 11	205,893,016	12	255,225,604
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	29,686,066	14	29,582,124
15	Other assets. See Part IV, line 11	555,375,197	15	801,688,171	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,102,074,434	16	2,633,547,628	
Liabilities	17	Accounts payable and accrued expenses	158,393,934	17	144,100,281
	18	Grants payable		18	
	19	Deferred revenue	4,733,231	19	1,445,898
	20	Tax-exempt bond liabilities	542,510,783	20	645,991,354
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	31,161,053	23	45,321,136
	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 D	144,687,966	25	466,868,261
	26	Total liabilities. Add lines 17 through 25	881,486,967	26	1,303,726,930
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,220,587,467	27	1,329,820,698
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,220,587,467	33	1,329,820,698	
34	Total liabilities and net assets/fund balances	2,102,074,434	34	2,633,547,628	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	710,230,401
2	Total expenses (must equal Part IX, column (A), line 25)	2	775,364,056
3	Revenue less expenses Subtract line 2 from line 1	3	-65,133,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,220,587,467
5	Net unrealized gains (losses) on investments	5	-39,582,522
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	213,949,408
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,329,820,698

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PARKVIEW HEALTH SYSTEM, INC IS A CHARITABLE, NOT-FOR-PROFIT, COMMUNITY-OWNED HEALTH SYSTEM IT WAS INCORPORATED IN MAY 1995 AND NOW SUPPORTS THE FOLLOWING HOSPITALS PARKVIEW HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , PARKVIEW WABASH HOSPITAL, INC , AND WHITLEY MEMORIAL HOSPITAL, INC IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A 60 PERCENT OWNER IN THE PARTNERSHIP OF THE ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC IS THE FIRST SPECIALTY HOSPITAL IN NORTHEAST INDIANA DEVOTED SOLELY TO ORTHOPEDIC SURGERY AND POST-SURGERY PATIENT CARE THE 37 BED STATE-OF-THE-ART FACILITY INCLUDES AN INPATIENT UNIT,(SEE SCHEDULE O FOR CONTINUATION)AN INPATIENT REHABILITATION GYM AND ORTHO NORTH/EAST MEDICAL OFFICES THE SERVICE AREA FOR PARKVIEW HEALTH SYSTEM, INC INCLUDES NORTHEAST INDIANA, NORTHWEST OHIO AND SOUTH CENTRAL MICHIGAN OTHER SPECIALTY SERVICES INCLUDE A VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, HEART INSTITUTE, A CERTIFIED PRIMARY STROKE CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICE CENTER AND CANCER INSTITUTE THE NEWLY CONSTRUCTED PARKVIEW CANCER INSTITUTE OPENED IN JUNE 2018 ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS IN AN EFFORT TO MEET GROWING DEMAND FOR CARE AND SERVICES, THE HOSPITAL BEGAN AN EXPANSION PROJECT OF A SIX-STORY, 168,000 SQUARE FOOT MEDICAL TOWER THAT WILL ACCOMMODATE 72 ADDITIONAL INPATIENT BEDS APPROXIMATELY 63,000 SQUARE FEET OF THE NEW TOWER WILL SERVE AS SHELL SPACE, ALLOWING FOR FUTURE EXPANSION TO SUPPORT FORECASTED INPATIENT AND AMBULATORY CARE GROWTH EXPANSION IS SLATED TO OPEN IN 2020 PARKVIEW HEALTH SYSTEM, INC EMPLOYS 479 PRIMARY AND SPECIALTY CARE PHYSICIANS AS PART OF PARKVIEW PHYSICIANS GROUP THESE PHYSICIANS, ALONG WITH 376 ADVANCED PRACTICE PROVIDERS, PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA AND NORTHWEST OHIO REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES EIGHTY-THREE NEW PHYSICIANS AND 89 ADVANCED PRACTICE PROVIDERS WERE RECRUITED IN 2018, SIGNIFICANTLY INCREASING THE SYSTEM'S ABILITY TO MEET LOCAL HEALTH NEEDS PARKVIEW HEALTH EMPLOYS FOUR FULL-TIME PHYSICIAN RECRUITERS AND ONE FULL-TIME ADVANCED PRACTICE PROVIDER RECRUITER WHOSE TIME IS DEVOTED SOLELY TO RECRUITING PHYSICIANS AND ADVANCED PRACTICE PROVIDERS ALL PHYSICIAN RECRUITMENT ACTIVITY IS BASED ON A PHYSICIAN NEEDS ASSESSMENT, BOARD APPROVED STRATEGIC PLAN AND THE OVERSIGHT OF THE COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS THE MIRRO RESEARCH AND INNOVATION CENTER LOCATED ON THE CAMPUS OF PARKVIEW REGIONAL MEDICAL CENTER PROVIDES WORLD-CLASS EDUCATION FOR PARKVIEW CO-WORKERS, PHYSICIANS AND MEDICAL PROFESSIONALS IN CUTTING-EDGE MEDICAL SIMULATION CLASSROOMS AND TRAINING LABORATORIES MODELED AFTER CURRENT ORS, EXAM ROOMS, PATIENT ROOMS AND AMBULANCES PATIENT EXPECTATIONS FOR EXCELLENT CARE ARE SUPPORTED BY ENSURING THAT HEALTHCARE PROFESSIONALS ARE FAMILIAR WITH THE MOST INNOVATIVE AND EFFECTIVE TREATMENTS AVAILABLE PARKVIEW HEALTH SYSTEM, INC CURRENTLY HOLDS MAGNET STATUS WHICH DEMONSTRATES COMMITMENT TO NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE ADDITIONALLY, THE SYSTEM WAS NAMED ONE OF THE AMERICA'S BEST EMPLOYERS IN 2018 BY FORBES MAGAZINE PARKVIEW HEALTH SYSTEM, INC WAS RANKED NO 93 OVERALL AND NO 14 IN THE HEALTHCARE SOCIAL SERVICES INDUSTRY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a 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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	40 00 17 00	X		X				1,447,044	0	759,330
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CHIEF PHY EXE	40 00 0 00	X		X				1,019,328	0	361,603
ROBERT GODLEY DIRECTOR/PH PHYSICIAN	40 00 1 00	X						537,753	0	62,858
JOSHUA KLINE DIRECTOR/PH CHIEF MED OFFICER	40 00 0 00	X						493,648	0	121,058
ALAN MCGEE DIRECTOR/PH SVR LINE LEADER	9 00 0 00	X						405,383	0	0
MICHAEL AXEL DIRECTOR/TREASURER	1 00 1 00	X						3,750	3,250	0
MARGARET BROOKS DIRECTOR	1 00 0 00	X						7,107	0	0
VICKY CARWEIN DIRECTOR/PARTIAL YEAR	1 00 0 00	X						2,633	0	0
ROGER CROMER DIRECTOR	1 00 2 00	X						3,383	6,500	0
BRIAN DECAMP DIRECTOR	1 00 1 00	X						1,750	7,091	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a 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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON ELSENBAUMBER DIRECTOR	1 00 0 00	X						0	0	0
BRIAN EMERICK DIRECTOR/SECRETARY	1 00 0 00	X						9,224	0	0
DAVID HAIST DIRECTOR/CHAIR	1 00 0 00	X						18,019	0	0
JIM HEUER DIRECTOR	1 00 1 00	X						2,658	7,512	0
THOMAS KIMBROUGH DIRECTOR	1 00 1 00	X						4,637	4,000	0
JERRY LONG DIRECTOR	1 00 0 00	X						6,291	0	0
MARILYN MORAN-TOWNSEND DIRECTOR	1 00 1 00	X						8,250	750	0
SHERRYL RHINESMITH DIRECTOR	1 00 1 00	X						2,000	6,250	0
WENDY ROBINSON DIRECTOR	1 00 1 00	X						5,383	0	0
LARRY ROWLAND DIRECTOR	1 00 0 00	X						9,714	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a 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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN STARR DIRECTOR	1 00 1 00	X						3,974	6,514	0
RYAN WARNER DIRECTOR	1 00 1 00	X						3,684	8,409	0
LUTHER WHITFIELD DIRECTOR	1 00 0 00	X						7,357	0	0
STEPHEN WRIGHT DIRECTOR	1 00 0 00	X						6,184	0	0
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	40 00 17 00			X				869,537	0	314,918
RICK HENVEY PH CHIEF OPERATING OFFICER	40 00 0 00			X				992,062	0	326,696
NEIL SHARMA PRESIDENT PARKVIEW CANCER CENTER	40 00 0 00				X			930,076	0	177,804
ROY ROBERSTON PRESIDENT PARKVIEW HEART INSTITUTE	40 00 0 00				X			777,089	0	167,393
SUZANNE EHINGER PH CHIEF EXPERIENCE OFFICER	40 00 0 00				X			624,186	0	144,427
MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER	40 00 0 00				X			605,712	0	139,318

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a 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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG JOHNSON	40 00				X			559,034	0	142,220
PH CHIEF CLINICAL INTEGRATION	0 00				X			563,663	0	247,195
RONALD DOUBLE	40 00				X			592,459	0	130,344
PH CHIEF INFORMATION OFFICER	0 00				X			461,347	0	109,228
DAVID STOREY	40 00				X			510,850	0	238,095
PH SVP GENERAL COUNSEL	0 00				X			490,497	0	128,978
JUDITH BOERGER	40 00				X			471,711	0	111,984
PH CHIEF NURSING EXECUTIVE	0 00				X			443,244	0	107,275
DENA JACQUAY	40 00				X			95,497	199,549	68,022
PH CHIEF HUMAN RESOURCES OFFICER	0 00				X			455,904	0	126,373
THOMAS BOND	40 00				X					
PH CHIEF MEDICAL OFFICER-PPG	0 00				X					
JEFFREY BOORD	40 00				X					
PH CHIEF QUALITY & SAFETY	0 00				X					
MARK PIERCE	40 00				X					
PH CHIEF MED INFORMATICS OFFICER	0 00				X					
JEFFREY BROOKES	1 00				X					
PH MEDICAL DIR - COMMUNITY	24 00				X					
JASON ROW	40 00				X					
PH CHIEF MED OFFICER PPG	0 00				X					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a 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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD GRANNAN PH SVP & COO - PPG 0 00	41 00 0 00				X			420,306	0	103,427
DONNA VAN VLERAH PH SVP SUPPORT DIVISION 0 00	40 00 0 00				X			363,506	0	72,984
SCOTT JAMES PH SVP & COO SVR LINE LEADER 0 00	40 00 0 00				X			374,053	0	97,228
PHILIP SMITH PH SVP STRATEGY & BUSINESS 0 00	40 00 0 00				X			355,991	0	86,245
JOLYNN SUKO PH SVP SVR LINE LEAD 0 00	40 00 0 00				X			298,914	0	77,165
TRENT MILLER PH SVP SVR LINE LEAD 0 00	40 00 0 00				X			283,553	0	73,054
JAMES DOZIER PH PHYSICIAN 1 00	40 00 1 00					X		1,256,882	0	24,503
MATTHEW GROTHAUS PH PHYSICIAN 0 00	28 00 0 00					X		1,201,535	0	24,805
KENNETH AUSTIN PH PHYSICIAN 0 00	45 00 0 00					X		1,166,954	0	29,029
STEVEN WYNDER PH PHYSICIAN 1 00	40 00 1 00					X		1,103,229	5,844	61,594

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a 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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS GRAY PH PHYSICIAN	44 00 0 00					X		1,062,493	0	65,537
JOHN MEISTER FORMER KEY EMPLOYEE	0 00 0 00						X	305,587	0	0
JILL OSTREM FORMER KEY EMPLOYEE	0 00 0 00						X	143,379	0	0

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization PARKVIEW HEALTH SYSTEM INC	Employer identification number 35-1972384

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☒

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

6
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	6				180,700,891	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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 in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	Yes
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1	Yes	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2	Yes	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	Yes	
3a	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	Yes	
3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3A	<p>PARKVIEW HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE ORGANIZATION'S SUPPORTED ORGANIZATIONS PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, INC , AND PARKVIEW WABASH HOSPITAL, INC THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR PARKVIEW HOSPITAL, INC AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFILIATES AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) UPON RECOMMENDATION OF THE CORPORATION, THE CORPORATE MEMBER SHALL APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS BY THE CORPORATION AND ITS AFFILIATES, AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILIATES, (F) APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION AND ITS AFFILIATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRANGEMENTS OR BUDGETS (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY SUCH RIGHT BY THE CORPORATE MEMBER TO DIRECT THE TRANSFER OF ASSETS SHALL NOT INCLUDE ANY TRANSFER WHICH WOULD CAUSE THE CORPORATION TO BE PUT INTO A FINANCIALLY VULNERABLE POSITION AS AN ONGOING CONCERN, NOR SHALL ANY SUCH TRANSFER CAUSE THE CORPORATION TO VIOLATE THE TERMS AND CONDITIONS OF ANY GIFTS, BEQUESTS, BOND COVENANTS, OR RESTRICTIONS SET FORTH IN EXHIBIT A FURTHER, FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS)</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3A	<p>BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATION, (K) APPROVE ANY ACTION OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN THE JOINT COMMISSION ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPORATION OR THE SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS EXHIBIT A WITHOUT THE CONSENT OF THE CORPORATION. THE CORPORATE MEMBER SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
<p>PART IV, SECTION E, LINE 3A CONT'D</p>	<p>THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR COMMUNITY HOSPITAL OF LA GRANGE COUNTY, INC (I) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD SUBJECT TO THE COMPOSITION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SET FORTH IN ARTICLE V, SECTION 2, (II) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AND VICE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (III) APPROVE AND/OR REQUIRE THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (IV) APPROVE AND/OR REQUIRE THE ESTABLISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (V) APPROVE AND ADOPT THE STRATEGIC PLAN AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (VI) APPROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF ANY BONDS, PROPOSED BY THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VII) APPROVE AND/OR REQUIRE THE APPROVAL OF CONTRACTS OR LOANS OBLIGATING THE CORPORATION TO EXPEND OR REPAY AN AMOUNT IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VIII) APPROVE AND/OR REQUIRE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, TRANSFER, ENCUMBRANCE OR OTHER DISPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (IX) APPROVE AND ADOPT THE CAPITAL BUDGET, OPERATING BUDGET, FINANCIAL PLANS AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (X) APPROVE AND/OR REQUIRE THE ADOPTION OF A MANAGED CARE POLICY FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, INCLUDING NETWORK PARTICIPATION, PARTICIPATION IN ANY MANAGED CARE AGREEMENT AND PARTICIPATION IN ANY OTHER HEALTH CARE SERVICE ARRANGEMENTS, (XI) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTHER PROFESSIONAL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XII) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDICAL STAFF QUALITY ASSURANCE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AND PROCEDURES FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XIII) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE CORPORATION'S CURRENT LOCATION, (XIV) APPROVE EACH ANNUAL LIST OF PROPOSED DONORS AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN THE ANNUAL BUDGET, AND MAKE PROPOSALS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, AND (XV) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION THAT IS INCONSISTENT WITH</p>

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	H THE POLICY OF THE CORPORATE MEMBER

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Return Reference	Explanation
<p>PART IV, SECTION E, LINE 3A CONT'D</p>	<p>THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (I) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD SUBJECT TO THE COMPOSITION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SET FORTH IN ARTICLE V, SECTION 2, (II) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AND VICE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (III) APPROVE AND/OR REQUIRE THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (IV) APPROVE AND/OR REQUIRE THE ESTABLISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (V) APPROVE AND ADOPT THE STRATEGIC PLAN AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (VI) APPROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF ANY BONDS, PROPOSED BY THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VII) APPROVE AND/OR REQUIRE THE APPROVAL OF CONTRACTS OR LOANS OBLIGATING THE CORPORATION TO EXPEND OR REPAY AN AMOUNT IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VIII) APPROVE AND/OR REQUIRE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, TRANSFER, ENCUMBRANCE OR OTHER DISPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (IX) APPROVE AND ADOPT THE CAPITAL BUDGET, OPERATING BUDGET, FINANCIAL PLANS AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (X) APPROVE AND/OR REQUIRE THE ADOPTION OF A MANAGED CARE POLICY FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, INCLUDING NETWORK PARTICIPATION, PARTICIPATION IN ANY MANAGED CARE AGREEMENT AND PARTICIPATION IN ANY OTHER HEALTH CARE SERVICE ARRANGEMENTS, (XI) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTHER PROFESSIONAL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XII) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDICAL STAFF QUALITY ASSURANCE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AND PROCEDURES FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XIII) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE CORPORATION'S CURRENT LOCATION, (XIV) APPROVE EACH ANNUAL LIST OF PROPOSED DONORS AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN THE ANNUAL BUDGET, AND MAKE PROPOSALS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, AND (XV) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION THAT IS INCONSISTENT WITH T</p>

990 Schedule A, Supplemental Information	
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PART IV, SECTION E, LINE 3A CONT'D	HE POLICY OF THE CORPORATE MEMBER

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<p>PART IV, SECTION E, LINE 3A CONT'D</p>	<p>THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR HUNTINGTON MEMORIAL HOSPITAL, INC AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFILIATES AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES, AND ARRANGEMENTS, (D) APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS, BY THE CORPORATION AND ITS AFFILIATES AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILIATES, (F) APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION AND ITS AFFILIATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRANGEMENTS OR BUDGETS, (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION'S ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATION, (K) APPROVE ANY ACTION</p>

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	N OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPORATION OR SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS LIST OR THE REQUIREMENT THAT APPOINTED DIRECTORS CAN BE REPRESENTATIVES OF HUNTINGTON COUNTY, AS DESCRIBED IN ARTICLE V, SECTION 2 AND 10 OF BYLAWS WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW

990 Schedule A, Supplemental Information

Return Reference	Explanation
<p>PART IV, SECTION E, LINE 3A CONT'D</p>	<p>THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR WHITLEY MEMORIAL HOSPITAL, INC. AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY DIRECTOR OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFILIATES AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS, BY THE CORPORATION AND ITS AFFILIATES AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILIATES, (F) APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION AND ITS AFFILIATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRANGEMENTS OR BUDGETS (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INSTRUMENT, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATION, (K) APPROVE ANY ACTION OF THE</p>

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PART IV, SECTION E, LINE 3A CONT'D	HE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JOINT COMMISSION ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPORATION OR SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS EXHIBIT A OR THE REQUIREMENT THAT ELECTED DIRECTORS BE REPRESENTATIVES OF WHITLEY COUNTY, AS DESCRIBED IN ARTICLE V, SECTIONS 2 AND 10 OF THESE BYLAWS WITHOUT THE CONSENT OF THE CORPORATION. THE CORPORATE MEMBERS SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW.

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Return Reference	Explanation
<p>PART IV, SECTION E, LINE 3A CONT'D</p>	<p>THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR PARKVIEW WABASH HOSPITAL , INC (I) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD SUBJECT TO THE COMPOSITION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SET FORTH IN ARTICLE V, SECTION 2, (II) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AND VICE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (III) APPROVE AND/OR REQUIRE THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (IV) APPROVE AND/OR REQUIRE THE ESTABLISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (V) APPROVE AND ADOPT THE STRATEGIC PLAN AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (VI) APPROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF ANY BONDS, PROPOSED BY THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VII) APPROVE AND/OR REQUIRE THE APPROVAL OF CONTRACTS OR LOANS OBLIGATING THE CORPORATION TO EXPEND OR REPAY AN AMOUNT IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VIII) APPROVE AND/OR REQUIRE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, TRANSFER, ENCUMBRANCE OR OTHER DISPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (IX) APPROVE AND ADOPT THE CAPITAL BUDGET, OPERATING BUDGET, FINANCIAL PLANS AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (X) APPROVE AND/OR REQUIRE THE ADOPTION OF A MANAGED CARE POLICY FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, INCLUDING NETWORK PARTICIPATION, PARTICIPATION IN ANY MANAGED CARE AGREEMENT AND PARTICIPATION IN ANY OTHER HEALTH CARE SERVICE ARRANGEMENTS, (XI) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTHER PROFESSIONAL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XII) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDICAL STAFF QUALITY ASSURANCE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AND PROCEDURES FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XIII) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE CORPORATION'S CURRENT LOCATION, (XIV) APPROVE EACH ANNUAL LIST OF PROPOSED DONORS AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN THE ANNUAL BUDGET, AND MAKE PROPOSALS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, AND (XV) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION THAT IS INCONSISTENT WITH THE POLICY</p>

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	OF THE CORPORATE MEMBER

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Return Reference	Explanation
PART IV, SECTION E, LINE 3B	SEE EXPLANATION FOR FORM 990, SCHEDULE A, PART IV, SECTION E, LINE 3A

Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) PARKVIEW HOSPITAL INC	350868085	3	Yes		141,390,895	0
(A) HUNTINGTON MEMORIAL HOSPITAL INC	351970706	3	Yes		8,418,000	0
(B) WHITLEY MEMORIAL HOSPITAL INC	351967665	3	Yes		10,158,996	0
(C) COMMUNITY HOSPITAL OF NOBLE COUNTY INC	352089183	3	Yes		9,300,996	0
(D) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	202401676	3	Yes		5,615,004	0
(E) PARKVIEW WABASH HOSPITAL INC	471753440	3	Yes		5,817,000	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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?	Yes		102,665
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		50,203
j	Total Add lines 1c through 1i			152,868
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	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	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY THE CORYDON GROUP, LLC \$102,665 OTHER ACTIVITIES - REPRESENTS THE PORTION OF DUES PAID TO VARIOUS PROFESSIONAL ASSOCIATIONS USED FOR LOBBYING ACTIVITIES

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DLN: 93493315039529

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☒ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2

2b

10 00

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

1

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ 24,725

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	17,853,093	43,259,295		61,112,388
b Buildings		272,725,854	98,591,365	174,134,489
c Leasehold improvements		33,756,328	14,100,855	19,655,473
d Equipment		286,657,256	192,153,869	94,503,387
e Other		23,243,849	13,444,847	9,799,002
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				359,204,739

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	118,204,687	C
(2) Closely-held equity interests		
(3) Other _____ (A) INVESTMENTS IN JVS, MCHA & WRPLX	137,020,917	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	255,225,604	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE TO/FROM INTERUNIT	598,038,092
(2) MISCELLANEOUS	1,211,807
(3) BROKER PENDING TRADES	189,648,531
(4) NOTE RECEIVABLE FROM LGHOS	5,896,241
(5) NOTE RECEIVABLE FROM WMHOS	6,893,500
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	801,688,171

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACC RETIREMENTS COST	115,531,575
RESERVE FOR SIGNATURE CARE	12,586,225
RESERVE FOR MALPRACTICE	8,713,320
BROKER PENDING TRADES	330,030,337
MISCELLANEOUS	6,804
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	466,868,261

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Supplemental Information

Return Reference	Explanation
PART II, LINE 5	A THIRD PARTY ENVIRONMENTAL COMPANY COMPLETES ALL THE REQUIRED ANNUAL MONITORING INSPECTION AND REPORTING AS PART OF THE 10 YEAR REQUIREMENT WITHIN THE EXISTING PERMIT IF ANY ENCROACHMENTS BY THE OWNER ON THE MITIGATION AREAS ARE OBSERVED THEY ARE REPORTED AND ENFORCED THROUGH APPROPRIATE LEGAL CHANNELS

Supplemental Information	
Return Reference	Explanation
PART II, LINE 9	THE ORGANIZATION RECORDS THE PAYMENTS TO THE THIRD PARTY ENVIRONMENTAL COMPANY AS A FEES FOR SERVICES EXPENSE ON THE INCOME STATEMENT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) PAGE 15 OF ATTACHED FINANCIAL STATEMENTS 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 THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH ENTITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2018 AND 2017, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEAR 2014 AND PRIOR</p>

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM INC

Employer identification number

35-1972384

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other _____ %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☐ Other _____ %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			181,487	0	181,487	0.020 %
b Medicaid (from Worksheet 3, column a)			2,101,491	1,181,316	920,175	0.120 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,203,760	3,506,402	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			5,486,738	4,687,718	1,101,662	0.140 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,888,675	3,977,626	911,049	0.120 %
f Health professions education (from Worksheet 5)			11,855	0	11,855	0 %
g Subsidized health services (from Worksheet 6)			546,187	114,687	431,500	0.060 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,799,711	325,778	2,473,933	0.320 %
j Total. Other Benefits			8,246,428	4,418,091	3,828,337	0.500 %
k Total. Add lines 7d and 7j			13,733,166	9,105,809	4,929,999	0.640 %

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

Cat No 50192T

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			339,139	0	339,139	0.040 %
2 Economic development			155,000	0	155,000	0.020 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			32,030	0	32,030	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,098,782	0	1,098,782	0.140 %
9 Other						
10 Total			1,624,951		1,624,951	0.200 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,004,982	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	195,787	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	10,183,824
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	12,305,243
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-2,121,419
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 IMAGING SERVICES HOLDING COMPANY LLC	HOLDING COMPANY	50.000 %		50.000 %
2 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	ORTHOPAEDIC HOSPITAL	60.000 %		40.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Name of hospital facility or letter of facility reporting group

	Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Name of hospital facility or letter of facility reporting group _____

22 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

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual 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?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **115**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 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)
- 6 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC (EIN 35-1972384), PARKVIEW HOSPITAL, INC (EIN 35-0868085), COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (EIN 20-2401676), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (EIN 35-2087092), HUNTINGTON MEMORIAL HOSPITAL, INC (EIN 35-1970706), WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665) AND PARKVIEW WABASH HOSPITAL, INC (EIN 47-1753440) PREPARED A COMBINED REPORT TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	<p>NOTE TO READER - THE AMOUNTS LISTED ON LINES 7A-C REFLECT ONLY THE FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC AS PARKVIEW HEALTH SYSTEM, INC 'S MEMBER HOSPITALS OF PARKVIEW HOSPITAL, INC (EIN 35-0868085), COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (EIN 20-2401676), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (EIN 35-2087092), HUNTINGTON MEMORIAL HOSPITAL, INC (EIN 35-1970706), WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665), AND PARKVIEW WABASH HOSPITAL, INC (EIN 47-1753440) FILE THEIR OWN RESPECTIVE FORM 990 PART I, LINE 7ATHE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7BPARKVIEW HEALTH SYSTEM, 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 HEALTH SYSTEM, INC ACCEPTS ALL 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 7GCOSTS ASSOCIATED WITH THE RONALD MCDONALD MOBILE CARE PROGRAM, EAST ALLEN COUNTY SCHOOLS NEARSITE CLINIC AND THE NORTHWEST ALLEN COUNTY SCHOOLS CLINIC WHERE INCLUDED AS SUBSIDIZED HEALTH SERVICES PART I, LINE 7IIN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HEALTH SYSTEM, 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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSEPARKVIEW HEALTH SYSTEM, INC EXCLUDED \$12,004,982 OF BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES PARKVIEW HEALTH SYSTEM HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION PARKVIEW INVESTS IN PROJECTS THAT HELP TO ULTIMATELY IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITY PHYSICAL IMPROVEMENTS/HOUSING THE PARKVIEW FAMILY PARK IS A RECREATIONAL PARK AREA OPEN TO THE PUBLIC AND LOCATED ON THE NORTH-FORT WAYNE CAMPUS, WHICH IS HOME OF THE PARKVIEW REGIONAL MEDICAL CENTER PARKVIEW HEALTH SYSTEM, INC MAKES THE PARK AVAILABLE TO THE GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY PARKVIEW HEALTH SYSTEM, INC SUPPORTS HABITAT FOR HUMANITY THROUGH CASH DONATIONS AND IN-KIND WORK CREWS FOR THE BUILDING OF NEW HOMES FOR FAMILIES WHO QUALIFY HABITAT FOR HUMANITY OF GREATER FORT WAYNE HAS A PROVEN TRACK RECORD OF HOME RETENTION FOR THOSE THEY SERVE THIS ORGANIZATION PROVIDES A COMPREHENSIVE HOME OWNERSHIP PROGRAM THAT THROUGH EDUCATION AND SWEAT EQUITY PROMOTES SELF-SUFFICIENCY FOR THESE NEW HOME OWNERS ECONOMIC DEVELOPMENT PARKVIEW HEALTH SYSTEM, INC FOSTERS ECONOMIC DEVELOPMENT IN SEVERAL WAYS PARKVIEW HEALTH SYSTEM, INC HAS PLAYED A KEY ROLE IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2020, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT PARKVIEW HEALTH SYSTEM, INC HAS BEEN INSTRUMENTAL IN WORKING WITH THIS GROUP OF COMMUNITY REPRESENTATIVES FROM BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE 11-COUNTY NORTHEAST INDIANA REGION VISION 2020'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA TO SUPPORT THE OVERALL PLAN FOR ECONOMIC DEVELOPMENT IN THE REGION, PARKVIEW HEALTH SYSTEM, INC SUPPORTS THE NORTHEAST INDIANA INNOVATION CENTER (NIC), A BUSINESS INCUBATION ORGANIZATION PROVIDING ACCESS TO ENTREPRENEURIAL RESOURCES INCLUDING CAPITAL, TALENT, WORKPLACE AND NETWORKING OPPORTUNITIES MULTI-YEAR SUPPORT IS PROVIDED TO THE FORT WAYNE REDEVELOPMENT COMMISSION FOR THE LOCAL MINOR LEAGUE BASEBALL STADIUM LOCATED IN DOWNTOWN FORT WAYNE AS PART OF A CONCERTED EFFORT TO BRING RENEWED ECONOMIC VITALITY TO THE DOWNTOWN AREA, THEREBY ENHANCING THE COMMUNITY AS A WHOLE THE BASEBALL FIELD IS THE CENTERPIECE OF OTHER SIGNIFICANT PROJECTS TOWARD THE GOAL OF DOWNTOWN REVITALIZATION IN ADDITION, IT SERVES AS A VENUE FOR PROVIDING PREVENTIVE HEALTH AND SAFETY EDUCATION AND SCREENINGS TO THE COMMUNITY LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS PARKVIEW HEALTH SYSTEM, INC SUPPORTS LEADERSHIP DEVELOPMENT IN THE COMMUNITY IN CONJUNCTION WITH ECONOMIC DEVELOPMENT EFFORTS IN ORDER TO IMPROVE THE QUALITY OF LIFE IN ALLEN COUNTY AND THE REGION STRONG LEADERS PLAY A KEY ROLE IN BUILDING THRIVING COMMUNITIES PARKVIEW'S COMMUNITY PARTNER DEVELOPMENT CENTER WAS CREATED TO PROVIDE TOOLS AND RESOURCES FOR LOCAL NON-PROFIT ORGANIZATIONS AND THEIR LEADERS THROUGH TRAINING, COACHING, DEVELOPMENT AND STRATEGIC PLANNING TRAININGS INCLUDE CONDUCTING NEEDS ASSESSMENTS, CREATING DEVELOPMENT PLANS THAT BUILD ON ORGANIZATIONAL STRENGTHS, LEADERSHIP COURSES ON BEST PRACTICES AND LEADERSHIP PRINCIPLES, AS WELL AS NEEDS-BASED RESTORATIVE INTERVENTIONS DESIGNED TO PROMOTE ORGANIZATIONAL TEAM COHESIVENESS AS ONE OF THE LARGEST EMPLOYERS IN NORTHEAST INDIANA, PARKVIEW HEALTH SYSTEM, INC SERVES AS A SIGNIFICANT SPONSOR TO PROMOTE ACCESS TO THE GLOBAL LEADERSHIP SUMMIT NATIONAL LEADERSHIP CONFERENCE WHICH PROVIDES A TWO-DAY TRAINING ON SERVANT LEADERSHIP PRINCIPLES WORKFORCE DEVELOPMENT PARKVIEW HEALTH SYSTEM, INC SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY RECRUITMENT ACTIVITIES ARE BASED ON THE RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT PARKVIEW HEALTH SYSTEM, INC DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE PARKVIEW HEALTH SYSTEM, INC STRIVES TO BRING THE BEST INTEGRATED, QUALITY, AND COST EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY AVAILABLE TO OUR COMMUNITIES IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE AMOUNT REPORTED IS CONSISTENT WITH THE AMOUNT REPORTED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER THE GENERALLY ACCEPTED ACCOUNTING STANDARDS DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS (BAD DEBT RECOVERIES) ARE FACTORED INTO THE ALLOWANCE FOR BAD DEBT ESTIMATION PROCESS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	<p>COSTING METHODOLOGY USED UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HEALTH SYSTEM, INC HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND ALL COLLECTION EFFORTS CEASE PATIENTS ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE 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 CHARITY CARE DURING THE TAX YEAR THE ACCOUNTS WERE RECLASSIFIED AS CHARITY CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FINANCIAL ASSISTANCE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTSTEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS PAGE 12 OF ATTACHED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 HEALTH SYSTEM, 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 HEALTH SYSTEM, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT PARKVIEW HEALTH SYSTEM, INC RECOGNIZES THAT THE SHORTFALL OR SURPLUS 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	<p>IF THE PATIENT CANNOT PAY IN FULL, THE OPTION OF A LOW INTEREST LOAN IS AVAILABLE WITH THE SAME DISCOUNT OFFERED FOR CASH PAYMENTS AS LONG AS THE LOAN IS ARRANGED WITHIN 30 DAYS OF THE FIRST GUARANTOR STATEMENT IF THE PATIENT DEFAULTS ON THE LOAN, THE DISCOUNT WILL BE REVERSED AND THE PATIENT'S ACCOUNT WILL BE PLACED IN A COLLECTION AGENCY INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED TWELVE (12) MONTHS ARE AVAILABLE THE MINIMUM MONTHLY PAYMENT IS \$25 FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260 266 6700 OR TOLL FREE 855 814 0012 A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME DURING THE APPLICATION PERIOD FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES WHICH MAY ULTIMATELY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE ADDITIONALLY, THE COLLECTION AGENCY MAY SUE AND OBTAIN A JUDGMENT AGAINST THE PATIENT FOR NON-PAYMENT THESE ACTIONS WILL NOT OCCUR UNTIL 120 DAYS AFTER THE PATIENT IS SENT THEIR FIRST FOLLOW-UP STATEMENT INDICATING THE AMOUNT THEY OWE A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN THOUGH THEY HAVE BEEN PLACED IN A COLLECTION AGENCY IF THE PATIENT WAS SENT THEIR FIRST NOTICE ON THE ACCOUNT FOR WHICH THEY ARE APPLYING FOR FREE CARE BETWEEN 120 DAYS AND THE END OF THE APPLICATION PERIOD, THE ACTIONS ABOVE WILL BE SUSPENDED UNTIL THE FREE CARE APPLICATION ELIGIBILITY IS DETERMINED</p>

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Form and Line Reference	Explanation
PART VI, LINE 2	DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B IN ADDITION TO IDENTIFYING HEALTH NEEDS THROUGH THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, PARKVIEW HOSPITAL, INC IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING -OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS-USE OF CONDUENT'S HEALTHY COMMUNITIES INSTITUTE SECONDARY DATA PLATFORM -OBSERVATIONS BY HEALTHCARE PROFESSIONALS WHO WORK WITH VULNERABLE POPULATIONS-SPECIFIC REQUESTS PROMPTED BY OTHER PROFESSIONALS IN THE COMMUNITYHOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES PARKVIEW HEALTH SYSTEM, INC SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS NORTHWEST OHIO THE TOTAL POPULATION OF OUR SERVICE AREA IS OVER 880,000 THE SYSTEM OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES ALLEN COUNTY IS CONSIDERED THE URBAN AREA AMONGST THE OTHER RURAL COUNTIES AND REPRESENTS 66 5 PERCENT OF THE TOTAL POPULATION OF THE SIX-COUNTY AREA EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE SIX-COUNTY AREA WHERE HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS BASED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, COMMUNITY RESOURCES, ETC IN ORDER TO BEST IMPROVE THE POPULATION HEALTH IN THE COMMUNITIES THAT WE SERVE, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PROVIDED PRIMARILY TO THE LOCAL COMMUNITIES IN EACH OF THE SIX COUNTIES THE AVERAGE PERCENTAGE OF THOSE BELOW THE FEDERAL POVERTY LEVEL IS 10 45 PERCENT FOR THE SIX-COUNTY AREA THE MEDIAN HOUSEHOLD INCOME RANGES FROM \$50,177 (WABASH) TO \$63,291 (LAGRANGE) THE UNEMPLOYMENT RATE RANGES FROM 2 4 PERCENT (LAGRANGE COUNTY) TO 3 0 PERCENT (HUNTINGTON COUNTY) AS OF APRIL 2019 ACCORDING TO STATS INDIANA HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES DEVELOPS SHORTAGE DESIGNATION CRITERIA AND USES THEM TO DECIDE WHETHER OR NOT A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P) HRSA HAS DESIGNATED THE FOLLOWING ALLEN COUNTY -THE CITY OF FORT WAYNE AS A HIGH NEEDS GEOGRAPHIC HPSA IN PRIMARY CARE-LOW INCOME - SOUTH FORT WAYNE SERVICE AREA AS A MUP LOW INCOME-LOW INCOME - ALLEN COUNTY AS A LOW INCOME POPULATION HPSA IN DENTAL HEALTH-MENTAL HEALTH CATCHMENT AREA 20 LOCATED IN ALLEN COUNTY AS A HIGH NEEDS GEOGRAPHIC HPSA IN MENTAL HEALTHHUNTINGTON COUNTY -LOW INCOME - HUNTINGTON COUNTY AS A LOW INCOME POPULATION HPSA IN PRIMARY CARE AND DENTAL HEALTH -WARSAW MENTAL HEALTH CATCHMENT AREA 28 IN HUNTINGTON COUNTY AS A GEOGRAPHIC HPSA IN MENTAL HEALTH-THE SALAMONIE SERVICE AREA IN HUNTINGTON COUNTY AS A MUALAGRANGE COUNTY -LAGRANGE COUNTY AS A GEOGRAPHIC HPSA IN PRIMARY CARE-LOW INCOME - LAGRANGE COUNTY AS A LOW INCOME POPULATION HPSA IN DENTAL HEALTH-NORTHEASTERN MENTAL HEALTH CATCHMENT AREA 18 IN LAGRANGE COUNTY AS A GEOGRAPHIC HPSA IN MENTAL HEALTH NOBLE COUNTY -NOBLE COUNTY AS A GEOGRAPHIC HPSA IN PRIMARY CARE-LOW INCOME - NOBLE COUNTY AS A LOW INCOME POPULATION HPSA IN DENTAL HEALTH-NORTHEASTERN CATCHMENT AREA 18 IN NOBLE COUNTY AS A GEOGRAPHIC HPSA IN MENTAL HEALTHWABASH COUNTY -LOW INCOME - WABASH COUNTY AS A LOW INCOME POPULATION HPSA IN PRIMARY CARE AND DENTAL HEALTH -WARSAW MENTAL HEALTH CATCHMENT AREA 28 IN WABASH COUNTY AS A GEOGRAPHIC HPSA IN MENTAL HEALTH-LOW INCOME - WABASH COUNTY AS A MUP LOW INCOMEWHTLEY AND KOSCIUSKO COUNTIES -WARSAW MENTAL HEALTH CATCHMENT AREA 28 IN WHITLEY COUNTY AND KOSCIUSKO COUNTY AS A GEOGRAPHIC HPSA IN MENTAL HEALTH-LOW INCOME - KOSCIUSKO COUNTY AS A LOW INCOME POPULATION HPSA IN DENTAL HEALTH-LOW INCOME - WARSAW SERVICE AREA LOCATED IN KOSCIUSKO COUNTY AS A MUP LOW INCOMEDATA SOURCE FOR HRSA DESIGNATIONS HTTPS //DATA HRSA GOV/TOOLS/SHORTAGE-AREA/HPSA-FIND</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>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) THE MAJORITY OF THE PARKVIEW HEALTH SYSTEM, INC BOARD OF DIRECTORS IS COMPRISED OF INDEPEND ENT COMMUNITY MEMBERS WHO RESIDE IN THE HEALTH SYSTEM'S PRIMARY SERVICE AREA PARKVIEW HEALTH SYSTEM, INC , AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL ENTITIES AND PHYSICIAN PRACTICES, SERVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM EACH OF OUR HEALTHCARE FACILITIES IS EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINISTRATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION PARKVIEW HEALTH SYSTEM, INC SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY CONDUCTING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT OF THE REGION AND OFFERING THE SERVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION DATA OBTAINED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN PARKVIEW HEALTH SYSTEM, INC 'S STRATEGIC PLANNING PROCESS THROUGH THIS PROCESS, PARKVIEW HEALTH SYSTEM, INC HAS ESTABLISHED SEVERAL PRIORITY AREAS THESE PRIORITY AREAS ALIGN WITH THE SYSTEM'S MISSION, VISION AND GOALS ALL HOSPITAL ENTITIES SHARE THE COMMUNITY HEALTH PRIORITY OF OBESITY/HEALTHY LIVING OTHER TOP COMMUNITY HEALTH PRIORITIES ADOPTED THROUGHOUT THE HEALTH SYSTEM INCLUDE MATERNAL/CHILD HEALTH, MENTAL HEALTH, DRUG/ALCOHOL USE AND TOBACCO USE PARKVIEW HEALTH SYSTEM, INC , THROUGH ITS MEMBER HOSPITALS ALLOCATES FUNDING ON AN ANNUAL BASIS TO FUEL LOCAL COMMUNITY HEALTH IMPROVEMENT EFFORTS COMMITTEE PARTICIPATION AND RESOURCES ARE COMMITTED TO SUPPORTING HEALTH INITIATIVES AND PARTNER ORGANIZATIONS THAT ADDRESS IDENTIFIED HEALTH PRIORITIES DESIGNED TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES THAT WE SERVE INITIATIVES TO ADDRESS OBESITY THROUGH EDUCATION AND PROMOTION OF HEALTHY LIVING INCLUDE SCHOOL-BASED NUTRITION AND ACTIVE LIFESTYLE CURRICULUMS AND PROGRAMS, HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE AND CONSTRUCTION OF PARKVIEW'S COMMUNITY GREENHOUSE AND LEARNING KITCHEN AS PART OF PROMOTING HEALTHY LIVING, THE HEAL INITIATIVE WAS DEVELOPED AS A COLLABORATION BETWEEN PARKVIEW HOSPITAL, INC AND ST JOSEPH COMMUNITY HEALTH FOUNDATION IT CONSISTS OF THREE COMPONENTS INCLUDING OUR HEALING KITCHEN, A NUTRITIOUS FOOD PREPARATION COURSE, OPERATION OF FIVE SEASONAL HEAL FARM MARKETS WHERE SNAP AND WIC/SENIOR VOUCHERS ARE DOUBLED AND SUPPORT OF GATE (GROWTH IN AGRICULTURE THROUGH EDUCATION) URBAN GARDEN THE HEAL PROGRAM WAS DESIGNED TO DECREASE "FOOD INSECURITY AND THE PLIGHT OF "FOOD DESERT" NEIGHBORHOODS IN ALLEN COUNTY BY IMPROVING ACCESS TO FRESH, LOCAL PRODUCE AND EDUCATION ON FOOD PREPARATION AND PRESERVATION CONSTRUCTION OF THE PARKVIEW GREENHOUSE AND LEARNING KITCHEN ON THE PARKVIEW BEHAVIORAL HOSPITAL CAMPUS LOCATED IN A FEDERALLY DESIGNATED FOOD DESERT AREA WAS COMPLETED IN LATE 2018 THIS FACILITY WILL SERVE AS A HUB FOR PARKVIEW'S EXISTING NUTRITION-RELATED OUTREACH EDUCATION PROGRAMS FOOD TASTINGS, COOKING DEMONSTRATIONS AND HANDS-ON COOKING CLASSES TO EDUCATE COMMUNITY MEMBERS ON HOW TO SHOP FOR, PREPARE, STORE AND USE FRESH FOODS BEGAN MID-2019 THE ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC, PART OF PARKVIEW HEALTH INC , CONTINUES TO PARTNER WITH PARKVIEW HOSPITAL, INC IN ITS EFFORTS TO PROMOTE HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION A COMMUNITY OUTREACH CERTIFIED ATHLETIC TRAINER (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO ACTIVITIES OF HEALTHY LIVING, IE , NUTRITION CLASSES FOR OUR CLUB SPORT TEAMS, INJURY PREVENTION CLASSES AT AREA HIGH SCHOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES THIS APPROACH PROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE IN CARRYING OUT OUR MISSION TO IMPROVE ACCESS TO HEALTHCARE AS A NOT-FOR-PROFIT HEALTH SYSTEM, PARKVIEW HEALTH SYSTEM, INC CONTINUES ITS FOCUS ON THE RECRUITMENT AND TRAINING OF PRIMARY CARE AND SPECIALTY CARE PHYSICIANS, AS WELL AS OTHER HEALTHCARE PROFESSIONALS SUCH AS NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS AND NURSES IN SEVERAL LOCATIONS IN THE REGION TO INCREASE ACCESS TO SERVICES BEYOND HOSPITAL AND TRADITIONAL PHYSICIAN OFFICE SETTINGS, PARKVIEW HAS DEVELOPED WALK-IN CLINICS WITH EXTENDED HOURS IN SEVERAL LOCATIONS THROUGHOUT THE REGION PARKVIEW ORTHO HOSPITAL, INC INTRODUCED A WALK-IN ORTHOPEDIC CLINIC TO PROVIDE SAME-DAY SERVICE FOR INDIVIDUALS WITH MINOR ORTHOPEDIC AND SPORTS INJURIES PARKVIEW ALSO LAUNCHED PARKVIEW ONDEMAND, A TELEHEALTH PLATFORM THAT CONNECTS INDIVIDUALS WITH A PROVIDER 24/7 FOR NON-EMERGENCY CONDITIONS SUCH AS COLD AND FLU, ALLERGIES AND PINK EYE PARKVIEW HOSPITAL, INC , HAS FOSTERED CLINICAL RESEARCH SERVICES THROUGH THE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PARKVIEW RESEARCH CENTER, TO PARKVIEW HEALTH SYSTEM, INC. PHYSICIANS FOR OVER 25 YEARS THE PROGRAM HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE SERVICES DURING THAT TIME THE PARKVIEW RESEARCH CENTER RELOCATED TO THE NEWLY CONSTRUCTED PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION IN 2015 ON THE NORTH-FORT WAYNE CAMPUS, BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND ALLIED HEALTHCARE PROFESSIONALS TO COLLABORATE ON INNOVATIVE SOLUTIONS FOR PATIENT CARE THE ADVANCED MEDICAL SIMULATION LAB ALLOWS MULTIDISCIPLINARY CARE TEAMS THE OPPORTUNITY TO ENHANCE CLINICAL AND COMMUNICATION SKILLS IN ORDER TO IMPROVE THE QUALITY OF CARE PROVIDED THE HEALTH SYSTEM CONTINUES TO ENHANCE HEALTHCARE EDUCATION AND MEDICAL RESEARCH THROUGH PARTNERSHIPS BETWEEN PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND LOCAL UNIVERSITIES ON THE NORTH-FORT WAYNE CAMPUS, AS WELL AS DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN THE HOSPITAL, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY AND WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY WILL BE OFFERED, THUS ADDRESSING SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEED IN THE COMMUNITY A \$100 MILLION, 108,000 SQUARE FOOT NEWLY CONSTRUCTED CANCER INSTITUTE ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS OPENED IN JUNE 2018 THE CANCER INSTITUTE IS A STATE-OF-THE-ART FACILITY, USING AN INNOVATIVE PATIENT-CENTERED APPROACH TO CANCER CARE CARE WILL INCLUDE AN INTER-DISCIPLINARY CLINICAL TEAM AND A PERSONAL CARE NAVIGATION PROGRAM ALL CANCER-RELATED SERVICES ARE UNDER ONE ROOF WHETHER ENGAGED IN PREVENTION, TREATMENT OR AFTERCARE EXPANSIVE COMMON AREAS WITH INDOOR GARDENS AND UNIQUE ART DISPLAYS SEPARATE FROM CLINICAL AREAS ARE AVAILABLE FOR USE BY PATIENTS AND THEIR FAMILIES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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 HEALTHCARE 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 , PARKVIEW WABASH HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC THE CORPORATE MISSION AND VISION IS AS FOLLOWS AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY/HEALTHY LIFESTYLE PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND HEALTH/WEEL-BEING ACROSS THE REGION WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN OUR EFFORTS TO POSITIVELY AFFECT COMMUNITY HEALTH STATUS</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH

Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 11119 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 WWW.PARKVIEW.COM 14-005845-1	X	X		X						

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	PART V, SECTION B, LINE 5 PARKVIEW HEALTH SYSTEM, INC INCLUDING PARKVIEW HOSPITAL, INC CONDUCTED ITS LAST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 OVER THE COURSE OF ADMINISTERING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE INDIANA PARTNERSHIP FOR HEALTH COMMUNITIES (IN-PHC) RESEARCH TEAM WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT USED THREE SOURCES OF PRIMARY DATA 1) A PHONE SURVEY OF THE COMMUNITY CONDUCTED ON BEHALF OF PARKVIEW HOSPITAL, INC AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) BY THE EAGLETON CENTER FOR PUBLIC INTEREST POLLING (A CENTER OF RUTGERS UNIVERSITY) COMPLETED IN MARCH 2016, 2) AN ONLINE SURVEY DEVELOPED BY THE IN-PHC AND DISTRIBUTED BY THE HOSPITAL TO AREA PROVIDERS INCLUDING PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN AIDING VULNERABLE POPULATIONS COMPLETED IN JUNE 2016, AND 3) FOCUS GROUPS WITH SPECIFIC VULNERABLE POPULATIONS, INCLUDING THE HISPANIC/LATINO AND AFRICAN AMERICAN POPULATIONS WERE CONDUCTED BY IN-PHC IN ALLEN, NOBLE AND KOSCIUSKO COUNTIES FOR THE AMISH COMMUNITY IN LAGRANGE COUNTY, A WRITTEN SURVEY WAS DISTRIBUTED THROUGH COMMUNITY LEADERS FOCUS GROUP AND WRITTEN SURVEY DATA COLLECTION WAS COMPLETED IN THE SUMMER OF 2016 CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATA BASE WAS USED TO ACCESS SECONDARY DATA FOR THE SEVEN-COUNTY AREA STATE AND NATIONAL DATA WAS OBTAINED THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH, INDIANA UNIVERSITY CENTER FOR HEALTH POLICY AND THE US CENSUS BUREAU

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	PART V, SECTION B, LINE 6A PARKVIEW HOSPITAL, INC (EIN 35-0868085), COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (EIN 20-2401676), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (EIN 35-2087092), HUNTINGTON MEMORIAL HOSPITAL, INC (EIN 35-1970706), WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665), AND PARKVIEW WABASH HOSPITAL, INC (EIN 47-1753440)

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	PART V, SECTION B, LINE 6B INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	<p>PART V, SECTION B, LINE 11 SIGNIFICANT HEALTH NEEDS BEING ADDRESSED OBESITY - PARKVIEW HE ALTH, INC CONTINUED OUTREACH PROGRAMS ESTABLISHED FROM 2014 THROUGH 2016 TO ADDRESS OBESI TY PRIMARILY IN LOW-INCOME AREAS OF ALLEN COUNTY ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND PROGRAMS THAT ENGAGE CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING PROGRAM S 1) THE HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE, 2) PLANTING HEALTHY SEEDS FOR 3R D AND 4TH GRADERS, 3) PLANTING HEALTHY SEEDS EARLY CHILDHOOD EDITION, 4) PLANTING HEALTHY SEEDS AFTER-SCHOOL EDITION, 5) TAKING ROOT WELL-BEING CHALLENGE PROGRAM FOR 4TH AND 5TH GRADERS, 6) SIMPLE SOLUTIONS FOR PARENTS OF LOW-INCOME, PRE-SCHOOL CHILDREN AND, 7) THE CO MMUNITY NURSING NUTRITION AND DIABETES EDUCATION PROGRAM AND CARDIOVASCULAR/DIABETES SCREE NING PROGRAM, 8) CREATION OF THE PARKVIEW COMMUNITY GREENHOUSE AND LEARNING KITCHEN LOCATE D IN A DESIGNATED FOOD DESERT AREA PARKVIEW IS BOLSTERING ITS EFFORTS IN AREAS DEEMED TO HAVE THE HIGHEST IMPACT FOR OBESITY PREVENTION ANTICIPATED IMPACT INCLUDE THE FOLLOWING 1) INCREASE ACCESS TO FRESH, AFFORDABLE AND LOCALLY GROWN FOOD, 2) INCREASE CONSUMPTION OF FRESH PRODUCE, 3) PROVIDE CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS AND PARENT S OF PRE-SCHOOL CHILDREN RELATED TO PHYSICAL ACTIVITY AND NUTRITION, 4) PROVIDE PREVENTIVE HEALTH AND SKILL-BUILDING CLASSES FOR FAMILIES AND PREGNANT WOMEN, 5) ENHANCE AND INCREAS E PROVIDER DIRECTED WELLNESS RESOURCES INCLUDING REFERRALS TO HEALTH MANAGEMENT PROGRAMS I N THE COMMUNITY ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC WILL CONTINUE TO PARTNER WITH PARKVIEW HOSPITAL, INC IN ITS EFFORTS TO PROMOTE HEALTHY LIFESTYLES THROUGH NUTRITION, P HYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION IN ALLEN COUNTY COMMUNITY OUTREACH CERTI FIED ATHLETIC TRAINER (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELA TED TO ACTIVITIES OF HEALTHY LIVING, I E , NUTRITION CLASSES FOR OUR CLUB SPORT TEAMS, INJ URY PREVENTION CLASSES AT AREA HIGH SCHOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES THIS APPROACH PROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE OTHER HEAL TH NEEDS NOT BEING ADDRESSED -TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD O RGANIZATION IN ALLEN COUNTY RELATED TO TOBACCO FREE EFFORTS TFAC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLIC Y PARKVIEW HOSPITAL IS A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO FREE CAMPUS -DIABETES, CARDIOVASCULAR DISEASE AND CANCER - WHILE PARKVIEW HOSPITAL DID NOT SE LECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE PRESENCE OF CHRONIC CONDITIONS LIKE THE AFOREMENTIONED DISEASES BY ADDRESSING OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO HEALTHY FOODS, ACTIVE LIVING PROG RAMS AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS -DRUGS/ALCOHOL ABUSE AND ADDICTION - ONE OF PARKVIEW HOSPITAL'S HE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	<p>ALTH PRIORITIES IS MENTAL HEALTH MANY OF INDIVIDUALS BEING ASSISTED AND REFERRED THROUGH PARKVIEW BEHAVIORAL HEALTH CARE NAVIGATION PROGRAM ARE AFFECTED BY DRUG AND ALCOHOL ABUSE AND ADDICTION -SEXUALLY TRANSMITTED DISEASES (STDs) - THE FORT WAYNE-ALLEN COUNTY HEALTH D EPARTMENT, IN CONJUNCTION WITH MATTHEW 25 HEALTH CLINIC, OPERATES A SEXUALLY TRANSMITTED D ISEASE (STD) CLINIC THE NE INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK F ORCE) PROVIDES STD PREVENTION EDUCATION TO TEENS AND ADULTS -CHRONIC KIDNEY DISEASE - MAJ OR RISK FACTORS RELATED TO CHRONIC KIDNEY DISEASE ARE DIABETES, HIGH BLOOD PRESSURE AND AG E OF 60 AND OLDER THE LOCAL CHAPTER OF THE NATIONAL KIDNEY FOUNDATION FOCUSES ON PREVENTI ON EDUCATION AND SERVES AS A RESOURCE TO THOSE AFFECTED BY KIDNEY DISEASE AND THEIR FAMILI ES ADDITIONALLY, THE FOUNDATION PROVIDES KIDNEY EARLY EVALUATION PROGRAM (KEEP) HEALTHY K IDNEY SCREENING EVENTS -ASTHMA - WHILE ASTHMA WAS NOT SELECTED AS A TOP HEALTH PRIORITY, PARKVIEW HOSPITAL'S COMMUNITY NURSING PROGRAM ADMINISTERS AN ASTHMA PROGRAM THAT PROVIDES AN INTERVENTION THAT MOVES PATIENTS BEYOND EMERGENCY RESCUE CARE TO A MORE PROACTIVE CARE APPROACH THE PROGRAM INCLUDES EDUCATION, INFORMATION, AND STRATEGIES FOR FOLLOW-UP CARE T HAT ARE BOTH INEXPENSIVE AND EFFECTIVE THIS PROGRAM INCORPORATES MULTIPLE BEST PRACTICES, BUNDLES MANY OF THE RESOURCES ALREADY AVAILABLE AND IN USE, AND APPLIES PRINCIPLES OF CAS E MANAGEMENT/CARE NAVIGATION AND PROVIDES SERVICES TO PATIENTS IN A SERIES OF ONE-ON-ONE C ONTACTS OVER TIME TO FACILITATE LONG-TERM ASTHMA MANAGEMENT -AGING - AGING AND IN-HOME SER VICES OF NORTHEAST INDIANA SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGI VERS IN NINE COUNTIES AS A PART OF THIS REGION THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORGAN IZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT-T ERM CASE MANAGEMENT, AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES THROUGH THE CARE TRANSITIONS PROGRAM, AGING AND IN-HOME SERVICES PARTNERS WITH PARKVIEW H EALTH IN AN EFFORT TO REDUCE MEDICARE READMISSIONS PARKVIEW HOSPITALS ALSO OFFER SENIOR S ERVICES TO THOSE AGE 50 AND OVER IN THEIR LOCAL COMMUNITIES SERVICES INCLUDE HEALTH PREVE NTION EDUCATION AND INFORMATION ON COMMUNITY RESOURCES, SELF-CARE AND SAFETY -PRIMARY CARE ACCESS - INCREASING ACCESS TO HEALTHCARE IS A STRATEGIC INITIATIVE FOR THE HEALTH SYSTEM PARKVIEW CONDUCTS PERIODIC STUDIES TO DETERMINE THE AREAS WHERE PHYSICIANS ARE NEEDED AND RECRUITS PHYSICIANS ACCORDINGLY ALLEN COUNTY HAS A STRONG HEALTHCARE SAFETY NET THAT ADD RESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED PARTICIPATING ORGANIZA TIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH C LINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC , FORT WAYNE-ALLEN C OUNTY HEALTH DEPARTMENT AND OT</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	HER HEALTH -RELATED ORGANIZATIONS PARKVIEW ONDEMAND OFFERS TELEHEALTH SERVICES WHERE PATI ENTS CAN TALK TO A PRIMARY CARE ANYTIME, ANYWHERE THROUGH CONVENIENT VIDEO OR MOBILE APP V ISITS WITH THE BIRTH OF THE LOCAL RONALD MCDONALD CARE MOBILE PROGRAM, PARKVIEW PHYSICIAN S GROUP, INC BEGAN STAFFING THE UNIT WITH PEDIATRIC PROVIDERS WHO DELIVER HEALTHCARE SERV ICES FOR CHILDREN AGES 0 TO 18 THE CARE MOBILE DELIVERS NO-CHARGE SERVICES TO FAMILIES WI THOUT MEDICAL INSURANCE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 1 - PARKVIEW PHYSICIANS GROUP 11108 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 468451730	PHYSICIAN OFFICE
1 2 - PARKVIEW PHYSICIANS GROUP 1818 CAREW STREET FORT WAYNE, IN 468054788	PHYSICIAN OFFICE
2 3 - PARKVIEW PHYSICIANS GROUP 442 WEST HIGH STREET BRYAN, OH 435061681	PHYSICIAN OFFICE
3 4 - PARKVIEW PHYSICIANS GROUP 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 468451701	PHYSICIAN OFFICE
4 5 - PARKVIEW PHYSICIANS GROUP 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 468451730	PHYSICIAN OFFICE
5 6 - PARKVIEW PHYSICIANS GROUP 11141 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 468451713	PHYSICIAN OFFICE
6 7 - PARKVIEW PHYSICIANS GROUP 11123 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 468451707	PHYSICIAN OFFICE
7 8 - PARKVIEW PHYSICIANS GROUP 3909 NEW VISION DRIVE FORT WAYNE, IN 468451725	PHYSICIAN OFFICE
8 9 - PARKVIEW PHYSICIANS GROUP 1270 E STATE ROAD 205 COLUMBIA CITY, IN 467259492	PHYSICIAN OFFICE
9 10 - PARKVIEW PHYSICIANS GROUP 2003 STULTS ROAD HUNTINGTON, IN 467501291	PHYSICIAN OFFICE
10 11 - PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD FORT WAYNE, IN 468046311	PHYSICIAN OFFICE
11 12 - PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA DR FORT WAYNE, IN 468054638	PHYSICIAN OFFICE
12 13 - PARKVIEW PHYSICIANS GROUP 11143 PARKVIEW PLAZA DR FORT WAYNE, IN 468451728	PHYSICIAN OFFICE
13 14 - PARKVIEW PHYSICIANS GROUP 306 E MAUMEE STREET ANGOLA, IN 467032035	PHYSICIAN OFFICE
14 15 - PARKVIEW PHYSICIANS GROUP 2708 GUILFORD STREET HUNTINGTON, IN 467509701	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 16 - PARKVIEW PHYSICIANS GROUP 1355 MARINERS DR WARSAW, IN 465827145	PHYSICIAN OFFICE
1 17 - PARKVIEW PHYSICIANS GROUP 121 WESTFIELD DR ARCHBOLD, OH 435021056	PHYSICIAN OFFICE
2 18 - PARKVIEW PHYSICIANS GROUP 1331 MINNICH ROAD NEW HAVEN, IN 467742051	PHYSICIAN OFFICE
3 19 - PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA, IN 467100069	PHYSICIAN OFFICE
4 20 - PARKVIEW PHYSICIANS GROUP 11050 PARKVIEW CIRCLE FORT WAYNE, IN 468451739	PHYSICIAN OFFICE
5 21 - PARKVIEW PHYSICIANS GROUP 8028 CARNEGIE BLVD FORT WAYNE, IN 468045787	PHYSICIAN OFFICE
6 22 - PARKVIEW PHYSICIANS GROUP 2231 CAREW ST FORT WAYNE, IN 468054713	PHYSICIAN OFFICE
7 23 - PARKVIEW PHYSICIANS GROUP 1515 HOBSON ROAD FORT WAYNE, IN 468054802	PHYSICIAN OFFICE
8 24 - PARKVIEW PHYSICIANS GROUP 5693 YMCA PARK DRIVE WEST FORT WAYNE, IN 468353280	PHYSICIAN OFFICE
9 25 - PARKVIEW PHYSICIANS GROUP 1234 E DUPONT ROAD FORT WAYNE, IN 468251545	PHYSICIAN OFFICE
10 26 - PARKVIEW PHYSICIANS GROUP 11055 TWIN CREEKS COVE FORT WAYNE, IN 468452204	PHYSICIAN OFFICE
11 27 - PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY FORT WAYNE, IN 46804	PHYSICIAN OFFICE
12 28 - PARKVIEW ORTHO PERFORMANCE CTR LLC 11130 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	PHYSICAL THERAPY SERVICES
13 29 - PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS ROAD FORT WAYNE, IN 468149182	PHYSICIAN OFFICE
14 30 - PARKVIEW PHYSICIANS GROUP 885 CONNEXION WAY COL CITY, IN 467251044	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 31 - PARKVIEW PHYSICIANS GROUP 935 SNYDER AVE MONTPELIER, OH 435431251	PHYSICIAN OFFICE
1 32 - PARKVIEW PHYSICIANS GROUP 326 SAWYER ROAD KENDALLVILLE, IN 467552573	PHYSICIAN OFFICE
2 33 - PARKVIEW PHYSICIANS GROUP 512 NORTH PROFESSIONAL WAY KENDALLVILLE, IN 467552927	PHYSICIAN OFFICE
3 34 - PARKVIEW PHYSICIANS GROUP 207 N TOWNLINE ROAD LAGRANGE, IN 467611325	PHYSICIAN OFFICE
4 35 - PARKVIEW PHYSICIANS GROUP 725 S SHOOP AVE WAUSEON, OH 435671702	PHYSICIAN OFFICE
5 36 - PARKVIEW ORTHO PERFORMANCE CTR LLC 5050 N CLINTON ST FORT WAYNE, IN 46825	PHYSICAL THERAPY SERVICES
6 37 - PARKVIEW ORTHO PERFORMANCE CTR LLC 10515 ILLINOIS RD FORT WAYNE, IN 46814	PHYSICAL THERAPY SERVICES
7 38 - PARKVIEW ORTHO PERFORMANCE CTR LLC 3946 ICE WAY FORT WAYNE, IN 46805	PHYSICAL THERAPY SERVICES
8 39 - PARKVIEW PHYSICIANS GROUP 495 S SHOOP AVE WAUSEON, OH 435671719	PHYSICIAN OFFICE
9 40 - PARKVIEW PHYSICIANS GROUP 5110 N CLINTON FORT WAYNE, IN 468255735	PHYSICIAN OFFICE
10 41 - PARKVIEW PHYSICIANS GROUP 13430 MAIN STREET GRABILL, IN 467412001	PHYSICIAN OFFICE
11 42 - PARKVIEW PHYSICIANS GROUP 401 N SAWYER RD KENDALLVILLE, IN 467552568	PHYSICIAN OFFICE
12 43 - PARKVIEW PHYSICIANS GROUP 1310 E SEVENTH STREET AUBURN, IN 467062518	PHYSICIAN OFFICE
13 44 - PARKVIEW PHYSICIANS GROUP 1655 N CASS STREET WABASH, IN 469921916	PHYSICIAN OFFICE
14 45 - PARKVIEW PHYSICIANS GROUP 4084 NORTH US HIGHWAY 33 CHURUBUSCO, IN 467239563	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 46 - PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	PHYSICIAN OFFICE
1 47 - PARKVIEW PHYSICIANS GROUP 8175 W US 20 SHIPSHEWANA, IN 46565	PHYSICIAN OFFICE
2 48 - IMAGING SYSTEMS HOLDINGS LLC 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING SERVICES
3 49 - PARKVIEW PHYSICIANS GROUP 620 W NORTH STREET COLUMBIA CITY, IN 467251214	PHYSICIAN OFFICE
4 50 - PARKVIEW PHYSICIANS GROUP 6130 TRIER ROAD FORT WAYNE, IN 468155378	PHYSICIAN OFFICE
5 51 - PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE ROAD ALBION, IN 467011534	PHYSICIAN OFFICE
6 52 - PARKVIEW PHYSICIANS GROUP 2600 N DETROIT STREET LAGRANGE, IN 467611154	PHYSICIAN OFFICE
7 53 - PARKVIEW PHYSICIANS GROUP 3828 NEW VISION DR FORT WAYNE, IN 468451708	PHYSICIAN OFFICE
8 54 - PARKVIEW ORTHO PERFORMANCE CTR LLC 5680 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	PHYSICAL THERAPY SERVICES
9 55 - PARKVIEW PHYSICIANS GROUP 2814 THEATER AVE HUNTINGTON, IN 467507978	PHYSICIAN OFFICE
10 56 - PARKVIEW PHYSICIANS GROUP 710 N EAST STREET WABASH, IN 469921914	PHYSICIAN OFFICE
11 57 - PARKVIEW PHYSICIANS GROUP 1104 N WAYNE STREET NORTH MANCHESTER, IN 469621001	PHYSICIAN OFFICE
12 58 - PARKVIEW PHYSICIANS GROUP 3816 NEW VISION DRIVE FORT WAYNE, IN 468451708	PHYSICIAN OFFICE
13 59 - PARKVIEW PHYSICIANS GROUP 8 JOHN KISSINGER DRIVE WABASH, IN 469921914	PHYSICIAN OFFICE
14 60 - PARKVIEW PHYSICIANS GROUP 577 GEIGER DRIVE ROANOKE, IN 467838877	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
61 61 - PARKVIEW PHYSICIANS GROUP 140 FOX ROAD STE 402 VAN WERT, OH 458913406	PHYSICIAN OFFICE
1 62 - PARKVIEW ORTHO CENTER LLC 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	SURGERY CENTER
2 63 - PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER, IN 467679601	PHYSICIAN OFFICE
3 64 - PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST ROAD FORT WAYNE, IN 468352524	PHYSICIAN OFFICE
4 65 - PARKVIEW PHYSICIANS GROUP 2930 LAKE AVENUE FORT WAYNE, IN 468055416	PHYSICIAN OFFICE
5 66 - PARKVIEW PHYSICIANS GROUP 410 SAWYER ROAD KENDALLVILLE, IN 467552573	PHYSICIAN OFFICE
6 67 - PARKVIEW PHYSICIANS GROUP 208 N COLUMBUS ST HICKSVILLE, OH 435261250	PHYSICIAN OFFICE
7 68 - PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA ROAD HUNTERTOWN, IN 46748	PHYSICIAN OFFICE
8 69 - PARKVIEW PHYSICIANS GROUP 4665 STATE ROAD 5 SOUTH WHITLEY, IN 467879101	PHYSICIAN OFFICE
9 70 - PARKVIEW PHYSICIANS GROUP 5104 N CLINTON FORT WAYNE, IN 468255720	PHYSICIAN OFFICE
10 71 - PARKVIEW PHYSICIANS GROUP 3898 NEW VISION DR FORT WAYNE, IN 468451718	PHYSICIAN OFFICE
11 72 - PARKVIEW PHYSICIANS GROUP 1025 MANCHESTER AVE WABASH, IN 469921425	PHYSICIAN OFFICE
12 73 - PARKVIEW PHYSICIANS GROUP 2500 EAST BELLEFONTAINE ROAD HAMILTON, IN 467429352	PHYSICIAN OFFICE
13 74 - PARKVIEW PHYSICIANS GROUP 7030 POINTE INVERNESS WAY FORT WAYNE, IN 468049298	PHYSICIAN OFFICE
14 75 - PARKVIEW PHYSICIANS GROUP 420 N SAWYER RD KENDALLVILLE, IN 467552572	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 - PARKVIEW PHYSICIANS GROUP 5 MATCHETTE DRIVE PIERCETON, IN 465629073	PHYSICIAN OFFICE
77 - PARKVIEW PHYSICIANS GROUP 10012 AUBURN PARK DR FORT WAYNE, IN 46825	PHYSICIAN OFFICE
78 - PARKVIEW PHYSICIANS GROUP 10620 CORPORATE DRIVE FORT WAYNE, IN 468451711	PHYSICIAN OFFICE
79 - PARKVIEW PHYSICIANS GROUP 1517 CATALPA ST FORT WAYNE, IN 46802	PHYSICIAN OFFICE
80 - PARKVIEW ORTHO PERFORMANCE CTR LLC 838 HARRISON ST FORT WAYNE, IN 46802	PHYSICAL THERAPY SERVICES
81 - PARKVIEW ORTHO PERFORMANCE CTR LLC 12124 LIMA RD FORT WAYNE, IN 46818	PHYSICAL THERAPY SERVICES
82 - PARKVIEW PHYSICIANS GROUP 2812 THEATER AVE HUNTINGTON, IN 46750	PHYSICIAN OFFICE
83 - NORTHEAST INDIANA CANCER CTR LLC 516 E MAUMEE STREET ANGOLA, IN 46703	MEDICAL SERVICES
84 - PARKVIEW PHYSICIANS GROUP 344 N MAIN STREET COL CITY, IN 467251745	PHYSICIAN OFFICE
85 - PARKVIEW PHYSICIANS GROUP 112 N MAIN ST MILFORD, IN 46542	PHYSICIAN OFFICE
86 - PARKVIEW PHYSICIANS GROUP 3905 CARROLL RD FORT WAYNE, IN 468189528	PHYSICIAN OFFICE
87 - PARKVIEW PHYSICIANS GROUP 412 SAWYER ROAD KENDALLVILLE, IN 467552572	PHYSICIAN OFFICE
88 - FOUNDATION SURGERY AFF OF FT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804	SURGERY CENTER
89 - PARKVIEW PHYSICIANS GROUP 213 FAIRVIEW BLVD KENDALLVILLE, IN 467552988	PHYSICIAN OFFICE
90 - PARKVIEW PHYSICIANS GROUP 2001 STULTS ROAD HUNTINGTON, IN 467501291	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
91 91 - PARKVIEW PHYSICIANS GROUP 1129 FIRST STREET HUNTINGTON, IN 467502313	PHYSICIAN OFFICE
1 92 - PARKVIEW ORTHO PERFORMANCE CTR LLC 200 INTERTECH PARKWAY ANGOLA, IN 46703	PHYSICAL THERAPY SERVICES
2 93 - PARKVIEW PHYSICIANS GROUP 8004 CARNEGIE BLVD FORT WAYNE, IN 468045785	PHYSICIAN OFFICE
3 94 - PARKVIEW PHYSICIANS GROUP 3974 NEW VISION DRIVE FORT WAYNE, IN 468451712	PHYSICIAN OFFICE
4 95 - PARKVIEW PHYSICIANS GROUP 9742 US 127 SHERWOOD, OH 435569739	PHYSICIAN OFFICE
5 96 - PARKVIEW PHYSICIANS GROUP 324 W VINE STREET EDGERTON, OH 435179600	PHYSICIAN OFFICE
6 97 - PARKVIEW PHYSICIANS GROUP 203 EAST DOUGLAS AVE FORT WAYNE, IN 468023534	PHYSICIAN OFFICE
7 98 - PARKVIEW PHYSICIANS GROUP 1381 N WAYNE ST ANGOLA, IN 467032348	PHYSICIAN OFFICE
8 99 - PARKVIEW PHYSICIANS GROUP 3946 ICE WAY FORT WAYNE, IN 468051018	PHYSICIAN OFFICE
9 100 - PARKVIEW PHYSICIANS GROUP 1516 LEESBURG RD FORT WAYNE, IN 46808	PHYSICIAN OFFICE
10 101 - PARKVIEW PHYSICIANS GROUP 1720 BEACON STREET FORT WAYNE, IN 468054749	PHYSICIAN OFFICE
11 102 - PARKVIEW PHYSICIANS GROUP 400 ASH STREET WABASH, IN 469921954	PHYSICIAN OFFICE
12 103 - PARKVIEW PHYSICIANS GROUP 2414 E STATE BLVD SUITE 101 FORT WAYNE, IN 468054760	PHYSICIAN OFFICE
13 104 - PARKVIEW PHYSICIANS GROUP 10 JOHN KISSINGER DRIVE WABASH, IN 469921914	PHYSICIAN OFFICE
14 105 - PARKVIEW PHYSICIANS GROUP 11115 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 468451701	PHYSICIAN OFFICE

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
106 106 - PARKVIEW PHYSICIANS GROUP 470 BENNETT DRIVE WARREN, IN 467929272	PHYSICIAN OFFICE
1 107 - PARKVIEW PHYSICIANS GROUP 1316 E SEVENTH STREET AUBURN, IN 467062523	PHYSICIAN OFFICE
2 108 - PARKVIEW PHYSICIANS GROUP 1900 CAREW STREET SUITE 3A FORT WAYNE, IN 468054765	PHYSICIAN OFFICE
3 109 - PARKVIEW PHYSICIANS GROUP 1035 WEST WAYNE ST PAULDING, OH 458791544	PHYSICIAN OFFICE
4 110 - PARKVIEW PHYSICIANS GROUP 1314 E SEVENTH STREET AUBURN, IN 467062535	PHYSICIAN OFFICE
5 111 - PARKVIEW PHYSICIANS GROUP 11725 LINCOLN HWY E NEW HAVEN, IN 46774	PHYSICIAN OFFICE
6 112 - PARKVIEW PHYSICIANS GROUP 2710 LAKE AVENUE FORT WAYNE, IN 468055412	PHYSICIAN OFFICE
7 113 - PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA, IN 467039313	PHYSICIAN OFFICE
8 114 - PARKVIEW PHYSICIANS GROUP 4666 W JEFFERSON BLVD FORT WAYNE, IN 468046892	PHYSICIAN OFFICE
9 115 - PARKVIEW PHYSICIANS GROUP 7900 W JEFFERSON BLVD SUITE 102 FORT WAYNE, IN 468044128	PHYSICIAN OFFICE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HEALTH SYSTEM INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
35-1972384

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 101

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKVIEW FOUNDATION INC 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	23-7220589	501(C)(3)	2,281,330				OPERATIONS
PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	35-0868085	501(C)(3)	206,164				GREENHOUSE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIAN UNIVERSITY 3200 COLD SPRING RD INDIANAPOLIS, IN 46222	35-0868175	501(C)(3)	205,000				SCHOLARSHIP ENDOWMENT
UNIVERSITY OF SAINT FRANCIS OF FORT WAYNE INDIANA INC 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501(C)(3)	178,238				SCHOOL OF NURSING SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPITAL OF NOBLE COUNTY FOUNDATION INC 401 SAWYER ROAD KENDALLVILLE, IN 46755	35-2089183	501(C)(3)	177,695				OPERATIONS
PARKVIEW HUNTINGTON HOSPITAL FOUNDATION INC 2001 STULTS ROAD HUNTINGTON, IN 46750	32-0012095	501(C)(3)	172,558				OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKVIEW WABASH HOSPITAL FOUNDATION INC 10 JOHN KISSINGER DRIVE WABASH, IN 46992	35-1921445	501(C)(3)	168,074				OPERATIONS
WHITLEY MEMORIAL HOSPITAL FOUNDATION INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725	31-1190239	501(C)(3)	153,226				OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FORT WAYNE REDEVELOPMENT COMMISSION ONE EAST MAIN STREET FORT WAYNE, IN 46802		GOVT ORG	150,000				CAPITAL MAINTENANCE & IMPROVEMENT FUND FOR PARKVIEW FIELD
EMERGENCY MEDICINE EDUCATIONAL FOUNDATION OF NE INDIANA 3640 NEW VISION DRIVE FORT WAYNE, IN 46845	46-5584998	501(C)(3)	150,000				SUPPORT OF EMERGENCY MEDICINE EDUCATION AND TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LUTHERAN HEALTH FOUNDATION OF INDIANA INC 3024 FAIRFIELD AVE FORT WAYNE, IN 46807	35-0886840	501(C)(3)	150,000				PROGRAMS THAT DEMONSTRATE THE COMPASSION OF CHRIST BY CARING FOR PEOPLE MENTALLY, PHYSICALLY & SPIRITUALLY
IHA HOSPITAL ASSISTANCE FOUNDATION INC 1 AMERICAN SQUARE SUITE 1900 INDIANAPOLIS, IN 46282	45-5573749	501(C)(3)	103,120				PROMOTE A STABLE AND DIVERSE HOSPITAL INFRASTRUCTURE THROUGHOUT INDIANA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATE VENTURES INC 50 EAST 91ST STREET INDIANAPOLIS, IN 46240	27-4118692	501(C)(3)	100,000				ENTREPRENEURSHIP ACTION PLAN
ALLIANCE FOR EATING DISORDERS AWARENESS 1649 FORUM PLACE WEST PALM BEACH, FL 33401	35-1080905	501(C)(3)	75,800				OUTREACH EDUCATION - EATING DISORDERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT 4 FITNESS 2826 S CALHOUN STREET FORT WAYNE, IN 46807	26-1936423	501(C)(3)	60,000				PROGRAMS TO PROMOTE ACTIVE AND HEALTHY LIVING
ALWAYS 100 INC 3946 ICE WAY FORT WAYNE, IN 46805	45-3586802	501(C)(3)	54,000				SPORTS & ATHLETIC TRAINING PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF DEKALB COUNTY 533 NORTH STREET AUBURN, IN 46706	35-0868958	501(C)(3)	52,500				CAPITAL CAMPAIGN
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	50,000				PROGRAMS THAT PREVENT AND ALLEVIATE HUMAN SUFFERING IN THE FACE OF EMERGENCIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKWOOD FOUNDATION INC 110 W BERRY STREET STE 2105 FORT WAYNE, IN 46802	35-1893123	501(C)(3)	50,000				CHAUTAUQUA WAWASEE PROGRAMS - HEROIN & PRESCRIPTION PAINKILLER FORUM, HIGH SCHOOL ASSEMBLY PROGRAMS
UNITY PERFORMING ARTS FOUNDATION INC PO BOX 10394 FORT WAYNE, IN 46852	35-2110907	501(C)(3)	50,000				SUPPORT FOR CHARACTER/ARTISTRY/LEADERSHIP DEVELOPMENT FOR CHILDREN AND ADOLESCENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY CENTER SCHOOL 709 W BUSINESS 30 COLUMBIA CITY, IN 46725	46-0634748	501(C)(3)	48,900				SCHOOL PROGRAMS
ARTS UNITED OF GREATER FORT WAYNE INC 300 EAST MAIN STREET FORT WAYNE, IN 46802	35-0992067	501(C)(3)	48,833				PROGRAMS SUPPORTING THE ADVANCEMENT OF THE ARTS AND CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL LEADERSHIP SUMMIT AND BEYOND 7400 EAST STATE BLVD FORT WAYNE, IN 46815	47-2474572	501(C)(3)	40,000				SCHOLARSHIPS FOR LEADERSHIP TRAINING
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST INDIANA 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	35-1950376	501(C)(3)	39,100				CAPITAL CAMPAIGN & PROGRAMS PROVIDING SUPPORT FOR ALL PEDIATRIC FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINE UNIVERSITY INC 1 UNIVERSITY AVENUE ANGOLA, IN 46703	35-0715530	501(C)(3)	38,200				SPONSORSHIP FOR STUDENT SCHOLARSHIP PROGRAM
FORT WAYNE PHILHARMONIC ORCHESTRA INC 4901 FULLER DRIVE FORT WAYNE, IN 46835	35-0791163	501(C)(3)	35,468				PROGRAMS TO INSPIRE AND FOSTER A LOVE OF CLASSICAL MUSIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE UNIVERSITY 2101 E COLISEUM BLVD KETTLER 139 FORT WAYNE, IN 46805	35-1052049	501(C)(3)	35,100				MUSIC THERAPY AND SCHOLARSHIP PROGRAMS
HEARCARE CONNECTION INC 9604 COLDWATER ROAD FORT WAYNE, IN 46825	45-2803181	501(C)(3)	35,000				SUPPORTING HEARING CARE SERVICES AND HEARING AIDS TO VULNERABLE POPULATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE OF GRACE COMPASSIONATE MINISTRIES 5100 GAYWOOD DRIVE FORT WAYNE, IN 46806	45-4056745	501(C)(3)	30,000				SPONSORSHIP FOR COMPASSIONATE MINISTRIES CENTER AND ITS PROGRAMS AND PROJECTS
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVENUE FORT WAYNE, IN 46807	35-1778767	501(C)(3)	29,850				AFTER-SCHOOL AND SUMMER PROGRAMS THAT PROVIDE POSITIVE, EDUCATIONAL EXPERIENCES FOR LOW-INCOME CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN 46761	20-2401676	501(C)(3)	27,386				OPERATIONS
BLACKHAWK CHRISTIAN SCHOOL 7400 EAST STATE BLVD FORT WAYNE, IN 46815	35-1285808	501(C)(3)	27,000				SUPPORT TO PROVIDE QUALITY CHRISTIAN EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FORT WAYNE RESCUE MISSION MINISTRIES INC 301 W SUPERIOR ST FORT WAYNE, IN 46802	35-1054670	501(C)(3)	23,000				PROGRAMS TO PROVIDE SHELTER FOR THE HOMELESS, FOOD FOR THE HUNGRY AND HOPE FOR THEIR FUTURE
BRAINS FOR HOPE FOUNDATION INC 7726 INVERNESS LAKES DRIVE FORT WAYNE, IN 46804	81-4456605	501(C)(3)	22,000				PEDIATRIC CANCER RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE BALLET 300 E MAIN STREET FORT WAYNE, IN 46802	35-6006394	501(C)(3)	22,000				SPONSORSHIP OF ANNUAL FUNDRAISING EVENT TO BENEFIT THE BALLET
EASTER SEALS OF NORTHEAST INDIANA INC 4919 COLDWATER RD FORT WAYNE, IN 46825	35-0869058	501(C)(3)	21,000				PROGRAMS TO ASSIST CHILDREN & ADULTS WITH DISABILITIES & SPECIAL NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIN'S HOUSE 5670 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	35-1884264	501(C)(3)	21,000				PROGRAMS SUPPORTING CHILDREN WHO HAVE SUFFERED THE DEATH OF A LOVED ONE
COMMISSION FOR AFRICAN AMERICAN MALES INC PO BOX 10631 FORT WAYNE, IN 46853	47-3146908	501(C)(3)	21,000				SPONSORSORSHIP OF COMMUNITY CELEBRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WABASH COUNTY YMCA 500 S CASS STREET WABASH, IN 46992	35-0733765	501(C)(3)	20,450				YOUTH PROGRAMS
CAMERON HOSPITAL FOUNDATION 416 E MAUMEE STREET ANGOLA, IN 46703	35-1722087	501(C)(3)	20,000				CAMERON HOSPITAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR LEAGUE OF FORT WAYNE INC 1010 MEMORIAL WAY FORT WAYNE, IN 46805	35-0864748	501(C)(3)	20,000				YOUTH PROGRAMS
STEBEN COUNTY COMMUNITY FOUNDATION 1701 N WAYNE STREET ANGOLA, IN 46703	35-1857065	501(C)(3)	20,000				COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HONEYWELL FOUNDATION INC 275 WEST MARKET STREET WABASH, IN 46992	35-0390706	501(C)(3)	19,910				EDUCATIONAL OUTREACH FUND
FORT WAYNE CIVIC THEATRE INC 303 E MAIN STREET FORT WAYNE, IN 46802	35-6001476	501(C)(3)	19,500				PROGRAMS TO ENTERTAIN, ENLIGHTEN, INSPIRE, EDUCATE AND ENRICH THE COMMUNITY THROUGH QUALITY LIVE THEATRE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSINGS IN A BACKPACK 111 EAST WAYNE STREET STE 555 FORT WAYNE, IN 46802	26-2627847	501(C)(3)	18,000				FOOD DISTRIBUTION PROGRAM FOR LOW-INCOME CHILDREN
LEUKEMIA AND LYMPHOMA SOCIETY INC PO BOX 80365 FORT WAYNE, IN 46898	13-5644916	501(C)(3)	18,000				RESEARCH EFFORTS RELATED TO BLOOD CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 303 STABLE DRIVE FORT WAYNE, IN 46825	13-1846366	501(C)(3)	17,625				RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY
LIVE HEALTHY HOOSIERS INC 10235 LAKE SEBAGO DR FORT WAYNE, IN 46804	46-3782635	501(C)(3)	17,500				PROGRAMS THAT EMPOWERS INDIVIDUALS TO TAKE PERSONAL RESPONSIBILITY FOR THEIR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF NORTHEAST INDIANA INC 5920 DECATUR RD FORT WAYNE, IN 46816	35-0868220	501(C)(3)	17,500				DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAMS AND SERVICES FOR SURVIVORS
COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE, IN 46855	31-1100607	501(C)(3)	17,250				OPERATIONS & PROGRAMS PROVIDING FOOD TO LOW-INCOME INDIVIDUALS & FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT NORTHERN INDIANA 601 NOBLE DRIVE FORT WAYNE, IN 46825	35-0922731	501(C)(3)	16,500				EXPERIENTIAL-BASED LIFE SKILL PROGRAMS FOR CHILDREN
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET FORT WAYNE, IN 46802	35-0886850	501(C)(3)	16,400				PROGRAMS FOSTERING YOUTH DEVELOPMENT, HEALTHY LIVING & SOCIAL RESPONSIBILITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE COMMUNITY SCHOOLS 1200 S CLINTON STREET FORT WAYNE, IN 46802		GOVT ORG	16,150				HEAL PROGRAM
CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE, IN 46805	35-2026647	501(C)(3)	15,810				JOB AND LIFE SKILLS PROGRAMS DESIGNED FOR THOSE WITH A MENTAL HEALTH DIAGNOSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRING IT INC 6634 HILLSBORO LANE FORT WAYNE, IN 46835	46-4343038	501(C)(3)	15,600				PROGRAMS TO SUPPORT YOUNG GIRLS TO BE MORE CONFIDENT AND OWN WHO THEY ARE
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABILITIES INC 3320 NORTH CLINTON ST FORT WAYNE, IN 46805	35-0913541	501(C)(3)	15,500				SUPPORTING THERAPY AND WELLNESS PROGRAMS FOR DISABLED CHILDREN & ADULTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHAPEL INC 2505 W HAMILTON RD FORT WAYNE, IN 46814	35-1930152	501(C)(3)	15,000				NON-DENOMINATIONAL PROGRAMS
FORT WAYNE SUMMER SWIM AND DIVE INC 415 EAST COOK ROAD SUITE 500 FORT WAYNE, IN 46825	81-4484528	501(C)(3)	15,000				SPONSORSHIP OF SWIM PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC LEADERSHIP COALITION OF NORTHEAST INDIANA INC 235 W CREIGHTON AVENUE FORT WAYNE, IN 46807	20-4336796	501(C)(3)	15,000				SCHOLARSHIPS
SOULMEDIC MEDIA GROUP INC 6429 OAKBROOK PKWY FORT WAYNE, IN 46825	27-2417633	501(C)(3)	15,000				PROGRAMS USING TECHNOLOGY TO ENGAGE YOUTHS TOWARD CHRIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS FESTIVAL 102 THREE RIVERS NORTH FORT WAYNE, IN 46802	35-1338028	501(C)(3)	15,000				SPONSORSHIP FOR FIREWORKS, KIDS FUN RUN, INTERNATIONAL VILLAGE
VINCENT VILLAGE INC 2827 HOLTON AVENUE FORT WAYNE, IN 46806	35-1780135	501(C)(3)	15,000				TRANSITIONAL HOUSING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN-AMERICAN HEALTHCARE ALLIANCE OF FORT WAYNE INC 4950 IRIS AVENUE FORT WAYNE, IN 46825	35-2134195	501(C)(3)	13,100				HEALTHCARE SCHOLARSHIPS
CANTERBURY SCHOOL INC 5601 COVINGTON RD FORT WAYNE, IN 46804	35-1410931	501(C)(3)	13,000				EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE MUSEUM OF ART 311 EAST MAIN STREET FORT WAYNE, IN 46802	35-0953440	501(C)(3)	12,500				PROGRAMS TO COLLECT, PRESERVE AND PRESENT ART THROUGHOUT THE REGION
FORT WAYNE CHILDRENS CHOIR INC 2101 E COLISEUM BLVD FORT WAYNE, IN 46805	35-1638989	501(C)(3)	12,000				TO PROVIDE A CHORAL PROGRAM EXEMPLIFYING ARTISTIC AND EDUCATIONAL EXCELLENCE FOR CHILDREN FROM DIVERSE BACKGROUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KATE'S KART 10376 LEO ROAD STE A FORT WAYNE, IN 46845	26-2615368	501(C)(3)	11,850				DISTRIBUTION OF BOOKS TO HOSPITALIZED CHILDREN
EARLY CHILDHOOD ALLIANCE INC 3320 FAIRFIELD AVENUE FORT WAYNE, IN 46807	35-0953465	501(C)(3)	11,200				PROGRAMS TO SUPPORT EARLY CHILDHOOD DEVELOPMENT AND EDUCATION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS COUNTY MEMORIAL HOSPITAL AND DEVELOPMENT FOUNDATION 1100 MERCER AVENUE PO BOX 151 DECATUR, IN 46733	35-1432587	501(C)(3)	10,000				HOSPITAL PROGRAMS - SPONSORSHIP FOR THE FOUNDATION GOLF CLASSIC
ALLEN COUNTY CHILD ADVOCACY 2730 E STATE BLVD STE C FORT WAYNE, IN 46805	35-2096006	501(C)(3)	10,000				100+ WOMEN WHO CARE MATCH FOR ABUSED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOM PROJECT PO BOX 68747 INDIANAPOLIS, IN 46268	46-2796032	501(C)(3)	10,000				PROGRAMS TO MOTIVATE AND ENCOURAGE YOUNG MEN, AGES 12-18, TO GROW INTO THE NEXT GENERATION OF FUTURE LEADERS
DEKALB HEALTH FOUNDATION 1316 EAST SEVENTH STREET AUBURN, IN 46706	35-6047817	501(C)(3)	10,000				HEALTHCARE SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORGOTTEN CHILDREN WORLDWIDE 650 N MAIN ST BLUFFTON, IN 46714	26-0609769	501(C)(3)	10,000				SAFEGUARDS ORPHANS AND VULNERABLE CHILDREN FROM POVERTY, ABANDONMENT, AND THE EVILS OF HUMAN TRAFFICKING
GIGIS PLAYHOUSE 2350 W HIGGINS ROAD HOFFMAN ESTATES, IL 60169	20-0058563	501(C)(3)	10,000				SUPPORTING THERAPEUTIC, EDUCATIONAL & CAREER TRAINING PROGRAMS SERVING CHILDREN AND ADULTS WITH DOWN SYNDROME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER TO MOTHER INC 7217 CHADWICK DR FORT WAYNE, IN 46816	82-0781459	501(C)(3)	10,000				FAMILY GRIEF CONFERENCE
RUN HARD REST WELL INC 1596 S 150 W ALBION, IN 46701	47-2473950	501(C)(3)	10,000				PROGRAMS SUPPORTING HEALTHY LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE FAMILIES FOR CHILDREN ALLIANCE 4300 W IRVING PARK RD CHICAGO, IL 60641	45-3194102	501(C)(3)	10,000				100+ WOMEN WHO CARE DONATION MATCH SUPPORTING SHORT-TERM CARE FOR CHILDREN FOR FAMILIES IN CRISIS
SUPER SHOT INC 709 CLAY STREET STE 101 FORT WAYNE, IN 46802	35-2122575	501(C)(3)	10,000				IMMUNIZATION SERVICES FOR LOW INCOME FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAGON WHEEL THEATRE INC 2515 E CENTER STREET WARSAW, IN 46580	26-3885020	501(C)(3)	10,000				THREATRE PRODUCTION SPONSORSHIPS
YMCA OF STEUBEN COUNTY 500 E HARCOURT RD ANGOLA, IN 46703	35-1999599	501(C)(3)	10,000				YOUTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERA BRADLEY FOUNDATION 12420 STONEBRIDGE ROAD ROANOKE, IN 46783	35-2058177	501(C)(3)	9,790				BREAST CANCER AWARENESS AND RESEARCH
INDIANA CENTER FOR NURSING INC 9302 N MERIDIAN STREET INDIANAPOLIS, IN 46260	38-3697192	501(C)(3)	9,000				PROGRAMS TO ADDRESS NURSING RESOURCE REQUIREMENTS FOR THE STATE OF INDIANA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL CHURCH 1502 EAST WALLEN ROAD FORT WAYNE, IN 46825	35-1003124	501(C)(3)	8,858				MISSION TRIP TO HONDURAS
CROSSWINDS INC 4150 ILLINOIS RD FORT WAYNE, IN 46804	45-4222417	501(C)(3)	8,500				PROGRAMS SUPPORTING FAMILY COUNSELING AND RESIDENTIAL PROGRAMS FOR TROUBLED TEENS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN COMMUNITY HEALTH CARE 13410 MAIN ST PO BOX 128 GRABILL, IN 46741	35-1999343	501(C)(3)	8,000				TO SUPPORT FUNDING CAMPAIGN FOR THIS FREE HEALTH CLINIC
NORTHWEST ALLEN COUNTY SCHOOLS 13119 COLDWATER ROAD FORT WAYNE, IN 46845		GOVT ORG	8,000				STUDENT SCHOLARSHIPS AND STAFF PROFESSIONAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE URBAN LEAGUE INC 2135 S HANNA STREET FORT WAYNE, IN 46803	35-0869052	501(C)(3)	7,500				SPONSORSHIP OF ANNUAL EVENTS TO SUPPORT NEEDED SERVICES PROVIDED TO VULNERABLE POPULATIONS
KOSCIUSKO COMMUNITY YMCA INC 1305 MARINERS DRIVE WARSAW, IN 46582	35-1068182	501(C)(3)	7,500				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEUBEN COUNTY UNITED WAY INC 317 S WAYNE STREET STE 3D ANGOLA, IN 46703	23-7168857	501(C)(3)	7,500				PROGRAMS TO IMPROVE EDUCATION AND CUT THE NUMBER OF HIGH SCHOOL DROPOUTS
INDIANA-PURDUE FOUNDATION AT FT WAYNE 2101 EAST COLISEUM BLVD FORT WAYNE, IN 46805	35-6033698	501(C)(3)	7,400				HEALTH-RELATED HIGHER EDUCATION SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE FIRE IAFF LOCAL 124 1405 BROADWAY FORT WAYNE, IN 46805	35-1756337	501(C)(3)	7,000				GET GREEN SPONSORSHIP
AYERS COMMUNICATIONS INC PO BOX 13761 FORT WAYNE, IN 46865	45-3952772	501(C)(3)	6,500				SPONSORSHIP EVENT TO PROVIDE SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUELL A WILSON CENTER INC 1512 OXFORD STREET FORT WAYNE, IN 46806	35-1893381	501(C)(3)	6,500				SUPPORTING EDUCATIONAL, SOCIAL, AND PERFORMING ARTS PROGRAMS AND SPIRITUAL DEVELOPMENT TO EMPOWER YOUTH AND THEIR FAMILIES
SCAN INC 500 W MAIN STREET FORT WAYNE, IN 46802	31-0899309	501(C)(3)	6,425				PROGRAMS FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUR 10 MINISTRIES PO BOX 480 WHEATON, IL 60187	20-0743864	501(C)(3)	6,350				MINISTRY FOR WOMEN
FORT WAYNE ZOOLOGICAL SOCIETY INC 3411 SHERMAN BLVD FORT WAYNE, IN 46808	35-6068234	501(C)(3)	6,000				TO CONNECT KIDS WITH ANIMALS, STRENGTHEN FAMILIES AND INSPIRE PEOPLE TO CARE ABOUT THE WORLD AROUND THEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSTARD SEED FURNITURE BANK OF FORT WAYNE 3636 ILLINOIS ROAD FORT WAYNE, IN 46804	35-2149283	501(C)(3)	6,000				PROGRAMS SUPPORTING IN-KIND FURNITURE DONATIONS TO THOSE IN NEED
POWER HOUSE ALLIANCE INC 830 MAIN STREET NEW HAVEN, IN 46774	35-2022371	501(C)(3)	6,000				OPERATIONS SUPPORT FOR YOUTH CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESPECT360 INC PO BOX 309 HUNTERTOWN, IN 46748	47-4090921	501(C)(3)	6,000				SCHOLARSHIP PROGRAM
AMERICAN CANCER SOCIETY 111 E LUDWIG DR STE 105 FORT WAYNE, IN 46825	13-1788491	501(C)(3)	5,725				PROGRAMS TO SUPPORT CANCER RESEARCH AND SERVICES FOR THOSE WITH A CANCER DIAGNOSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROHNS AND COLITIS FOUNDATION 8445 KEYSTONE CROSSING STE 102 INDIANAPOLIS, IN 46240	13-6193105	501(C)(3)	5,200				SUPPORTING RESEARCH FOR FINDING A CURE FOR CROHNS AND COLITIS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a No

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 No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a No

b Any related organization?

5b No

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a No

b Any related organization?

6b No

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 Yes

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	<p>FIRST-CLASS OR CHARTER TRAVEL - NON-TAXABLE CHARTER FLIGHTS FOR LEADERSHIP SITE VISITS TO EPIC SYSTEMS CORPORATION IN VERONA, WI REGARDING EPIC'S HEALTH INFORMATION EXCHANGE SOFTWARE JUDY BOERGER, RONALD DOUBLE, RAYMOND DUSMAN, GERALD GRANNAN, DAVID HAIST, RICK HENVEY, JOSHUA KLINE, ALAN MCGEE, TRENT MILLER, MICHAEL PACKNETT, MARK PIERCE, JASON ROW, LARRY ROWLAND, MITCHELL STUCKY, JEANNE' WICKENS TRAVEL FOR COMPANIONS - TAXABLE EXPENSE REIMBURSEMENT FOR FAMILY MEMBER PAID TO JUDITH BOERGER \$9, JEFFREY BROOKES \$19, MARGARET BROOKS \$357, VICKY CARWEIN \$133, ROGER CROMER \$133, RAYMOND DUSMAN \$387, BRIAN EMERICK \$224, ROBERT GODLEY \$357, GERALD GRANNAN \$1,151, DAVID HAIST \$1,769, RICK HENVEY \$428, JIM HEUER \$658, SCOTT JAMES \$176, GREG JOHNSON \$498, THOMAS KIMBROUGH \$387, JERRY LONG \$791, ALAN MCGEE \$133, MICHAEL PACKNETT \$268, ROY ROBERTSON \$131, WENDY ROBINSON \$133, JASON ROW \$78, LARRY ROWLAND \$464, PHILIP SMITH \$244, DAN STARR \$224, DAVID STOREY \$358, MITCHELL STUCKY \$273, RYAN WARNER \$434, JEANNE' WICKENS \$213, LUTHER WHITFIELD \$357 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - TAX ON TAXABLE EXPENSE REIMBURSEMENT MICHAEL PACKNETT \$2,161 TAX ON TAXABLE GIFT SUZANNE EHINGER \$102 PERSONAL SERVICES - TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO JUDITH BOERGER \$1,000, SUE EHINGER \$895, GERALD GRANNAN \$1,291, DOUGLAS GRAY \$500, DENA JACQUAY \$250, NON-TAXABLE MANDATORY ANNUAL MEDICAL PHYSICAL PAID FOR JUDITH BOERGER \$2,345, RONALD DOUBLE \$1,862, RAYMOND DUSMAN \$2,092, SUZANNE EHINGER \$2,051, GERALD GRANNAN \$2,119, RICK HENVEY \$2,217, DENA JACQUAY \$2,714, MICHAEL PACKNETT \$2,056, DAVID STOREY \$2,735, MITCHELL STUCKY \$690, JEANNE' WICKENS \$1,875</p>

Return Reference	Explanation
PART I, LINE 4B	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER \$23,446, THOMAS BOND \$27,728, JEFFREY BOORD \$4,713, JEFFREY BROOKES \$17,761, GERALD GRANNAN \$15,622, RICK HENVEY \$58,720, DENA JACQUAY \$24,260 SCOTT JAMES \$10,806, JOSHUA KLINE \$32,796, JOHN MEISTER \$305,587, JILL OSTREM \$143,379, MARK PIERCE \$24,167, NEIL SHARMA \$30,258, PHILIP SMITH \$11,502, JOLYNN SUKO \$19,192, DONNA VAN VLERAH \$10,369, JEANNE' WICKENS \$28,885 PARTICIPANTS DEFERRED - THE FOLLOWING INDIVIDUALS HAVE AN AMOUNT INCLUDED IN SCHEDULE J, PART II, COLUMN (C) FOR AN AMOUNT EARNED BUT NOT YET VESTED UNDER ONE OF PARKVIEW'S DEFERRED COMPENSATION PLANS BENEFITS EARNED UNDER THE PLANS WILL FUND THE EMPLOYEES' EVENTUAL RETIREMENT BENEFIT THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR ALL OF THE EMPLOYEES' YEARS OF SERVICE TO THE ORGANIZATION, AND THE COST OF THE BENEFITS MAY VARY FROM YEAR TO YEAR THE AMOUNTS ARE AT RISK AND WILL NOT BE PAID UNLESS AND UNTIL EACH EMPLOYEE HAS PROVIDED SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION BENEFITS UNDER THE PLANS VEST AT THE TIME SET FORTH IN THE PLAN DOCUMENTS AND ARE FORFEITED IF THE EMPLOYEES TERMINATE EMPLOYMENT BEFORE SATISFYING THOSE PLAN CONDITIONS JUDITH BOERGER \$56,940, THOMAS BOND \$63,048, JEFFREY BOORD \$63,907, JEFFREY BROOKES \$33,963, RONALD DOUBLE \$200,029, RAYMOND DUSMAN \$299,338, SUZANNE EHINGER \$83,594, GERALD GRANNAN \$56,100, RICK HENVEY \$273,037, DENA JACQUAY \$170,676, SCOTT JAMES \$45,526, GREG JOHNSON \$75,880, JOSHUA KLINE \$63,036, TRENT MILLER \$36,552, MICHAEL PACKNETT \$698,592, MARK PIERCE \$55,909, ROY ROBERTSON \$102,000, JASON ROW \$61,200, NEIL SHARMA \$122,570, PHILIP SMITH \$45,900, DAVID STOREY \$74,856, MITCHELL STUCKY \$80,582, JOLYNN SUKO \$37,664, DONNA VAN VLERAH \$47,253, JEANNE' WICKENS \$274,192,</p>

Return Reference	Explanation
PART I, LINE 7	MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) AND PHYSICIAN AND PROVIDER INCENTIVE COMPENSATION PLAN (PICP) ARE ANNUAL INCENTIVE PROGRAMS. SYSTEM GOALS ARE APPROVED BY THE BOARD. AT CONCLUSION OF THE PLAN YEAR, RESULTS ARE SHARED WITH THE BOARD AND THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES FINAL PAYMENT.



Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(i)	1,060,073	345,323	41,648	723,342	35,988	2,206,374	0
	(ii)	0	0	0	0	0	0	0
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CHIEF PHY EXE	(i)	775,181	217,736	26,411	329,588	32,015	1,380,931	0
	(ii)	0	0	0	0	0	0	0
ROBERT GODLEY DIRECTOR/PH PHYSICIAN	(i)	453,826	49,099	34,828	30,250	32,608	600,611	0
	(ii)	0	0	0	0	0	0	0
JOSHUA KLINE DIRECTOR/PH CHIEF MED OFFICER	(i)	355,001	86,211	52,436	87,786	33,272	614,706	32,796
	(ii)	0	0	0	0	0	0	0
ALAN MCGEE DIRECTOR/PH SVR LINE LEADER	(i)	386,750	0	18,633	0	0	405,383	0
	(ii)	0	0	0	0	0	0	0
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	(i)	642,848	176,468	50,221	284,505	30,413	1,184,455	28,885
	(ii)	0	0	0	0	0	0	0
RICK HENVEY PH CHIEF OPERATING OFFICER	(i)	734,678	195,614	61,770	289,537	37,159	1,318,758	58,720
	(ii)	0	0	0	0	0	0	0
NEIL SHARMA PRESIDENT PARKVIEW CANCER CENTER	(i)	712,545	167,633	49,898	141,820	35,984	1,107,880	30,258
	(ii)	0	0	0	0	0	0	0
ROY ROBERSTON PRESIDENT PARKVIEW HEART INSTITUTE	(i)	614,056	139,500	23,533	132,250	35,143	944,482	0
	(ii)	0	0	0	0	0	0	0
SUZANNE EHINGER PH CHIEF EXPERIENCE OFFICER	(i)	480,080	114,327	29,779	116,594	27,833	768,613	0
	(ii)	0	0	0	0	0	0	0
MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER	(i)	480,754	110,207	14,751	110,832	28,486	745,030	0
	(ii)	0	0	0	0	0	0	0
GREG JOHNSON PH CHIEF CLINICAL INTEGRATION	(i)	449,856	103,778	5,400	106,130	36,090	701,254	0
	(ii)	0	0	0	0	0	0	0
RONALD DOUBLE PH CHIEF INFORMATION OFFICER	(i)	437,648	102,613	23,402	233,029	14,166	810,858	0
	(ii)	0	0	0	0	0	0	0
DAVID STOREY PH SVP GENERAL COUNSEL	(i)	451,750	102,376	38,333	94,106	36,238	722,803	0
	(ii)	0	0	0	0	0	0	0
JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	(i)	319,956	74,952	66,439	81,690	27,538	570,575	23,446
	(ii)	0	0	0	0	0	0	0
DENA JACQUAY PH CHIEF HUMAN RESOURCES OFFICER	(i)	395,739	89,461	25,650	199,551	38,544	748,945	24,260
	(ii)	0	0	0	0	0	0	0
THOMAS BOND PH CHIEF MEDICAL OFFICER-PPG	(i)	373,919	86,228	30,350	96,048	32,930	619,475	27,728
	(ii)	0	0	0	0	0	0	0
JEFFREY BOORD PH CHIEF QUALITY & SAFETY	(i)	359,386	87,402	24,923	77,657	34,327	583,695	4,713
	(ii)	0	0	0	0	0	0	0
MARK PIERCE PH CHIEF MED INFORMATICS OFFICER	(i)	338,327	76,464	28,453	72,409	34,866	550,519	24,167
	(ii)	0	0	0	0	0	0	0
JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY	(i)	301	77,416	17,780	16,333	5,683	117,513	17,761
	(ii)	199,549	0	0	34,130	11,876	245,555	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JASON ROW PH CHIEF MED OFFICER PPG	(i)	370,416	83,700	1,788	91,450	34,923	582,277	0
	(ii)	0	0	0	0	0	0	0
GERALD GRANNAN PH SVP & COO - PPG	(i)	332,716	64,635	22,955	68,475	34,952	523,733	15,622
	(ii)	0	0	0	0	0	0	0
DONNA VAN VLERAH PH SVP SUPPORT DIVISION	(i)	265,870	64,625	33,011	66,503	6,481	436,490	10,369
	(ii)	0	0	0	0	0	0	0
SCOTT JAMES PH SVP & COO SVR LINE LEADER	(i)	260,594	84,150	29,309	64,776	32,452	471,281	10,806
	(ii)	0	0	0	0	0	0	0
PHILIP SMITH PH SVP STRATEGY & BUSINESS	(i)	277,390	62,775	15,826	62,400	23,845	442,236	11,502
	(ii)	0	0	0	0	0	0	0
JOLYNN SUKO PH SVP SVR LINE LEAD	(i)	216,525	62,063	20,326	51,414	25,751	376,079	19,192
	(ii)	0	0	0	0	0	0	0
TRENT MILLER PH SVP SVR LINE LEAD	(i)	232,766	49,990	797	42,739	30,315	356,607	0
	(ii)	0	0	0	0	0	0	0
JAMES DOZIER PH PHYSICIAN	(i)	1,235,544	0	21,338	5,500	19,003	1,281,385	0
	(ii)	0	0	0	0	0	0	0
MATTHEW GROTHAUS PH PHYSICIAN	(i)	940,582	260,064	889	8,250	16,555	1,226,340	0
	(ii)	0	0	0	0	0	0	0
KENNETH AUSTIN PH PHYSICIAN	(i)	902,440	241,747	22,767	13,750	15,279	1,195,983	0
	(ii)	0	0	0	0	0	0	0
STEVEN WYNDER PH PHYSICIAN	(i)	884,614	190,852	27,763	30,091	31,179	1,164,499	0
	(ii)	5,844	0	0	159	165	6,168	0
DOUGLAS GRAY PH PHYSICIAN	(i)	873,009	167,195	22,289	30,250	35,287	1,128,030	0
	(ii)	0	0	0	0	0	0	0
JOHN MEISTER FORMER KEY EMPLOYEE	(i)	0	0	305,587	0	0	305,587	305,587
	(ii)	0	0	0	0	0	0	0
JILL OSTREM FORMER KEY EMPLOYEE	(i)	0	0	143,379	0	0	143,379	143,379
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45471ABQ4	08-27-2009	264,703,254	SEE PART VI	X			X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471AAS1	08-27-2009	223,665,000	SEE PART VI		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	45471AHR6	05-24-2012	94,631,826	SEE PART VI	X			X		X
D INDIANA FINANCE AUTHORITY	35-1602316	NONEAVAIL	08-17-2016	58,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	119,535,000		1,960,000		10,545,000		1,490,000	
2	Amount of bonds legally defeased	122,285,000				2,425,000			
3	Total proceeds of issue	264,704,689		223,915,573		94,631,897		58,000,000	
4	Gross proceeds in reserve funds	2,719,221							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	3,453,166		1,369,431		1,022,698			
8	Credit enhancement from proceeds			193,601					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			149,086,870				58,000,000	
11	Other spent proceeds	261,251,523		73,265,671		93,731,970			
12	Other unspent proceeds								
13	Year of substantial completion	2009		2011		2012		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 040 %		0 120 %		0 060 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 040 %		0 120 %		0 060 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	1 190 %		0 890 %		2 570 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X		X			
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X	X			X		X
c	No rebate due?	X			X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		X
b	Name of provider	WELLS FARGO & PNC							
c	Term of hedge	2000 0000000000 %							
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K NOTE TO READER	ENTITY 2 DESIGNATION USED SOLELY TO ACCOMMODATE REPORTING FIFTH AND SIXTH BOND ISSUES ENTITY 2 IS NOT A DIFFERENT ENTITY THAN ENTITY 1

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE A	SERIES 2009A - 1) PARTIALLY REFUNDED OUTSTANDING 2005 SERIES BOND ISSUE WHICH WAS ISSUED ON JULY 28, 2005 2) PARTIALLY REFUNDED OUTSTANDING BONDS FOR 2001 SERIES BOND ISSUE WHICH WERE ISSUED ON NOVEMBER 6, 2001

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE B	SERIES 2009BCD - 1) NEW MONEY FOR CONSTRUCTION OF NEW HOSPITAL IN FORT WAYNE, IN 2) FULLY REFUNDED BALANCE OF OUTSTANDING 2005 SERIES BONDS WHICH WERE ISSUED ON JULY 28, 2005

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE C	SERIES 2012 - 1) PARTIALLY REFUNDED OUTSTANDING 2009A SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 27, 2009 2) FULLY REFUNDED OUTSTANDING BONDS FOR 1998 SERIES BOND ISSUE WHICH WAS ISSUED ON NOVEMBER 24, 1998

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE D	SERIES 2016B - NEW MONEY FOR THE CONSTRUCTION OF NEW CANCER INSTITUTE IN FORT WAYNE, IN

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART II, COLUMN A, LINE 3	THIS AMOUNT INCLUDES INTERST OF \$1,435 EARNED ON COST OF ISSUANCE FUNDS

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART II, COLUMN B, LINE 3	THIS AMOUNT INCLUDES INTEREST OF \$250,573 EARNED ON PROJECT AND COST OF ISSUANCE FUNDS

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART II, COLUMN C, LINE 3	THIS AMOUNT INCLUDES INTEREST OF \$71 EARNED ON COST OF ISSUANCE FUNDS

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART III, COLUMNS A-C, LINES 8A-C	THE ORGANIZATION HAS ENTERED INTO A VOLUNTARY CLOSING AGREEMENT WITH THE IRS WITH RESPECT TO THE BOND-FINANCED PROPERTY THAT WAS SOLD

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN A, LINE 2C	REBATE CALCULATION PERFORMED ON AUGUST 27, 2014

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN B, LINE 2C	BOND ISSUE MET THE 24 MONTH REBATE SPENDING EXCEPTION CALCULATION PERFORMED ON DECEMBER 8, 2011

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN C, LINE 2C	REBATE CALCULATION PERFORMED ON DECEMBER 4, 2012

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART I, COLUMN F, LINE A	SERIES 2017 - PARTIALLY REFUNDED OUTSTANDING 2009A SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 27, 2009

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART I, COLUMN F, LINE B	<p>1) PARTIALLY REFUNDED OUTSTANDING 2016C SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 17, 2016 2) NEW MONEY FOR CONSTRUCTION IN EXPANDING HOSPITAL AND HEALTHCARE SERVICES IN FORT WAYNE, IN 3) THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2018A (PARKVIEW HEALTH) (THE "2018A BONDS"), 2018C (PARKVIEW HEALTH) (THE "2018C BONDS") AND 2019A (PARKVIEW HEALTH) (FORWARD DELIVERY) (THE "2019A BONDS") WERE ALL SOLD AT SUBSTANTIALLY THE SAME TIME AND PURSUANT TO THE SAME PLAN OF FINANCE AND, AS A RESULT, CONSTITUTE A SINGLE ISSUE FOR FEDERAL TAX PURPOSES AND WERE REPORTED ON A SINGLE 8038 THE 2018A BONDS AND THE 2018C BONDS WERE ISSUED ON NOVEMBER 1, 2018 THE 2019A BONDS, HOWEVER, WERE NOT ISSUED UNTIL FEBRUARY 1, 2019 AT WHICH TIME THEY WERE ISSUED IN ORDER TO CURRENTLY REFUND THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2009A (PARKVIEW HEALTH SYSTEM OBLIGATED GROUP) (THE "2009A BONDS") IN ORDER TO AVOID CONFUSION THAT COULD RESULT FROM EXCLUDING THE 2019A BONDS FROM THE REPORTING FOR THE ISSUE ON THIS SCHEDULE K, INFORMATION RELATED TO THE 2019A BONDS HAS BEEN INCLUDED IN THIS SCHEDULE K, EVEN THOUGH THE 2019A BONDS WERE NOT OUTSTANDING AS OF DECEMBER 31, 2018 ADDITIONALLY, INFORMATION RELATED TO THE 2009A BONDS HAS BEEN INCLUDED IN THIS SCHEDULE AS SUCH 2009A BONDS WERE OUTSTANDING AS OF DECEMBER 31, 2018</p>

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART II, COLUMN B, LINE 3	THIS INCLUDES INTEREST OF \$135,554 EARNED ON PROJECT FUNDS

Return Reference	Explanation
ENTITY 1 & ENTITY 2, SCHEDULE K, PART III, ALL COLUMNS, LINE 7	BECAUSE PARKVIEW MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, TO ENSURE THAT THE PRIVATE BUSINESS USE LIMIT IS NOT EXCEEDED, PARKVIEW DOES NOT CALCULATE THE AMOUNT OF PRIVATE PAYMENTS

Additional Data

Software ID:
Software Version:
EIN: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

Return Reference	Explanation
SCHEDULE K NOTE TO READER	ENTITY 2 DESIGNATION USED SOLELY TO ACCOMMODATE REPORTING FIFTH AND SIXTH BOND ISSUES ENTITY 2 IS NOT A DIFFERENT ENTITY THAN ENTITY 1
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE A	SERIES 2009A - 1) PARTIALLY REFUNDED OUTSTANDING 2005 SERIES BOND ISSUE WHICH WAS ISSUED ON JULY 28, 2005 2) PARTIALLY REFUNDED OUTSTANDING BONDS FOR 2001 SERIES BOND ISSUE WHICH WERE ISSUED ON NOVEMBER 6, 2001
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE B	SERIES 2009BCD - 1) NEW MONEY FOR CONSTRUCTION OF NEW HOSPITAL IN FORT WAYNE, IN 2) FULLY REFUNDED BALANCE OF OUTSTANDING 2005 SERIES BONDS WHICH WERE ISSUED ON JULY 28, 2005
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE C	SERIES 2012 - 1) PARTIALLY REFUNDED OUTSTANDING 2009A SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 27, 2009 2) FULLY REFUNDED OUTSTANDING BONDS FOR 1998 SERIES BOND ISSUE WHICH WAS ISSUED ON NOVEMBER 24, 1998
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE D	SERIES 2016B - NEW MONEY FOR THE CONSTRUCTION OF NEW CANCER INSTITUTE IN FORT WAYNE, IN
ENTITY 1, SCHEDULE K, PART II, COLUMN A, LINE 3	THIS AMOUNT INCLUDES INTERST OF \$1,435 EARNED ON COST OF ISSUANCE FUNDS
ENTITY 1, SCHEDULE K, PART II, COLUMN B, LINE 3	THIS AMOUNT INCLUDES INTEREST OF \$250,573 EARNED ON PROJECT AND COST OF ISSUANCE FUNDS
ENTITY 1, SCHEDULE K, PART II, COLUMN C, LINE 3	THIS AMOUNT INCLUDES INTEREST OF \$71 EARNED ON COST OF ISSUANCE FUNDS
ENTITY 1, SCHEDULE K, PART III, COLUMNS A-C, LINES 8A-C	THE ORGANIZATION HAS ENTERED INTO A VOLUNTARY CLOSING AGREEMENT WITH THE IRS WITH RESPECT TO THE BOND-FINANCED PROPERTY THAT WAS SOLD
ENTITY 1, SCHEDULE K, PART IV, COLUMN A, LINE 2C	REBATE CALCULATION PERFORMED ON AUGUST 27, 2014
ENTITY 1, SCHEDULE K, PART IV, COLUMN B, LINE 2C	BOND ISSUE MET THE 24 MONTH REBATE SPENDING EXCEPTION CALCULATION PERFORMED ON DECEMBER 8, 2011
ENTITY 1, SCHEDULE K, PART IV, COLUMN C, LINE 2C	REBATE CALCULATION PERFORMED ON DECEMBER 4, 2012
ENTITY 2, SCHEDULE K, PART I, COLUMN F, LINE A	SERIES 2017 - PARTIALLY REFUNDED OUTSTANDING 2009A SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 27, 2009
ENTITY 2, SCHEDULE K, PART I, COLUMN F, LINE B	1) PARTIALLY REFUNDED OUTSTANDING 2016C SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 17, 2016 2) NEW MONEY FOR CONSTRUCTION IN EXPANDING HOSPITAL AND HEALTHCARE SERVICES IN FORT WAYNE, IN 3) THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2018A (PARKVIEW HEALTH) (THE "2018A BONDS"), 2018C (PARKVIEW HEALTH) (THE "2018C BONDS") AND 2019A (PARKVIEW HEALTH) (FORWARD DELIVERY) (THE "2019A BONDS") WERE ALL SOLD AT SUBSTANTIALLY THE SAME TIME AND PURSUANT TO THE SAME PLAN OF FINANCE AND, AS A RESULT, CONSTITUTE A SINGLE ISSUE FOR FEDERAL TAX PURPOSES AND WERE REPORTED ON A SINGLE 8038 THE 2018A BONDS AND THE 2018C BONDS WERE ISSUED ON NOVEMBER 1, 2018 THE 2019A BONDS, HOWEVER, WERE NOT ISSUED UNTIL FEBRUARY 1, 2019 AT WHICH TIME THEY WERE ISSUED IN ORDER TO CURRENTLY REFUND THE INDIANA FINANCE AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2009A (PARKVIEW HEALTH SYSTEM OBLIGATED GROUP) (THE "2009A BONDS") IN ORDER TO AVOID CONFUSION THAT COULD RESULT FROM EXCLUDING THE 2019A BONDS FROM THE REPORTING FOR THE ISSUE ON THIS SCHEDULE K, INFORMATION RELATED TO THE 2019A BONDS HAS BEEN INCLUDED IN THIS SCHEDULE K, EVEN THOUGH THE 2019A BONDS WERE NOT OUTSTANDING AS OF DECEMBER 31, 2018 ADDITIONALLY, INFORMATION RELATED TO THE 2009A BONDS HAS BEEN INCLUDED IN THIS SCHEDULE AS SUCH 2009A BONDS WERE OUTSTANDING AS OF DECEMBER 31, 2018
ENTITY 2, SCHEDULE K, PART II, COLUMN B, LINE 3	THIS INCLUDES INTEREST OF \$135,554 EARNED ON PROJECT FUNDS
ENTITY 1 & ENTITY 2, SCHEDULE K, PART III, ALL COLUMNS, LINE 7	BECAUSE PARKVIEW MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, TO ENSURE THAT THE PRIVATE BUSINESS USE LIMIT IS NOT EXCEEDED, PARKVIEW DOES NOT CALCULATE THE AMOUNT OF PRIVATE PAYMENTS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I	Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45471AQB1	08-10-2017	130,491,406	SEE PART VI		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471ARM6	11-01-2018	140,710,853	SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	6,540,000									
2	Amount of bonds legally defeased										
3	Total proceeds of issue	130,491,406		140,846,406							
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds	1,283,614									
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			12,412,331							
11	Other spent proceeds	129,207,792		49,201,827							
12	Other unspent proceeds			79,232,249							
13	Year of substantial completion	2017									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?		X	X							
15	Were the bonds issued as part of an advance refunding issue?	X			X						
16	Has the final allocation of proceeds been made?	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 120 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	0 120 %							
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 020 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

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

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BROOKS CONSTRUCTION	ENTITY OF WHICH DIRECTOR MARGARET BROOKS OWNED A 35% OR GREATER INTEREST	699,758	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH		No
(2) KYLEE BENNETT	FAMILY MEMBER OF KEY EMPLOYEE SUZANNE EHINGER	80,603	EMPLOYEE KYLEE BENNETT RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HEALTH SYSTEM, INC		No
(3) DAVID JAMES	FAMILY MEMBER OF KEY EMPLOYEE SCOTT JAMES	253,341	EMPLOYEE DAVID JAMES RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HEALTH SYSTEM, INC		No
(4) JOHN STOREY	FAMILY MEMBER OF KEY EMPLOYEE DAVID STOREY	47,213	EMPLOYEE JOHN STOREY RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HEALTH SYSTEM, INC		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

35-1972384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 1A AND 2A	PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION AS WELL AS RELATED ENTITIES 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, 2018 WAS 568 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2018 WAS 13,593 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR PARKVIEW HEALTH SYSTEM, INC WAS 323 AND 4,941 RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>THE EXECUTIVE COMMITTEE SHALL CONSIST OF A MAXIMUM OF NINE (9) MEMBERS, INCLUDING THE FOLLOWING THE PARKVIEW HEALTH BOARD CHAIR WHO SHALL ALSO SERVE AS CHAIR OF THE COMMITTEE, THE PARKVIEW HEALTH BOARD VICE CHAIR, THE PARKVIEW HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFICER AND UP TO SIX (6) "AT LARGE" MEMBERS NOMINATED ANNUALLY BY THE GOVERNANCE COMMITTEE AND APPOINTED BY THE PARKVIEW HEALTH BOARD CHAIR ALL MEMBERS SHALL HAVE VOTING RIGHTS AT THE DISCRETION OF THE CHAIR, OTHERS MAY BE INVITED TO PARTICIPATE IN EXECUTIVE COMMITTEE MEETINGS WITHOUT VOTE THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION IN ANY MATTER WHEN THE BOARD IS NOT IN SESSION IN ADDITION, THE COMMITTEE SHALL PERFORM ALL RESPONSIBILITIES DELEGATED TO IT BY THE BOARD AND MAY EXERCISE ALL POWERS OF THE BOARD, PROVIDED, HOWEVER, THE COMMITTEE MAY NOT (I) APPROVE PARKVIEW HEALTH STRATEGIC PLANS, (II) FILL BOARD VACANCIES, (III) AMEND OR REPEAL THE BYLAWS OF PARKVIEW HEALTH OR (IV) TAKE ANY OTHER ACTION PROHIBITED BY LAW OR PROHIBITED BY PARKVIEW HEALTH'S BYLAWS OR ARTICLES OF INCORPORATION THE DUTIES OF THE EXECUTIVE COMMITTEE SHALL BE MORE FULLY SET FORTH IN THE EXECUTIVE COMMITTEE CHARTER APPROVED FROM TIME TO TIME BY A MAJORITY VOTE OF THE BOARD THE EXECUTIVE COMMITTEE SHALL MEET NO LESS FREQUENTLY THAN QUARTERLY, ON ALTERNATE MONTHS FROM THE BOARD AND SHALL PROVIDE REGULAR REPORTS TO THE FULL BOARD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER JEANNE' WICKENS, RAYMOND DUSMAN, DIRECTOR ALAN MCGEE, AND KEY EMPLOYEES THOMAS BOND, JEFFREY BROOKES, GREG JOHNSON, MITCHELL STUCKY, HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICER RAYMOND DUSMAN, AND KEY EMPLOYEES MITCHELL STUCKY, DAVID STOREY HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICERS JEANNE' WICKENS, RICK HENVEY, AND KEY EMPLOYEES MITCHELL STUCKY, PHILIP SMITH HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY KEY EMPLOYEE GREG JOHNSON AND OFFICER JEANNE' WICKENS HAVE BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY KEY EMPLOYEE SCOTT JAMES AND OFFICER RICK HENVEY HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICER JEANNE' WICKENS AND KEY EMPLOYEE PHILIP SMITH HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY DIRECTORS MARGARET BROOKS AND DAVID HAIST HAVE A BUSINESS RELATIONSHIP DIRECTORS JERRY LONG AND DAVID HAIST HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>DURING 2018, THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF PARKVIEW HEALTH SYSTEM, INC. ARTICLE IV - BOARD OF DIRECTORS, SECTION 9 - CHAIR'S REELECTION AND EXTENSION OF TERM, IS AS FOLLOWS THE CHAIR, REGARDLESS OF TENURE OF BOARD MEMBERSHIP AND THE RESTRICTIONS OF ELIGIBILITY SET FORTH IN THIS ARTICLE, MAY BE SUCCESSIVELY ELECTED FOR UP TO FIVE (5) ONE-YEAR TERMS, WHERE CONSECUTIVE SERVICE AS THE CHAIR IS DETERMINED TO BE APPROPRIATE FOR ORGANIZATIONAL EFFECTIVENESS IN EXTRAORDINARY CIRCUMSTANCES, THE BOARD MAY DETERMINE THAT IT WOULD BE IN THE BEST INTEREST OF THE CORPORATION TO RETAIN THE CURRENT CHAIR FOR MORE THAN FIVE (5) YEARS AND MAY CHOOSE TO RE-ELECT THE CHAIR FOR UP TO TWO (2) ADDITIONAL ONE-YEAR TERMS BEYOND THE INITIAL FIVE-YEAR TERM SUCH CIRCUMSTANCES MAY INCLUDE, BUT NOT BE LIMITED TO, A NEED FOR GOVERNANCE CONTINUITY TO PROVIDE OVERSIGHT OF KEY MANAGEMENT SUCCESSION, TO COMPLETE A MAJOR STRATEGIC INITIATIVE OR TO RESOLVE A SENSITIVE ONGOING LEGAL MATTER AFTER SERVICE AS CHAIR, THE CHAIR SHALL NOT BE ELIGIBLE FOR RE-ELECTION TO THE SAME POSITION UNTIL EXPIRATION OF THREE (3) INTERVENING YEARS NOTWITHSTANDING SECTION 3 OF THIS ARTICLE, IF A CHAIR'S NORMAL TERM AS A DIRECTOR EXPIRES WHILE SERVING AS THE CHAIR, AND IF HE/SHE IS NOMINATED FOR REELECTION AS CHAIR, IN ORDER TO SERVE AS CHAIR, HE/SHE WILL BE RE-ELECTED TO THE BOARD FOR EACH ADDITIONAL YEAR THAT HE OR SHE HAS BEEN ELECTED TO SERVE AS CHAIR SUBJECT TO THE LIMITATIONS IN THE IMMEDIATELY-PRECEDING PARAGRAPH ARTICLE V - OFFICERS, SECTION 1 - DESCRIPTION, ELECTION AND TENURE, IS AS FOLLOWS THE OFFICERS OF THE BOARD SHALL BE THE CHAIR, VICE CHAIR, TREASURER AND SECRETARY, EACH OF WHOM SHALL BE ANNUALLY ELECTED AND QUALIFIED IN ADDITION, WHEN IT IS ANTICIPATED THAT THE BOARD CHAIR WILL BE CONCLUDING HIS OR HER FINAL TERM AS CHAIR, THEN TWELVE (12) TO EIGHTEEN (18) MONTHS IN ADVANCE OF THE END OF THE CHAIR'S TERM, A CHAIR-ELECT MAY BE ELECTED BY THE BOARD UPON THE RECOMMENDATION OF THE GOVERNANCE COMMITTEE THE OFFICERS' TERMS SHALL BEGIN UPON ADJOURNMENT OF THE MEETING AT WHICH THE ELECTION IS HELD THE CHAIR OF THE BOARD MAY APPOINT ASSISTANT SECRETARIES OR ASSISTANT TREASURERS, FROM TIME TO TIME, AS NEEDED TO ACCOMPLISH THE OBJECTIVES OF THE CORPORATION THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION, WHILE NOT AN OFFICER OF THE BOARD, IS AN OFFICER OF THE CORPORATION AND HIS/HER DUTIES AND RESPONSIBILITIES WILL, THEREFORE, BE CONSIDERED IN THIS ARTICLE ARTICLE V - OFFICERS, SECTION 2 - CHAIR'S AUTHORITY AND POWER, PARAGRAPH THREE WAS ADDED AND IS AS FOLLOWS IN THE ABSENCE OF THE CHAIR, THE CHAIR-ELECT SHALL SERVE AS CHAIR IN THE CHAIR'S ABSENCE (IF THERE IS NO CHAIR-ELECT, THEN THE VICE CHAIR SHALL SERVE AS CHAIR IN THE CHAIR'S ABSENCE), PROVIDED, HOWEVER, THE BOARD SHALL ADOPT AND MAINTAIN A CHAIR SUCCESSION PLAN THAT SHALL SET FORTH PROCEDURES TO BE FOLLOWED SHOULD THE CHAIR BE ABSENT OR UNABLE TO PERFORM HIS OR HER DUTIES FOR MORE THAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>A SHORT TEMPORARY PERIOD ARTICLE V - OFFICERS, SECTION 3 - VICE CHAIR, IS AS FOLLOWS IN RECOGNITION OF THE IMPORTANCE OF PHYSICIAN LEADERSHIP AT PARKVIEW HEALTH, THE VICE CHAIR SHALL BE A PHYSICIAN EMPLOYED BY PARKVIEW THE VICE CHAIR SHALL SERVE AS CHAIR AND POSSESS ALL THE PREROGATIVES OF CHAIR ON THE CHAIR'S REQUEST ADDITIONALLY, THE VICE CHAIR SHALL FULFILL THE DUTIES SET FORTH IN THE CHAIR SUCCESSION PLAN ADOPTED BY THE BOARD ARTICLE V - OFFICERS, SECTION 6 - CHAIR-ELECT WAS ADDED, AND IS AS FOLLOWS FOR THE PURPOSE OF MAINTAINING CONTINUITY OF LEADERSHIP, TWELVE (12) TO EIGHTEEN (18) MONTHS PRIOR TO THE EXPECTED EXPIRATION OF THE TERM OF THE CHAIR, THE BOARD MAY CHOOSE TO APPOINT A CHAIR-ELECT SUBJECT TO THE GOVERNANCE COMMITTEE PROCESS SET FORTH IN ARTICLE VI, SECTION 5 BELOW THE CHAIR-ELECT SHALL, UPON THE CHAIR'S REQUEST, SERVE AS CHAIR AND POSSESS ALL THE PREROGATIVES OF CHAIR THE CHAIR-ELECT SHALL ALSO FULFILL THE DUTIES SET FORTH IN THE CHAIR SUCCESSION PLAN THE CHAIR-ELECT SHALL ASSUME THE OFFICE OF THE CHAIR UPON THE CONCLUSION OF THE TERM OF THE CURRENT CHAIR SUBJECT TO ELECTION UNDER SECTION 1 OF THIS ARTICLE THE CHAIR-ELECT SHALL WORK CLOSELY WITH THE CHAIR, VICE CHAIR, AND PRESIDENT AND CHIEF EXECUTIVE OFFICER TO LEARN THE DUTIES OF THE CHAIR AND PREPARE TO SERVE AS THE FUTURE CHAIR AND HAVE SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE CHAIR OF THE BOARD ARTICLE V - OFFICERS, SECTION 9 - ABSENCE OF PRESIDENT/CEO, IS AS FOLLOWS IN THE ABSENCE OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, ANOTHER ADMINISTRATIVE OFFICER DESIGNATED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OR IN HIS/HER ABSENCE BY THE CHAIR OF THE BOARD, SHALL SERVE AS THE ADMINISTRATIVE HEAD OF THE CORPORATION, WITH THE SAME AUTHORITY, RESPONSIBILITIES AND LIMITATIONS AS THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, PROVIDED, HOWEVER, THE BOARD SHALL ADOPT AND MAINTAIN AN EMERGENCY SUCCESSION PLAN FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER THAT SHALL SET FORTH THE PROCEDURES TO BE FOLLOWED SHOULD THE PRESIDENT AND CHIEF EXECUTIVE OFFICER BE ABSENT OR UNABLE TO PERFORM HIS OR HER DUTIES FOR MORE THAN A SHORT TEMPORARY PERIOD ARTICLE VI - COMMITTEES OF THE BOARD OF DIRECTORS, SECTION 5 - GOVERNANCE COMMITTEE, IS AS FOLLOWS (A) COMPOSITION THE GOVERNANCE COMMITTEE SHALL CONSIST OF AT LEAST THREE (3) MEMBERS, THE MAJORITY OF WHOM SHALL BE INDEPENDENT AND DISINTERESTED, AND SHALL INCLUDE THE VICE CHAIR OF THE PARKVIEW HEALTH BOARD AND THE CHAIR-ELECT OF THE PARKVIEW HEALTH BOARD, IF APPLICABLE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF PARKVIEW HEALTH SHALL SERVE ON THE COMMITTEE, AND MAY DESIGNATE ANOTHER OFFICER TO ATTEND COMMITTEE MEETINGS ON HIS/HER BEHALF (B) DUTIES THE GOVERNANCE COMMITTEE SHALL BE CONDUCTED CONSISTENT WITH THE TERMS OF THE GOVERNANCE COMMITTEE CHARTER, APPROVED FROM TIME TO TIME BY A MAJORITY VOTE OF THE BOARD, TO ASSIST THE BOARD OF DIRECTORS IN ITS RESPONSIBILITY FOR ENSURING EFFECTIVE GOVERNANCE OF THE CORPORATION AND ENHANCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>CING BOARD MEMBER EFFECTIVENESS AND DEVELOPMENT IN ADDITION, THE GOVERNANCE COMMITTEE WILL REPORT DIRECTLY TO THE BOARD OF DIRECTORS ON THE FOLLOWING ACTIVITIES AND ISSUES (I)THE GOVERNANCE COMMITTEE SHALL REVIEW AND FORMULATE POLICIES THAT ADDRESS AND ARE DESIGNED TO IMPROVE GOVERNANCE EFFECTIVENESS, INCLUDING BOARD COMMITTEE STRUCTURE AND RESPONSIBILITIES (II) THE GOVERNANCE COMMITTEE SHALL SERVE AS THE NOMINATING COMMITTEE FOR THE BOARD CHAIR AND CHAIR-ELECT, AND SHALL IDENTIFY AND RECOMMEND BOARD DIRECTORS AND COMMITTEE MEMBERS FOR APPOINTMENT THAT SUPPORT THE MISSION OF PARKVIEW HEALTH AND REFLECT THE DIVERSITY OF ITS COMMUNITIES THE GOVERNANCE COMMITTEE SHALL SEND ITS RECOMMENDATION FOR BOARD CHAIR AND , WHEN APPLICABLE, CHAIR-ELECT TO THE EXECUTIVE COMMITTEE FOR APPROVAL BEFORE SUCH RECOMMENDATION GOES TO THE FULL BOARD FOR FINAL APPROVAL (III)THE GOVERNANCE COMMITTEE SHALL DESIGN AND PERIODICALLY ASSESS THE ORIENTATION PROGRAM FOR NEW BOARD MEMBERS, ASSIST THE BOARD REGARDING EVALUATION AND RECOMMENDATIONS FOR BOARD MEMBER SUCCESSION PLANNING, AND IDENTIFY PROGRAMS TO ENHANCE BOARD MEMBER EFFECTIVENESS AND ONGOING DEVELOPMENT THE GOVERNANCE COMMITTEE SHALL ALSO PLAN THE BOARD'S SEMI-ANNUAL RETREATS (IV)MEETINGS THE GOVERNANCE COMMITTEE WILL MEET AS NEEDED, BUT NO LESS FREQUENTLY THAN ANNUALLY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY AND THE SYSTEM AUDIT COMMITTEE, PRIOR TO FILING WITH THE IRS ON OCTOBER 2, 2019, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>AS DESCRIBED IN ARTICLE IX SECTION 6, OF THE PARKVIEW HEALTH SYSTEM, INC (PH) BYLAWS, PH ADOPTED PH'S COMPLIANCE POLICY FOR THE ORGANIZATION AND ITS NOT-FOR-PROFIT RELATED ORGANIZATIONS (AND AS LIKEWISE NOTED IN THEIR BYLAWS) WHEN ADDRESSING CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST THIS COMPLIANCE POLICY (COMPLIANCE POLICY #14) REQUIRES THAT EACH BOARD MEMBER, BOARD COMMITTEE MEMBER, AND KEY MANAGEMENT PERSONNEL MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM THIS INFORMATION IS PROVIDED TO THE CHAIRMAN OF THE BOARD (FOR BOARD AND BOARD COMMITTEE MEMBERS) AND TO SENIOR MANAGEMENT (FOR KEY MANAGEMENT PERSONNEL) IN ADDITION, AS TO THE CONDUCT OF BOARD MEETINGS, THE FOLLOWING PROCESS IS FOLLOWED "WHENEVER A PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE IS CONSIDERING A TRANSACTION OR ARRANGEMENT WITH AN ORGANIZATION, ENTITY OR INDIVIDUAL IN WHICH A PERSON COVERED BY THIS POLICY HAS A FINANCIAL OR CONFLICTING INTEREST, THE FOLLOWING SHALL OCCUR 1 THE INTERESTED PERSON MUST DISCLOSE THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS TO THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE, 2 THE INTERESTED PERSON WITH THAT FINANCIAL OR CONFLICTING INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING REGARDING THE TRANSACTION OR ARRANGEMENT HOWEVER, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE FINANCIAL OR CONFLICTING INTEREST, AND 3 THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE MUST APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE BOARD MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE INTERESTED PERSON THE INTERESTED PERSON MAY NOT VOTE ON THE MATTER A UPON THE REQUEST OF PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE, THE MATTER MAY BE DELEGATED TO THE PH COMPLIANCE COMMITTEE FOR EVALUATION, RECOMMENDATION AND/OR DETERMINATION 4 WHENEVER A FINANCIAL OR CONFLICTING INTEREST IS ADDRESSED BY A PH OR PH AFFILIATE BOARD, NOTICE SHALL BE GIVEN TO THE PH COMPLIANCE OFFICER / GENERAL COUNSEL "</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>REGARDING LINES 15A AND 15B, TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABOVE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISOR AND THE REVIEW OF APPROPRIATE COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE GOVERNING BODY CONSISTING OF MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST CONCERNING THE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS IN 2017, THE BOARD OF PARKVIEW HEALTH SYSTEM, INC REVIEWED AND APPROVED ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2017 COMPENSATION PACKAGE, PURSUANT TO THE PARKVIEW HEALTH BYLAWS THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD MEMBERS PARKVIEW'S INDEPENDENT CONSULTANT PREPARES A COMPETITIVE COMPENSATION ANALYSIS USING DATA FROM MULTIPLE PUBLISHED SURVEYS PREPARED BY INDEPENDENT FIRMS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE IN SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS ON BOTH A REGIONAL AND NATIONAL BASIS THE INDEPENDENT CONSULTANT PROVIDES A STATEMENT OF REASONABLENESS OF THE COMPENSATION PROVIDED TO THE CEO AS WELL AS ALL EXECUTIVES AT THE VICE PRESIDENT LEVEL AND ABOVE ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS THE BOARD APPROVES ANY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS APPROVAL IS ALSO PROVIDED FOR THE SALARY BUDGET FOR THE ENTIRE ORGANIZATION THE BOARD REVIEWS AND APPROVES THE PLAN DOCUMENTS FOR THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) AND THE PHYSICIAN AND PROVIDER INCENTIVE COMPENSATION PLAN (PICP)</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINES 5-10	<p>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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET ADJUSTMENT TRANSFERS 282,592 BOOK/TAX DIFF FROM K-1'S 9,329,193 CURRENT YEAR EARNINGS TRANSFERRED FROM 501(C)(3)'S 189,775,397 AMORTIZE BOND SWAP OCI 42,600 ADJUST OCI FOR PENSION 14,519,626

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTH CLINTON DEVELOPMENT LLC F/K/A TRICON DIEBOLD DEVELOPMENT LL FORT WAYNE, IN 46845 46-4037822	REAL ESTATE	IN	0	0	PARKVIEW HEALTH SYSTEM INC
(2) PARKVIEW CARE PARTNERS LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 46-2201508	CLINICAL INTEGRATION NETWORK	IN	10,533,092	9,533,681	PARKVIEW HEALTH SYSTEM INC
(3) PARKVIEW ACCOUNTABLE CARE LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 81-2787982	ACCOUNTABLE CARE ORGANIZATION	IN	0	0	PARKVIEW HEALTH SYSTEM INC

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	54,223,660	64,452,612		No		Yes		60 000 %
(2) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	125,130	-49,719		No		Yes		51 000 %
(3) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	1,230,088	11,157,280		No		Yes		90 000 %
(4) WABASH MRI LLC 710 N EAST ST WABASH, IN 46992 20-4352572	EQUIPMENT LEASING	IN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PARKVIEW PROFESSIONAL PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888	REFERENCE LAB	IN	N/A	C					No
(2) MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	PARKVIEW HEALTH SYSTEM INC	C	23,457,641	2,259,712	100 000 %		No
(3) WOODLAND PLAZA MEDICAL PARK CONDO ASSOC INC 202 W BERRY ST SUITE 800 FORT WAYNE, IN 46802 35-2058340	CONDO MANAGEMENT	IN	PARKVIEW HEALTH SYSTEM INC	C	119,120	291,755	92 300 %		No

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

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



Additional Data

Software ID:

Software Version:

EIN: 35-1972384

Name: PARKVIEW HEALTH SYSTEM INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 35-0868085	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 23-7220589	FUND MGMT	IN	501(C)(3)	LINE 12A, I	PARKVIEW HOSPITAL INC	Yes	
10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2064353	OCCUP HEALTH	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2089183	FUND MGMT	IN	501(C)(3)	LINE 12A, I	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Yes	
1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 31-1190239	FUND MGMT	IN	501(C)(3)	LINE 12A, I	WHITLEY MEMORIAL HOSPITAL INC	Yes	
2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
2001 STULTS ROAD HUNTINGTON, IN 46750 32-0012095	FUND MGMT	IN	501(C)(3)	LINE 12A, I	HUNTINGTON MEMORIAL HOSPITAL INC	Yes	
10 JOHN KISSINGER DRIVE WABASH, IN 46992 47-1753440	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
10 JOHN KISSINGER DRIVE WABASH, IN 46992 35-1921445	FUND MGMT	IN	501(C)(3)	LINE 12A, I	PARKVIEW WABASH HOSPITAL INC	Yes	
909 EAST STATE BLVD FORT WAYNE, IN 46805 35-1135451	COMPREHENSIVE MENTAL HEALTH CENTER	IN	501(C)(3)	LINE 10	PARKVIEW HEALTH SYSTEM INC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HUNTINGTON MEMORIAL HOSPITAL INC	A	1,269,854	PART VII SUPPLEMENTAL INFORMATION
(1)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	A	1,498,061	PART VII SUPPLEMENTAL INFORMATION
(2)	PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	A	506,285	PART VII SUPPLEMENTAL INFORMATION
(3)	PARKVIEW FOUNDATION INC	A	130,876	PART VII SUPPLEMENTAL INFORMATION
(4)	PARKVIEW HOSPITAL INC	A	3,871,618	PART VII SUPPLEMENTAL INFORMATION
(5)	WHITLEY MEMORIAL HOSPITAL INC	A	2,992,373	PART VII SUPPLEMENTAL INFORMATION
(6)	PARKVIEW WABASH HOSPITAL INC	A	193,448	PART VII SUPPLEMENTAL INFORMATION
(7)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	A	1,572,497	PART VII SUPPLEMENTAL INFORMATION
(8)	PARKVIEW FOUNDATION INC	B	2,281,330	PART VII SUPPLEMENTAL INFORMATION
(9)	PARKVIEW HUNTINGTON HOSPITAL FOUNDATION INC	B	172,558	PART VII SUPPLEMENTAL INFORMATION
(10)	COMMUNITY HOSPITAL OF NOBLE COUNTY HOSPITAL INC	B	177,695	PART VII SUPPLEMENTAL INFORMATION
(11)	PARKVIEW WABASH FOUNDATION INC	B	168,074	PART VII SUPPLEMENTAL INFORMATION
(12)	WHITLEY MEMORIAL HOSPITAL FOUNDATION INC	B	153,226	PART VII SUPPLEMENTAL INFORMATION
(13)	PARKVIEW HOSPITAL INC	B	206,164	PART VII SUPPLEMENTAL INFORMATION
(14)	PARKVIEW FOUNDATION INC	C	85,157	PART VII SUPPLEMENTAL INFORMATION
(15)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	D	5,896,241	PART VII SUPPLEMENTAL INFORMATION
(16)	WHITLEY MEMORIAL HOSPITAL INC	D	6,893,500	PART VII SUPPLEMENTAL INFORMATION
(17)	HUNTINGTON MEMORIAL HOSPITAL INC	J	1,269,854	PART VII SUPPLEMENTAL INFORMATION
(18)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	J	1,498,061	PART VII SUPPLEMENTAL INFORMATION
(19)	PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	J	506,282	PART VII SUPPLEMENTAL INFORMATION
(20)	PARKVIEW FOUNDATION INC	J	130,876	PART VII SUPPLEMENTAL INFORMATION
(21)	PARKVIEW HOSPITAL INC	J	3,871,618	PART VII SUPPLEMENTAL INFORMATION
(22)	WHITLEY MEMORIAL HOSPITAL INC	J	2,992,373	PART VII SUPPLEMENTAL INFORMATION
(23)	PARKVIEW WABASH HOSPITAL INC	J	193,448	PART VII SUPPLEMENTAL INFORMATION
(24)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	J	1,572,497	PART VII SUPPLEMENTAL INFORMATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	K	111,389	PART VII SUPPLEMENTAL INFORMATION
(1)	PARKVIEW HOSPITAL INC	K	2,710,489	PART VII SUPPLEMENTAL INFORMATION
(2)	PARKVIEW WABASH HOSPITAL INC	K	52,323	PART VII SUPPLEMENTAL INFORMATION
(3)	WHITLEY MEMORIAL HOSPITAL INC	K	789,405	PART VII SUPPLEMENTAL INFORMATION
(4)	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	L	9,961,149	PART VII SUPPLEMENTAL INFORMATION
(5)	PARKVIEW HOSPITAL INC	L	141,390,895	PART VII SUPPLEMENTAL INFORMATION
(6)	HUNTINGTON MEMORIAL HOSPITAL INC	L	8,418,000	PART VII SUPPLEMENTAL INFORMATION
(7)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	L	5,615,004	PART VII SUPPLEMENTAL INFORMATION
(8)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	L	9,300,996	PART VII SUPPLEMENTAL INFORMATION
(9)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	L	4,095,000	PART VII SUPPLEMENTAL INFORMATION
(10)	PARKVIEW FOUNDATION INC	L	162,000	PART VII SUPPLEMENTAL INFORMATION
(11)	MANAGED CARE SERVICES LLC	L	1,134,000	PART VII SUPPLEMENTAL INFORMATION
(12)	PARKVIEW PROFESSIONAL PROGRAMS INC	L	560,004	PART VII SUPPLEMENTAL INFORMATION
(13)	PARKVIEW WABASH HOSPITAL INC	L	5,817,000	PART VII SUPPLEMENTAL INFORMATION
(14)	WHITLEY MEMORIAL HOSPITAL INC	L	10,158,996	PART VII SUPPLEMENTAL INFORMATION
(15)	PARKVIEW HOSPITAL INC	Q	152,303,894	PART VII SUPPLEMENTAL INFORMATION
(16)	HUNTINGTON MEMORIAL HOSPITAL INC	Q	6,313,893	PART VII SUPPLEMENTAL INFORMATION
(17)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	Q	3,782,980	PART VII SUPPLEMENTAL INFORMATION
(18)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Q	6,493,981	PART VII SUPPLEMENTAL INFORMATION
(19)	PARKVIEW WABASH HOSPITAL INC	Q	4,578,133	PART VII SUPPLEMENTAL INFORMATION
(20)	WHITLEY MEMORIAL HOSPITAL INC	Q	10,279,701	PART VII SUPPLEMENTAL INFORMATION
(21)	PARKVIEW HOSPITAL INC	R	443,656	PART VII SUPPLEMENTAL INFORMATION
(22)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	R	45,591,189	PART VII SUPPLEMENTAL INFORMATION
(23)	PARKVIEW HOSPITAL INC	S	155,525,776	PART VII SUPPLEMENTAL INFORMATION
(24)	HUNTINGTON MEMORIAL HOSPITAL INC	S	11,883,702	PART VII SUPPLEMENTAL INFORMATION

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	S	2,444,210	PART VII SUPPLEMENTAL INFORMATION
(1) COMMUNITY HOSPITAL OF NOBLE COUNTY INC	S	11,946,754	PART VII SUPPLEMENTAL INFORMATION
(2) WHITLEY MEMORIAL HOSPITAL INC	S	7,974,955	PART VII SUPPLEMENTAL INFORMATION