

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493071006171

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☒ Amended return

☐ Application pending

C Name of organization

PARKVIEW HEALTH SYSTEM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

10501 CORPORATE DRIVE

City or town, state or province, country, and ZIP or foreign postal code

FORT WAYNE, IN 46845

F Name and address of principal officer:

MICHAEL J PACKNETT

10501 CORPORATE DRIVE

FORT WAYNE, IN 46845

D Employer identification number

35-1972384

E Telephone number

(260) 373-8429

G Gross receipts \$ 3,220,320,292

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PARKVIEW.COM

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1995

M State of legal domicile: IN

Part I

Summary

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

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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶164,009

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II

Signature Block

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

Signature of officer

2021-03-12

Date

JEANNE' WICKENS PH CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01320603

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 330 E JEFFERSON BLVD P O BOX 7

Phone no. (574) 232-3992

SOUTH BEND, IN 466240007

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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 \$ 823,834,199 including grants of \$ 6,641,383) (Revenue \$ 767,017,106)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ► 823,834,199

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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	161
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 5,647			
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 If "Yes," enter the name of the foreign country: <u>JA, SW, DA, SZ, BR, CO, NO, RS, ID, PL, PO, GR, HU, MY</u>				
5a Was the organization filing any reportable foreign financial accounts (FBAR) for the year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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 720, 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 22		
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 16		
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 ☐

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

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

See instructions for the order in which to list the persons above.

☐ 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)

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								23,405,080	233,726	4,789,599

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 ► 916

	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	14,771,067
HURON CONSULTING SERVICES LLC PO BOX 71223 CHICAGO, IL 60694	CONSULTING	8,266,753
LOCUMTENENS PO BOX 405547 ATLANTA, GA 30384	PHYSICIANS	6,073,781
PEAK HEALTH SOLUTIONS INC PO BOX 744869 ATLANTA, GA 30374	MEDICAL CODING	2,457,559
BOYDEN & YOUNGBLUTT 120 WEST SUPERIOR ST FORT WAYNE, IN 46802	MARKETING ANALYTICS	2,285,433

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 ► 103

Form 990 (2019)		Page 9						
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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	99,255				
	e	Government grants (contributions)	1e	45,152				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,359,710				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f ▶	2,504,117					
Program Service Revenue	2a	NET PATIENT SERVICE	Business Code					
			621110	231,966,362	231,966,362			
	b	PH CLINICAL SUPPORT	561499	231,725,936	231,725,936			
	c	CORP SERVICE ALLOCATION	561000	217,819,296	217,819,296			
	d	ORTHOPAEDIC HOSPITAL AT PARKVIEW	621110	40,042,001	40,042,001			
	e	INTERUNIT RENT	532000	12,415,375	12,415,375			
	f	All other program service revenue.		37,439,602	33,048,136	4,391,466		
g	Total. Add lines 2a-2f. ▶	771,408,572						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		23,781,696		23,781,696		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a	6,188,226				
			b	Less: rental expenses	6b	4,246,514		
			c	Rental income or (loss)	6c	1,941,712		
	d	Net rental income or (loss) ▶		1,941,712		1,941,712		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	2,414,763,524	1,456			
			b	Less: cost or other basis and sales expenses	7b	2,404,841,092	133,436	
			c	Gain or (loss)	7c	9,922,432	-131,980	
	d	Net gain or (loss) ▶		9,790,452		9,790,452		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code						
11a	CAFETERIA REVENUE	722100	1,672,701		1,672,701			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶		1,672,701					
12	Total revenue. See instructions ▶		811,099,250	767,017,106	4,391,466	37,186,561		

Form 990 (2019)

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	6,641,383	6,641,383		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	22,364,397		22,364,397	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	293,857	158,538	135,319	
7 Other salaries and wages	444,445,560	444,445,560		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	50,669,575	50,669,575		
10 Payroll taxes	52,297,773	52,297,773		
11 Fees for services (non-employees):				
a Management				
b Legal	707,827	592,577	115,250	
c Accounting	604,967		604,967	
d Lobbying	135,703		135,703	
e Professional fundraising services. See Part IV, line 17	164,009			164,009
f Investment management fees	2,672,563		2,672,563	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	71,757,911	65,816,336	5,941,575	
12 Advertising and promotion	2,192,425	2,187,515	4,910	
13 Office expenses	15,945,341	15,727,537	217,804	
14 Information technology	42,712,913	42,624,197	88,716	
15 Royalties				
16 Occupancy	22,867,873	22,812,081	55,792	
17 Travel	2,468,422	2,176,195	292,227	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	921,175	834,930	86,245	
20 Interest	21,181,876	21,181,876		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,588,610	42,578,054	10,556	
23 Insurance	6,060,907	5,876,278	184,629	
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	105,146		105,146	
b MEDICAL SUPPLIES	19,610,869	19,610,869		
c BAD DEBT	13,831,369	13,831,369		
d PROVIDER CME, LICENSES	4,392,712	4,392,712		
e All other expenses	9,948,919	9,378,844	570,075	
25 Total functional expenses. Add lines 1 through 24e	857,584,082	823,834,199	33,585,874	164,009
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		20,413	1	18,446	
	2	Savings and temporary cash investments		181,550,875	2	163,534,831	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		25,324,652	4	27,996,829	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		2,852,025	7	1,847,279	
	8	Inventories for sale or use		8,780,103	8	13,404,851	
	9	Prepaid expenses and deferred charges		24,928,872	9	30,665,944	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	734,546,457			
	b	Less: accumulated depreciation	10b	338,132,487	359,204,739	10c	396,413,970
	11	Investments—publicly traded securities		944,390,050	11	990,821,340	
	12	Investments—other securities. See Part IV, line 11		255,225,604	12	260,013,371	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		29,582,124	14	29,514,271	
	15	Other assets. See Part IV, line 11		801,688,171	15	559,051,344	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,633,547,628	16	2,473,282,476		
Liabilities	17	Accounts payable and accrued expenses		144,100,281	17	164,952,591	
	18	Grants payable			18		
	19	Deferred revenue		1,445,898	19	4,432,274	
	20	Tax-exempt bond liabilities		645,991,354	20	627,952,587	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		45,321,136	23	81,752,039	
	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		466,868,261	25	265,147,739	
	26	Total liabilities. Add lines 17 through 25		1,303,726,930	26	1,144,237,230	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,329,820,698	27	1,329,045,246	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,329,820,698	32	1,329,045,246	
33	Total liabilities and net assets/fund balances		2,633,547,628	33	2,473,282,476		

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	811,099,250
2	Total expenses (must equal Part IX, column (A), line 25)	2	857,584,082
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,484,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,329,820,698
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	72,764,694
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,055,314
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,329,045,246

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?	Yes	
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.	Yes	

Additional Data

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

Form 990 (2019)

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.; DEKALB MEMORIAL HOSPITAL, INC. (AFFILIATED OCTOBER 2019); 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 ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC. THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC. IS THE FIRST SPECIALTY HOSPITAL IN NORTHEAST INDIANA DEVOTED SOLELY TO ORTHOPEDIC SURGERY AND POST-SURGERY PATIENT CARE.(SEE SCHEDULE O FOR CONTINUATION)THIS 37-BED STATE-OF-THE-ART FACILITY INCLUDES AN INPATIENT UNIT, AN INPATIENT REHABILITATION GYM AND ORTHO NORTHEAST 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 COMPREHENSIVE STROKE CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICE CENTER AND CANCER INSTITUTE. TO MEET INCREASING 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. THE LOWER LEVEL, FIRST FLOOR AND SIXTH FLOOR OF THE EXPANDED TOWER ARE SCHEDULED TO BE OPERATIONAL BY MID-SEPTEMBER 2020. IN THE MONTHS THAT FOLLOW, THE ORGANIZATION ALSO EXPECTS THE FIFTH FLOOR AND THEN THE FOURTH FLOOR TO BE READY TO ADMIT PATIENTS. THIS GROWTH HAS ALLOWED FOR THE PARKVIEW HEALTH SYSTEM, INC. TO OFFER ITS COMMUNITY GREATER ACCESS AND CONVENIENCE TO ITS PROVIDERS AND SPECIALTY SERVICES THAT THEY MIGHT OTHERWISE NOT BE ABLE TO ACCESS.PARKVIEW HEALTH SYSTEM, INC. EMPLOYS 516 PRIMARY AND SPECIALTY CARE PHYSICIANS AS PART OF PARKVIEW PHYSICIANS GROUP. THESE PHYSICIANS, ALONG WITH 396 ADVANCED PRACTICE PROVIDERS, PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA AND NORTHWEST OHIO, REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES. FIFTY-SEVEN NEW PHYSICIANS AND 83 ADVANCED PRACTICE PROVIDERS WERE RECRUITED IN 2019, SIGNIFICANTLY INCREASING THE SYSTEM'S ABILITY TO MEET LOCAL HEALTH NEEDS. PARKVIEW HEALTH EMPLOYS FOUR FULL-TIME PHYSICIAN RECRUITERS AND ONE FULL-TIME SOURCING SPECIALIST 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.IN SUPPORTING THE WORK OF PARKVIEW HEALTH SYSTEM, INC. MEDICAL PROFESSIONALS, 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. IN ADDITION TO HOSPITAL RELATED INITIATIVES, THE MIRRO RESEARCH AND INNOVATION CENTER ENGAGES IN PROJECTS RELATED TO COMMUNITY HEALTH THROUGH ITS HEALTH SERVICES AND INFORMATICS RESEARCH TEAM. THE HEALTH SERVICES AND INFORMATICS RESEARCH TEAM IS COMPRISED OF INTERDISCIPLINARY SCIENTISTS, PROJECT MANAGERS, AND USER EXPERIENCE SPECIALISTS. THIS TEAM WORKS ON A BROAD ARRAY OF PROJECTS, INCLUDING INVESTIGATOR-INITIATED RESEARCH, PROGRAM EVALUATION, PILOT STUDIES, COMMUNITY SURVEY STUDIES AND USER EXPERIENCE PROJECTS THAT IMPROVE THE USABILITY OF HEALTHCARE TECHNOLOGIES. SOME EXAMPLES OF THEIR PROJECTS, AND FOCUS AREAS INCLUDE YOUTH MENTAL HEALTH, INNOVATIVE PRACTICE MODEL EVALUATION, SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND SUPPORTING PEOPLE LIVING WITH CHRONIC DISEASE. MOST OF THE TEAM'S WORK LEADS TO PEER REVIEWED PUBLICATIONS IN JOURNALS, PRESENTATIONS AT TOP TIER SCIENTIFIC CONFERENCES, AND DISSEMINATING INFORMATION TO OUR LOCAL PUBLIC HEALTH AND GOVERNMENT OFFICIALS TO INFLUENCE PUBLIC HEALTH POLICY. AS A RESULT OF THE HARD WORK AND DEDICATED PROFESSIONALS OF PARKVIEW HEALTH SYSTEM, INC. IN 2019, THE HEALTH SYSTEM ACCOMPLISHED THE FOLLOWING: - MAINTAINED MAGNET STATUS BY DEMONSTRATING COMMITMENT TO NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. - PARKVIEW HEALTH HAS AGAIN BEEN NAMED ONE OF THE NATION'S 15 TOP HEALTH SYSTEMS BY IBM WATSON HEALTH. THE STUDY, WHICH IDENTIFIES THE TOP FIVE SYSTEMS IN THREE CATEGORIES ACCORDING TO SIZE, NAMED PARKVIEW AMONG THE TOP FIVE IN THE MEDIUM-SIZE CATEGORY FOR 2019.- NAMED ONE OF THE AMERICA'S BEST LARGE EMPLOYERS IN 2019 BY FORBES MAGAZINE. PARKVIEW HEALTH SYSTEM, INC. WAS RANKED NO. 171 OVERALL AND NO. 16 IN THE HEALTHCARE SOCIAL SERVICES INDUSTRY.- THE PARKVIEW CANCER INSTITUTE BECAME A CERTIFIED MEMBER OF THE MD ANDERSON CANCER NETWORK, A PROGRAM OF MD ANDERSON CANCER CENTER. - THE PARKVIEW HEART INSTITUTE BECAME AN AFFILIATE OF THE NATION'S TOP-RANKED HEART PROGRAM, THE CLEVELAND CLINIC HEART AND VASCULAR INSTITUTE, FURTHER ELEVATING CARDIOVASCULAR CARE FOR PATIENTS IN THE REGION.- FOR THE SIXTH YEAR IN A ROW, PARKVIEW HEALTH SYSTEM, INC. HAS BEEN RECOGNIZED AS ONE OF THE COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME) "HEALTHCARE'S MOST WIRED HEALTH SYSTEMS." FOR 2019, THE HEALTH SYSTEM WAS RANKED IN THE 97TH PERCENTILE OF ORGANIZATIONS SURVEYED AND EARNED RECOGNITION AS A CERTIFIED LEVEL NINE MOST WIRED ORGANIZATION. ACCORDING TO CHIME, ORGANIZATIONS IN LEVEL 9 OR 10 ARE OFTEN LEADERS IN HEALTHCARE TECHNOLOGY WHO ACTIVELY PUSH THE INDUSTRY FORWARD. - DURING 2019, PARKVIEW BEHAVIORAL HEALTH (PBH) ADOPTED AN INSTITUTE MODEL WHICH BRINGS TOGETHER PBH, PARK CENTER AND PARKVIEW PHYSICIANS GROUP - PSYCHIATRY. THIS ALLOWS FOR A SEAMLESS EXPERIENCE THROUGH ENHANCED CLINICAL PROCESSES, BETTER COORDINATION OF TREATMENT PROGRAMS, RAPID RESPONSE TO THE EVER-CHANGING NEEDS OF THE COMMUNITY AND ADVANCEMENT OF MENTAL HEALTH IN THE REGION. - PRESS GANEY RECOGNIZED PBH WITH TWO PRESTIGIOUS AWARDS IN 2019: THE NDNQI AWARD FOR OUTSTANDING NURSING QUALITY AND THE SUCCESS STORY AWARD.

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				3,051,353	0	797,690
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CHI	40.00	X		X				983,998	0	370,453
RICK HENVEY PH CHIEF OPERATING OFFICER	40.00			X				977,415	0	325,263
JAMES DOZIER PH PHYSICIAN	40.00 1.00					X		1,253,036	0	29,682
KENNETH AUSTIN PH PHYSICIAN	45.00 1.00					X		1,160,670	0	35,762
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	40.00 17.00			X				843,129	0	327,919
NEIL SHARMA PRESIDENT PARKVIEW CANCER INSTITUTE	40.00				X			969,142	0	185,996
STEVEN WYNDER PH PHYSICIAN	40.00 1.00					X		1,042,284	12,907	56,911
WILLIAM YOUNG PH PHYSICIAN	40.00					X		1,028,724	0	29,171
STEPHANIE FALATKO PH PHYSICIAN	45.00					X		1,017,902	0	31,105

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			
MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER	40.00				X			900,518	0	144,742
ROY ROBERTSON PRESIDENT PARKVIEW HEART INSTITUTE	40.00				X			831,777	0	178,939
JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	40.00				X			749,123	0	114,131
RONALD DOUBLE PH CHIEF INFORMATION OFFICER	40.00				X			565,866	0	267,306
DENA JACQUAY PH CHIEF COMMUNITY & HUMAN RESOURCES OFFICER	40.00				X			522,721	0	244,977
GREG JOHNSON PH CHIEF CLINICAL INTEGRATION OFFICER	40.00				X			562,568	0	147,677
DAVID STOREY PH SVP GENERAL COUNSEL	1.00 40.00				X			563,770	0	141,715
THOMAS MILLER DIRECTOR/PH CMO	32.00 7.00	X						490,304	92,073	61,454
THOMAS BOND PH CHIEF MEDICAL OFFICER-PPG	40.00				X			473,107	0	134,111
JASON ROW PH CHIEF MED OFFICER PPG	40.00				X			472,314	0	132,735

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			
JOSHUA KLINE DIRECTOR/PH CHIEF MED OFFICER	40.00	X						471,229	0	126,696
JEFFREY BOORD PH CHIEF QUALITY & SAFETY	40.00				X			462,763	0	116,631
MARK PIERCE PH CHIEF MED INFORMATICS O	40.00				X			432,131	0	118,387
GERALD GRANNAN PH SVP & COO - PPG	40.00				X			418,995	0	108,569
SCOTT JAMES PH SVP & COO SVR LINE LEADER	40.00				X			381,772	0	102,235
PATRICIA BRAHE PH SVP SVR LINE LEADER	40.00				X			404,917	0	69,588
DAVID JEANS PH SVP PAYER/EMPLOYER&HEALTH PLAN	40.00				X			368,563	0	98,016
PHILIP SMITH PH SVP STRATEGY & BUSINESS	40.00				X			367,184	0	96,052
JOLYNN SUKO PH SVP SVR LINE LEADER	40.00				X			369,449	0	81,407
DONNA VAN VLERAH PH SVP SUPPORT DIVISION	40.00				X			362,770	0	80,546

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			
JOSPEH WOLFCALE PH SVP LAB/IMAGING & CONSUMERISM	41.00				X			364,360	0	33,733
ALAN MCGEE DIRECTOR/PH SVR LINE LEADER	7.00	X						303,155	92,304	0
MARK KADLEC FORMER KEY EMPLOYEE	2.00 0.00						X	135,319	0	0
DAVID HAIST DIRECTOR/CHAIR	1.00	X						15,432	0	0
JOHN NELSON DIRECTOR	1.00	X						5,400	6,382	0
SHERRYL RHINESMITH DIRECTOR	1.00	X						4,577	6,750	0
DAN STARR DIRECTOR	1.00	X						4,340	6,250	0
JIM HEUER DIRECTOR	1.00	X						3,500	6,500	0
HOWARD HALDERMAN DIRECTOR	1.00	X						3,859	6,060	0
MARILYN MORAN-TOWNSEND DIRECTOR	1.00	X						8,890	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			
THOMAS KIMBROUGH DIRECTOR	1.00	X						4,316	4,500	0
LARRY ROWLAND DIRECTOR	1.00	X						8,810	0	0
BRIAN EMERICK DIRECTOR/SECRETARY	1.00	X						7,750	0	0
LUTHER WHITFIELD DIRECTOR	1.00	X						6,560	0	0
MICHAEL AXEL DIRECTOR/TREASURER	1.00	X						6,454	0	0
JERRY LONG DIRECTOR	1.00	X						6,060	0	0
WENDY ROBINSON DIRECTOR	1.00	X						6,054	0	0
MARGARET BROOKS DIRECTOR	1.00	X						6,000	0	0
STEPHEN WRIGHT DIRECTOR	1.00	X						4,750	0	0
BRIAN DECAMP DIRECTOR	1.00	X						0	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			
RON ELSENBAUMER DIRECTOR/PARTIAL YEAR	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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				208,856,784	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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? <i>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.</i>			
	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? <i>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.</i>			
	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? <i>Provide details in Part VI.</i>			
	3a	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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.			
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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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>

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

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

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 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>

990 Schedule A, Supplemental Information

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
PART IV, SECTION E, LINE 3A CONT'D:	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 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 T

990 Schedule A, Supplemental Information

Return Reference	Explanation
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.

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 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.

990 Schedule A, Supplemental Information	
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		
PARKVIEW HOSPITAL INC	350868085	3	Yes		166,898,664	0
HUNTINGTON MEMORIAL HOSPITAL INC	351970706	3	Yes		8,989,332	0
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	202401676	3	Yes		5,615,736	0
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	352089183	3	Yes		9,192,144	0
PARKVIEW WABASH HOSPITAL INC	471753440	3	Yes		6,929,388	0
WHITLEY MEMORIAL HOSPITAL INC	351967665	3	Yes		11,231,520	0

SCHEDULE C (Form 990 or 990-EZ)	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 2019 Open to Public Inspection
--	--	--

Department of the Treasury
Internal Revenue Service

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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		135,703
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		36,674
j	Total. Add lines 1c through 1i			172,377
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 \$101,578 AND STRATEGIC HEALTH CARE \$34,125. OTHER ACTIVITIES - REPRESENTS THE PORTION OF DUES PAID TO VARIOUS PROFESSIONAL ASSOCIATIONS USED FOR LOBBYING ACTIVITIES.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493071006171

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
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
a Total number of conservation easements	2a 2
b Total acreage restricted by conservation easements	2b 10.00
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 ► \$

9,050

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) 2019

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	18,423,093	44,071,545		62,494,638
b Buildings		280,624,282	109,346,077	171,278,205
c Leasehold improvements		33,191,945	17,860,271	15,331,674
d Equipment		334,648,294	196,386,952	138,261,342
e Other		23,587,298	14,539,187	9,048,111
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				396,413,970

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	123,519,304	C
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENTS IN JVS, MCHA & WRPLX	136,494,067	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	260,013,371	

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	498,293,811
(2) MISCELLANEOUS	1,609,579
(3) BROKER PENDING TRADES	49,793,091
(4) NOTE RECEIVABLE FROM PARK CENTER	2,461,363
(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.) ▶	559,051,344

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	
(2) ACC RETIREMENTS COST	154,492,108
(3) RESERVE FOR SIGNATURE CARE	14,247,453
(4) RESERVE FOR MALPRACTICE	9,058,534
(5) BROKER PENDING TRADES	87,346,634
(6) MISCELLANEOUS	3,010
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	265,147,739

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): 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, 2019 AND 2018, 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 2015 AND PRIOR.</p>

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE TOTAL PAYMENT OF \$85,884 TO PROFESSIONAL FUNDRAISER, GERMAIN & CO, INC., CONSISTED OF \$80,000 FOR GRANT WRITING SERVICES AND \$5,884 FOR REIMBURSEMENT OF TRAVEL EXPENSES. THE TOTAL PAYMENT OF \$44,850 TO PROFESSIONAL FUNDRAISER, SNF WRITING SOLUTIONS, LLC, CONSISTED OF \$44,688 FOR GRANT WRITING SERVICES AND \$162 FOR REIMBURSEMENT OF TRAVEL EXPENSES.
SCHEDULE G, PART I, LINE 2B, COLUMN IV:	GROSS RECEIPTS FROM ACTIVITY: THE GROSS RECEIPTS ASSOCIATED WITH THE ACTIVITIES OF THE PROFESSIONAL FUNDRAISERS ARE NOT READILY ASCERTAINABLE AS THE GRANT WRITING SERVICES WERE RENDERED ON BEHALF OF MULTIPLE PARKVIEW ORGANIZATIONS AND WERE NOT DIRECTLY CONNECTED WITH SPECIFIC FUNDRAISING ACTIVITIES. AS SUCH, NO AMOUNTS HAVE BEEN DISCLOSED IN PART I, LINE 2B, COLUMN IV.

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

2019

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

		Yes	No
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	No
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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)			253,221	0	253,221	0.030 %
b Medicaid (from Worksheet 3, column a)			2,243,733	1,259,021	984,712	0.120 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,645,576	4,092,476	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			6,142,530	5,351,497	1,237,933	0.150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			6,428,932	3,074,524	3,354,408	0.400 %
f Health professions education (from Worksheet 5)			401,105	0	401,105	0.050 %
g Subsidized health services (from Worksheet 6)			660,703	26,661	634,042	0.080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,245,267	0	5,245,267	0.620 %
j Total. Other Benefits			12,736,007	3,101,185	9,634,822	1.150 %
k Total. Add lines 7d and 7j			18,878,537	8,452,682	10,872,755	1.300 %

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			299,855	0	299,855	0.040 %
2 Economic development			181,050	0	181,050	0.020 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			44,500	0	44,500	0.010 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,052,573	0	1,052,573	0.120 %
9 Other						
10 Total			1,577,978		1,577,978	0.190 %

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 13,831,369		
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.	3 180,907		
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 10,869,072
6 Enter Medicare allowable costs of care relating to payments on line 5	6 12,952,011
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -2,082,939
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 1 IMAGING SERVICES HOLDING COMPANY LLC	HOLDING COMPANY	50.000 %		50.000 %
2 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>19</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>HTTPS://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>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>	10	Yes
a		
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		Yes	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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, 20a, 20b, 20c, 20d, 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? 129

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) DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295) FILE THEIR OWN RESPECTIVE FORM 990. PART I, LINE 7A THE 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 7B PARKVIEW 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 7C PARKVIEW 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 7E AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE. PART I, LINE 7F AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS. PART I, LINE 7G COSTS 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 7I IN 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 \$13,831,369 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. PHYSICAL IMPROVEMENTS/HOUSING: THE PARKVIEW FAMILY PARK IS A RECREATIONAL PARK AREA LOCATED ON THE NORTH FORT WAYNE CAMPUS, WHICH IS THE HOME TO THE PARKVIEW REGIONAL MEDICAL CENTER. PARKVIEW HEALTH SYSTEM, INC. MADE 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 TO BUILD 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 PROMOTES SELF-SUFFICIENCY BY HAVING QUALIFIED FAMILIES INVEST IN WHAT THE PROGRAM REFERS TO AS SWEAT EQUITY. THIS INVESTMENT ENTAILS COMPLETING COURSEWORK THAT PREPARES THE FAMILY FOR HOMEOWNERSHIP, VOLUNTEERING WITH OTHER HABITAT BUILDING PROJECTS, AND THEN ASSISTING WITH THE CONSTRUCTION OF THEIR OWN HOME. 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 2030, 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 2030'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE NORTHEAST INDIANA REGION. LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS: PARKVIEW HEALTH SYSTEM, INC. SUPPORTS LEADERSHIP DEVELOPMENT IN THE COMMUNITY IN CONJUNCTION WITH ECONOMIC DEVELOPMENT EFFORTS TO IMPROVE THE QUALITY OF LIFE IN ALLEN COUNTY AND THE REGION. STRONG LEADERS PLAY A KEY ROLE IN BUILDING THRIVING COMMUNITIES. AS THE LARGEST EMPLOYER IN NORTHEAST INDIANA, PARKVIEW HEALTH SYSTEM, INC. SERVES AS A SIGNIFICANT SPONSOR TO PROMOTE ACCESS TO THE GLOBAL LEADERSHIP SUMMIT, A GLOBAL LEADERSHIP CONFERENCE, WHICH PROVIDES TWO DAYS OF TRAINING ON SERVANT LEADERSHIP PRINCIPLES. THIS CONFERENCE INVOLVES MANY OTHER LOCAL EMPLOYERS AND IS OPEN TO THE PUBLIC. 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. 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. ORGANIZED IN PART TO PROMOTE CLINICAL EDUCATION, PARKVIEW HEALTH SYSTEM, INC., PARTNERS WITH NUMEROUS AREA EDUCATIONAL INSTITUTIONS. THESE PARTNERSHIPS FOSTER A VARIETY OF STUDENT LEARNING OPPORTUNITIES IN THE HEALTHCARE FIELD FOR HIGH SCHOOL AND COLLEGE STUDENTS. THE STUDENT SERVICES DEPARTMENT COORDINATES CLINICAL EDUCATIONAL EXPERIENCES BY OFFERING JOB SHADOWING AND INTERNSHIPS. JOB SHADOWING ALLOWS STUDENTS TO OBSERVE A CO-WORKER FOR THE PURPOSE OF GAINING GENERAL KNOWLEDGE ABOUT A SPECIFIC CLINICAL CAREER. THE GOAL OF THE INTERNSHIP PROGRAM IS TO PROVIDE CAREER EXPLORATION WITH A WORKPLACE MENTOR TO BRIDGE THE CONNECTION BETWEEN ACADEMIC LEARNING AND WORK-RELATED EXPERIENCES, PROVIDE AN OPPORTUNITY TO REFINE CAREER CHOICES, AND TO CREATE A SMOOTH TRANSITION INTO POST-SECONDARY EDUCATION OR THE WORLD OF WORK.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER GENERALLY ACCEPTED ACCOUNTING STANDARDS IS REPORTED IN ACCORDANCE WITH ASU 2014-09 AND HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15. TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES ACCOUNTING FOR BAD DEBT EXPENSE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS AT PAGES 13 AND 25 - 29.

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:PAGES 13 AND 25 - 29 OF ATTACHED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>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.</p>

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 THIRTY-SIX (36) 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>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 COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HEALTH SYSTEM, INC. ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF. PARKVIEW HEALTH SYSTEM, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:- HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS- OBSERVATIONS FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKER'S)- REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY OTHER LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.) - PARKVIEW LEADERSHIP'S SERVICE ON HEALTH-RELATED AND SOCIAL SERVICE COMMUNITY BOARDS, COMMITTEES AND TASK FORCES KEY HOSPITAL REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITIES WE SERVE.</p>

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 PARTS OF NORTHWEST OHIO. ACCORDING TO STATS INDIANA, THE TOTAL POPULATION OF THE HEALTH SYSTEM'S 11-COUNTY SERVICE AREA IS APPROXIMATELY 789,735 PEOPLE. PARKVIEW HEALTH SYSTEM, INC. OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES. OF THE SIX COUNTIES IN WHICH PARKVIEW HEALTH SYSTEM, INC. OPERATES HOSPITALS, ALLEN COUNTY IS THE AREA'S ONLY URBAN AREA IN AN OTHERWISE RURAL AREA, AND ROUGHLY MAKES UP 66.8% OF THE AREA POPULATION. EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE SIX COUNTIES WHERE PARKVIEW HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS GROUNDED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, COMMUNITY RESOURCES, ETC. IN ORDER TO BEST IMPROVE POPULATION HEALTH ACROSS THE COMMUNITIES THAT THE HEALTH SYSTEM SERVES, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PRIMARILY PROVIDED TO COMMUNITIES WITHIN EACH OF THE SIX COUNTIES. ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2018), THE MEDIAN PERCENTAGE OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LEVEL IS 9.7% FOR THE SIX-COUNTY AREA (RANGING FROM 7.3% TO 14.3%). THE MEAN HOUSEHOLD INCOME WITHIN THE SIX-COUNTY AREA IS \$55,518 AND RANGES FROM \$50,637 (WABASH) TO \$61,153 (WHITLEY). THE UNEMPLOYMENT RATE RANGES FROM 2.8 PERCENT (LAGRANGE COUNTY) TO 3.1 PERCENT (HUNTINGTON, NOBLE AND WABASH COUNTY) ON AVERAGE DURING 2019, ACCORDING TO STATS INDIANA. THERE IS ONLY ONE OTHER EXTERNAL FOR-PROFIT HEALTH SYSTEM OPERATING THREE HOSPITALS WITHIN THE 6-COUNTY AREA PARKVIEW OPERATES HOSPITALS. 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:- MUA/MUP ID: 00955- DISCIPLINE: PRIMARY CARE- SERVICE AREA NAME: LOW INCOME - SOUTH FORT WAYNE SERVICE AREA - DESIGNATION TYPE: MUP LOW INCOME- INDEX OF MEDICAL UNDERSERVICE SCORE: 59.5- STATUS: DESIGNATED- RURAL STATUS: NON-RURAL HUNTINGTON COUNTY:-MUA/MUP ID: 00985- DISCIPLINE: PRIMARY CARE- SERVICE AREA NAME: SALAMONIE SERVICE AREA- DESIGNATION TYPE: MEDICALLY UNDERSERVED AREA- INDEX OF MEDICAL UNDERSERVICE SCORE: 52.9- STATUS: DESIGNATED- RURAL STATUS: RURAL KOSCIUSKO COUNTY: -MUA/MUP ID: 07874- DISCIPLINE: PRIMARY CARE- SERVICE AREA NAME: LOW INCOME - WARSAW SERVICE AREA- DESIGNATION TYPE: MUP LOW INCOME- INDEX OF MEDICAL UNDERSERVICE SCORE: 57.3- STATUS: DESIGNATED- RURAL STATUS: RURAL WABASH COUNTY:-MUA/MUP ID: 118115511N/- DISCIPLINE: PRIMARY CARE- SERVICE AREA NAME: LI-WABASH COUNTY- DESIGNATION TYPE: MUP LOW INCOME- INDEX OF MEDICAL UNDERSERVICE SCORE: 57.7- STATUS: DESIGNATED- RURAL STATUS: RURAL DATA 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 INDEPENDENT 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 ARE 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 ARE 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 SUBSTANCE USE DISORDER AND MENTAL HEALTH. OTHER TOP COMMUNITY HEALTH PRIORITIES ADOPTED THROUGHOUT THE HEALTH SYSTEM INCLUDE MATERNAL/CHILD HEALTH, OBESITY, AND CARDIOVASCULAR DISEASE AND DIABETES. THROUGH PARKVIEW HEALTH SYSTEM, INC. COMMUNITY HOSPITALS, FUNDING IS ALLOCATED ON AN ANNUAL BASIS TO SUPPORT LOCAL COMMUNITY HEALTH IMPROVEMENT INITIATIVES. COMMITTEE PARTICIPATION AND RESOURCES ARE COMMITTED TO SUPPORTING HEALTH INITIATIVES AND PARTNER ORGANIZATIONS THAT ADDRESS IDENTIFIED HEALTH PRIORITIES SPECIFIC TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES THAT WE SERVE. INITIATIVES TO ADDRESS SUBSTANCE USE DISORDER AND MENTAL HEALTH INCLUDE THE PEER SUPPORT SERVICES FOR OPIOID USE DISORDER; PERINATAL SUBSTANCE USE DISORDER NAVIGATOR PROGRAM; AND THE ZERO SUICIDE PROGRAM.IN ADDITION TO THE WORK ACCOMPLISHED THROUGH THE COMMUNITY HOSPITALS, THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC. PART OF PARKVIEW HEALTH SYSTEM INC., (IN PARTNERSHIP WITH PARKVIEW HOSPITAL, INC. AND LOCAL SCHOOLS) CONTINUES TO COMBAT OBESITY BY PROMOTING HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION. IN SUPPORTING THIS FEAT, A COMMUNITY OUTREACH CERTIFIED ATHLETIC TRAINER (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO ACTIVITIES OF HEALTHY LIVING. THIS INCLUDES INITIATIVES SUCH AS 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.TO REINFORCE THESE EFFORTS, THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC. IS PROUD TO PROVIDE AREA HIGH SCHOOLS, UNIVERSITIES AND SPORTS CLUBS - INCLUDING FORT WAYNE COMMUNITY SCHOOLS - WITH OVER 70 ATHLETIC TRAINERS AT NO COST. OUR CERTIFIED ATHLETIC TRAINERS SERVE OVER 40 SCHOOLS AND CLUBS IN NORTHEAST INDIANA AND NORTHWEST OHIO. THEY WORK AT THE SCHOOLS AND PROVIDE SAFETY ON THE SIDELINES THROUGH PREVENTATIVE SERVICES, INJURY REHABILITATION AND EMERGENCY CARE AT EVERY PRACTICE AND EVERY HOME GAME.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 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</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>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. AS PART OF THE PARKVIEW RESEARCH CENTER, THE HEALTH SERVICES AND INFORMATICS RESEARCH TEAM ENGAGES IN A VARIETY OF COMMUNITY HEALTH RELATED RESEARCH INITIATIVES. THE TEAM IS COMPRISED OF INTERDISCIPLINARY SCIENTISTS, PROJECT MANAGERS AND USER EXPERIENCE SPECIALISTS. THIS TEAM WORKS ON A BROAD ARRAY OF PROJECTS, INCLUDING INVESTIGATOR-INITIATED RESEARCH, PROGRAM EVALUATION, PILOT STUDIES, COMMUNITY SURVEY STUDIES AND USER EXPERIENCE PROJECTS THAT IMPROVE THE USABILITY OF HEALTH CARE TECHNOLOGIES. SOME EXAMPLES OF THEIR PROJECTS INCLUDE YOUTH MENTAL HEALTH, INNOVATIVE PRACTICE MODEL EVALUATION, SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND SUPPORTING PEOPLE LIVING WITH CHRONIC DISEASE. MOST OF THE TEAM'S WORK LEADS TO PEER-REVIEWED PUBLICATIONS IN JOURNALS, PRESENTATIONS AT TOP-TIER SCIENTIFIC CONFERENCES, AND DISSEMINATING INFORMATION TO OUR LOCAL PUBLIC HEALTH AND GOVERNMENT OFFICIALS TO INFLUENCE PUBLIC HEALTH POLICY. 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 PROVIDES ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE. IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE OFFERED, THUS ADDRESSING SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEEDS IN THE COMMUNITY. IN ADDITION TO THE HEALTH SYSTEMS PARTNERSHIPS WITH TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY, PARKVIEW HEALTH SYSTEM, INC. SAW THE NEED TO PULL HIGH SCHOOL STUDENTS, UNIVERSITIES AND HEALTH CARE SYSTEMS TOGETHER TO PROVIDE AN INNOVATIVE LEARNING EXPERIENCE THAT WILL ALLOW TEENS AND YOUNG ADULTS TO FIND OUT WHAT CAREER OPTIONS ARE AVAILABLE IN HEALTHCARE. THE PARKVIEW EDUCATION CENTER (PEC) IS THE RESULT OF AN INNOVATIVE ASSOCIATION BETWEEN PARKVIEW HEALTH, FORT WAYNE COMMUNITY SCHOOLS (FWCS) AND IVY TECH COMMUNITY COLLEGE. PEC OFFERS YOUNG PEOPLE, COLLEGE STUDENTS AND PROFESSIONALS A UNIQUE ENVIRONMENT WHERE THEY CAN LEARN TOGETHER UNDER THE SAME ROOF. PEC IS A STATE-OF-THE-ART FACILITY THAT IS COMPRISED OF PARKVIEW'S TRAINING AND ONBOARDING ACTIVITIES, FWCS CAREER ACADEMY'S HEALTH SCIENCE PROGRAMS AND IVY TECH'S HEALTH SERVICES TRAINING PROGRAMS. FURTHERMORE, PEC PROVIDES BOTH CLASSROOM AND SIMULATED EXPERIENCE OPTIONS FOR STUDENTS AND CURRENT HEALTHCARE PROFESSIONALS. THE CLASSROOMS, LABORATORIES AND COLLABORATIVE SPACES PROVIDE PEOPLE FROM ALL SKILLSETS AND BACKGROUNDS TO GROW TOGETHER, ENABLING HIGH SCHOOL STUDENTS TO DISCOVER POTENTIAL CAREER PATHS, GIVING ADULTS THE CHANCE TO EARN COLLEGE DEGREES AND CERTIFICATIONS, AND EQUIPPING PARKVIEW CO-WORKERS TO ENHANCE THEIR SKILLS. THROUGH THE PEC, WE CAN ENHANCE THE WAY THAT STUDENTS AND HEALTHCARE PROFESSIONALS LEARN AND WORK TOGETHER. EDUCATORS CAN PARTNER ACROSS THE CONSORTIUM, SHARING NOT ONLY SPACE, BUT ALSO RESOURCES, TECHNOLOGY AND BEST PRACTICES. YOUNG ADULTS CAN LITERALLY SEE PICTURES OF THEIR FUTURE AS THEY MEET AND INTERACT WITH EXPERTS IN THEIR FIELDS OF INTEREST. LEARNERS CAN ENCOURAGE EACH OTHER DESPITE THEIR AGE, ACADEMIC ACCOMPLISHMENTS OR EXPERIENCE LEVELS. (NARRATIVE CONTINUED AFTER PART VI, LINE 7)</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.; DEKALB MEMORIAL HOSPITAL, INC. (AFFILIATED OCTOBER 2019); PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC 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 AND 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 ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH 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 SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES WITH A BOARD OF DIRECTORS THAT CONSISTS OF REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL ALWAYS BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE. 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/WELL-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 IMPACT 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, SUPPLEMENTAL INFORMATION, LINE 5, CONT'D	<p>CONTINUED FROM ABOVE: 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.).EVEN THOUGH HEALTHCARE CAREERS ARE THE PRIMARY FOCUS, THE PEC DRAWS IN A VARIETY OF CLASSES, MEETINGS AND ACTIVITIES FOR MULTIPLE CAREERS. INVESTING IN BOTH CURRENT AND FUTURE LEADERS RESULTS IN BETTER OUTCOMES FOR ORGANIZATIONS AND, IN TURN, OUR COMMUNITIES. LEARNING ACTIVITIES OF ALL KINDS WILL ENHANCE THE KNOWLEDGE OF OUR FUTURE LEADERS AND MAKE THEM MORE EFFECTIVE. THE PEC WAS BUILT WITH THE BELIEF THAT ALLOWING SUCH A DIVERSE GROUP OF PEOPLE TO SHARE IDEAS FUELS INNOVATION AND RESULTS IN A MORE COMPREHENSIVE LEARNING EXPERIENCE FOR CURRENT AND ASPIRING HEALTHCARE PROFESSIONALS. BY OFFERING AN INNOVATIVE APPROACH TO EDUCATION, WE'RE HELPING TO ENSURE THAT HEALTHCARE IN OUR REGION WILL THRIVE WELL INTO THE FUTURE.</p>

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						

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: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSUL TED:WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC. AND THE INDIANA PARTNERSH IP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM MADE SURE TO GET THE INPUT FROM PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY, WHILE ALSO FOCUSING ON THE NEEDS OF V ULNERABLE POPULATIONS IN NORTHEAST INDIANA.AS PART OF THE RESEARCH PROCESS, PARKVIEW HEALT H SYSTEM, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA WAS COLLE CTED VIA AN ONLINE SURVEY OF PARKVIEW HEALTH SYSTEM, INC. AND COMMUNITY HEALTHCARE AND SOC IAL SERVICE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.). ADDITIONALLY, THE HEALTH SYSTEM'S CHNA RESEARCH PARTNERS CONDUCTED A TELEPHONE SURVEY, WHICH INCLUDED COMMUN ITY RESIDENTS FROM EACH COUNTY IN THE PARKVIEW HEALTH SERVICE REGION. 2) SECONDARY DATA WA S GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AN D NATIONAL AGENCIES.IN ADDITION TO DATA COLLECTION, PARKVIEW HEALTH SYSTEM, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING ALLEN COUNTY'S HEALTH NEEDS. AS RECOMMENDED BY THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES, A MODIFI ED HANLON METHOD WAS USED TO PRIORITIZE HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMU NITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMME NDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITI ZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPL EX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EX PLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES, THUS ENABLING A TRA NSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE H EALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS. THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES PRESENTED AN OVERVIEW OF TH E REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING THE PARKVIEW HEALTH S YSTEM. IN TOTAL OVER 60 INDIVIDUALS PARTICIPATED IN THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL SERVICE LINES, COMMUNITY HOSPITALS, HEALTHCARE PROVIDERS/PHY SICIANS, THE EXECUTIVE LEADERSHIP TEAM AND THE COMMUNITY HEALTH AND HOSPITAL BOARD OF DIRE CTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIED IN THE CHNA. ULTIMATE LY, THE GROUP VOTED ON SUBSTANCE USE DISORDER/MENTAL HEALTH, AS THE SHARED HEALTH PRIORITY ACROSS THE HEALTH SYSTEM. HOWEVER, GIVEN ITS AREA OF EXPERTISE, PARKVIEW ORTHOPEDIC HOSPI TAL, INC. WILL FOCUS PRIMARILY ON OBESITY RELATED INITIATIVES. EACH AFFILIATE HOSPITAL ALS O HELD COMMUNITY SESSIONS TO S

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	HARE THE CHNA RESULTS, AND TO GATHER FEEDBACK FROM LOCAL NON-PROFIT AND PUBLIC HEALTH ORGA NIZATIONS. SESSIONS INCLUDED OUTLINING THE VISON FOR THE COMMUNITY, POTENTIAL INTERVENTION S, BARRIERS AND OTHER FACTORS RELATED TO THE HEALTH PRIORITIES. ADDITIONALLY, THE TOP HEAL TH PRIORITIES FOR EACH AFFILIATE HOSPITAL WERE PRESENTED TO AND ADOPTED BY THE ENTITY'S RE SPECTIVE HOSPITAL BOARD OF DIRECTORS.

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: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES: 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: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES: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: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICA NT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BE ING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:OBESITY: ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC WILL CON TINUE TO PARTNER WITH PARKVIEW HOSPITAL, INC. IN ITS EFFORTS TO PROMOTE HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION IN NORTHEAST INDIANA AND NORTHWEST OHIO. PARKVIEW SPORTS MEDICINE IS PROUD TO PROVIDE AREA HIGH SCHOOLS, UNIVE RSITIES AND SPORTS CLUBS - INCLUDING FORT WAYNE COMMUNITY SCHOOLS - WITH OVER 70 ATHLETIC TRAINERS AT NO COST. THE COMMUNITY OUTREACH CERTIFIED ATHLETIC TRAINERS (ATC) AND NUTRITIO NIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO ACTIVITIES OF HEALTHY LIVING (E.G . NUTRITION CLASSES FOR OUR CLUB SPORT TEAMS AND INJURY PREVENTION CLASSES AT AREA HIGH SC HOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES). OUR CERTIFIED ATHLETIC TRAINERS SERV E OVER 40 SCHOOLS AND CLUBS IN NORTHEAST INDIANA AND NORTHWEST OHIO. THEY WORK AT THE SCHO OLS AND PROVIDE SAFETY ON THE SIDELINES THROUGH PREVENTIVE SERVICES, INJURY REHABILITATION AND EMERGENCY CARE AT EACH PRACTICE AND ALL HOME GAMES. THIS APPROACH PROMOTES HEALTHY LI FESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE. HEALTH NEEDS IDENTIFIED AND WHY THE HOSPITAL DOES NOT INTEND TO ADDRESS THESE AS PART OF THE IMPLEMENTATION STRATEGY:AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA (AIHS) SERVES OLDER ADULTS, PERSONS WITH DISABILLT IES AND THEIR CAREGIVERS IN NINE COUNTIES IN NORTHEAST INDIANA. THIS NOT-FOR-PROFIT, COMMUN ITY-BASED ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER. AIHS PROVIDES STREAMLINED ACCESS TO INFORMATION, CARE OPT IONS, SHORT-TERM CASE MANAGEMENT AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CA RE SERVICES. THROUGH THE CARE TRANSITIONS PROGRAM, AIHS PARTNERS WITH PARKVIEW HEALTH TO R EDUCE MEDICARE READMISSIONS. IN ADDITION, THE AGENCY SERVES AS THE INITIAL COORDINATOR AND FISCAL AGENT FOR HONORING CHOICES INDIANA, WHICH IS AN INITIATIVE COMMITTED TO PROMOTING AND SUSTAINING ADVANCE CARE PLANNING (ACP) ACROSS THE STATE TO ENSURE INDIVIDUALS' FUTURE HEALTH CARE PREFERENCES ARE DISCUSSED, DOCUMENTED, AND HONORED. THROUGH HONORING CHOICES, PARKVIEW AND AIHS WORK TOGETHER TO TRAIN ACP FACILITATORS, PROMOTE BEST PRACTICE AND INCRE ASE PUBLIC AWARENESS ABOUT THE VALUE OF DISCUSSING HEALTHCARE DECISION MAKING IN ADVANCE O F MEDICAL CRISISCARDIOVASCULAR DISEASE/DIABETES - WHILE WE ARE NOT ADDRESSING CARDIOVASCUL AR DISEASE/DIABETES SPECIFICALLY, WE WILL BE ADDRESSING OBESITY BY PROMOTING HEALTH AND WE LL-BEING. MANY OF OUR OUTREACH INITIATIVES THAT CURRENTLY ADDRESS OR PREVENT OBESITY WILL CONTINUE AND MAY PREVENT OR TREAT CHRONIC DISEASE. IN ADDITION, PARKVIEW HOSPITAL, INC. HA S ADOPTED CARDIOVASCULAR DISEA</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	SE/DIABETES AS ONE OF THEIR HEALTH PRIORITIES. TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TF AC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY, INDIANA, RELATED TO TOBACCO FREE EFFORTS. TF AC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY AT THE STATE LEVEL. THEIR GOALS INCLUDE DECREASING YOUTH AND ADULT TOBACCO USE, INCREASING PROTECTIONS AGAINST SECONDHAND SMOKE, AND BUILDING/MAINTAINING THE LOCAL TOBACCO CONTROL INFRASTRUCTURE. PARKVIEW HOSPITAL, INC. IS ALSO A SOURCE FOR SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO FREE CAMPUS. IN ADDITION, THE PROGRAM NICOTINE FREE FOR BABY AND ME IS USED TO HELP PREGNANT WOMEN STOP SMOKING IS AVAILABLE THROUGH PARKVIEW'S COMMUNITY OUTREACH PROGRAMMING. MATERNAL/CHILD HEALTH - PARKVIEW ORTHO HOSPITAL'S EXPERTISE IS CLEARLY IN THE ORTHOPEDIC FIELD. IN ADDITION, PARKVIEW HOSPITAL IS ADDRESSING MATERNAL/CHILD HEALTH ALONG WITH OTHER COMMUNITY PARTNERS IN ALLEN COUNTY. SUBSTANCE USE DISORDER/MENTAL HEALTH - AGAIN, PARKVIEW ORTHO HOSPITAL'S EXPERTISE IS CLEARLY IN THE ORTHOPEDIC FIELD. IN ADDITION, THE OTHER HOSPITAL ENTITIES OF PARKVIEW HEALTH ALONG WITH VARIOUS COMMUNITY PARTNERS ARE ADDRESSING SUBSTANCE USE DISORDER/MENTAL HEALTH IN NORTHEAST INDIANA.

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
PART V, SECTION B, LINE 3E:	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 468451701	PHYSICIAN OFFICE
3 4 - PARKVIEW PHYSICIANS GROUP 442 WEST HIGH STREET BRYAN, OH 435061681	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 11050 PARKVIEW CIRCLE FORT WAYNE, IN 468451739	PHYSICIAN OFFICE
9 10 - PARKVIEW PHYSICIANS GROUP 1270 E STATE ROAD 205 COLUMBIA CITY, IN 467259492	PHYSICIAN OFFICE
10 11 - PARKVIEW PHYSICIANS GROUP 2003 STULTS ROAD HUNTINGTON, IN 467501291	PHYSICIAN OFFICE
11 12 - PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD FORT WAYNE, IN 468046311	PHYSICIAN OFFICE
12 13 - PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA DR FORT WAYNE, IN 468054638	PHYSICIAN OFFICE
13 14 - PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS ROAD FORT WAYNE, IN 468149182	PHYSICIAN OFFICE
14 15 - PARKVIEW PHYSICIANS GROUP 1234 E DUPONT ROAD FORT WAYNE, IN 468251545	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 8028 CARNEGIE BLVD FORT WAYNE, IN 468045787	PHYSICIAN OFFICE
2 18 - PARKVIEW PHYSICIANS GROUP 11143 PARKVIEW PLAZA DR FORT WAYNE, IN 468451728	PHYSICIAN OFFICE
3 19 - PARKVIEW PHYSICIANS GROUP 2708 GUILFORD STREET HUNTINGTON, IN 467509701	PHYSICIAN OFFICE
4 20 - PARKVIEW PHYSICIANS GROUP 121 WESTFIELD DR ARCHBOLD, OH 435021056	PHYSICIAN OFFICE
5 21 - PARKVIEW PHYSICIANS GROUP 306 E MAUMEE STREET ANGOLA, IN 467032035	PHYSICIAN OFFICE
6 22 - PARKVIEW PHYSICIANS GROUP 2231 CAREW ST FORT WAYNE, IN 468054713	PHYSICIAN OFFICE
7 23 - PARKVIEW PHYSICIANS GROUP 1331 MINNICH ROAD NEW HAVEN, IN 467742051	PHYSICIAN OFFICE
8 24 - PARKVIEW PHYSICIANS GROUP 11055 TWIN CREEKS COVE FORT WAYNE, IN 468452204	PHYSICIAN OFFICE
9 25 - PARKVIEW PHYSICIANS GROUP 5693 YMCA PARK DRIVE WEST FORT WAYNE, IN 468353280	PHYSICIAN OFFICE
10 26 - PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA, IN 467100069	PHYSICIAN OFFICE
11 27 - PARKVIEW PHYSICIANS GROUP 8 JOHN KISSINGER DRIVE WABASH, IN 469921914	PHYSICIAN OFFICE
12 28 - IMAGING SYSTEMS HOLDINGS LLC 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING SERVICES
13 29 - PARKVIEW PHYSICIANS GROUP 1655 N CASS STREET WABASH, IN 469921916	PHYSICIAN OFFICE
14 30 - PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY FORT WAYNE, IN 46804	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 ORTHO PERFORMANCE CTR LLC 11130 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	PHYSICAL THERAPY SERVICES
2 33 - PARKVIEW PHYSICIANS GROUP 885 CONNEXION WAY COL CITY, IN 467251044	PHYSICIAN OFFICE
3 34 - PARKVIEW PHYSICIANS GROUP 326 SAWYER ROAD KENDALLVILLE, IN 467552573	PHYSICIAN OFFICE
4 35 - PARKVIEW PHYSICIANS GROUP 5110 N CLINTON FORT WAYNE, IN 468255735	PHYSICIAN OFFICE
5 36 - PARKVIEW PHYSICIANS GROUP 207 N TOWNLINE ROAD LAGRANGE, IN 467611325	PHYSICIAN OFFICE
6 37 - PARKVIEW PHYSICIANS GROUP 512 NORTH PROFESSIONAL WAY KENDALLVILLE, IN 467552927	PHYSICIAN OFFICE
7 38 - PARKVIEW ORTHO PERFORMANCE CTR LLC 3946 ICE WAY FORT WAYNE, IN 46805	PHYSICAL THERAPY SERVICES
8 39 - PARKVIEW PHYSICIANS GROUP 1104 N WAYNE STREET NORTH MANCHESTER, IN 469621001	PHYSICIAN OFFICE
9 40 - PARKVIEW PHYSICIANS GROUP 725 S SHOOP AVE WAUSEON, OH 435671702	PHYSICIAN OFFICE
10 41 - PARKVIEW PHYSICIANS GROUP 4402 E STATE BLVD FORT WAYNE, IN 468156917	PHYSICIAN OFFICE
11 42 - PARKVIEW PHYSICIANS GROUP 3946 ICE WAY FORT WAYNE, IN 468051018	PHYSICIAN OFFICE
12 43 - PARKVIEW PHYSICIANS GROUP 10620 CORPORATE DRIVE FORT WAYNE, IN 468451711	PHYSICIAN OFFICE
13 44 - PARKVIEW ORTHO PERFORMANCE CTR LLC 10515 ILLINOIS RD FORT WAYNE, IN 46814	PHYSICAL THERAPY SERVICES
14 45 - PARKVIEW ORTHO PERFORMANCE CTR LLC 5050 N CLINTON ST FORT WAYNE, IN 46825	PHYSICAL THERAPY SERVICES

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 1310 E SEVENTH STREET AUBURN, IN 467062518	PHYSICIAN OFFICE
1 47 - PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	PHYSICIAN OFFICE
2 48 - PARKVIEW PHYSICIANS GROUP 13430 MAIN STREET GRABILL, IN 467412001	PHYSICIAN OFFICE
3 49 - PARKVIEW PHYSICIANS GROUP 495 S SHOOP AVE WAUSEON, OH 435671719	PHYSICIAN OFFICE
4 50 - PARKVIEW PHYSICIANS GROUP 401 N SAWYER RD KENDALLVILLE, IN 467552568	PHYSICIAN OFFICE
5 51 - PARKVIEW PHYSICIANS GROUP 4084 NORTH US HIGHWAY 33 CHURUBUSCO, IN 467239563	PHYSICIAN OFFICE
6 52 - PARKVIEW ORTHO PERFORMANCE CTR LLC 5680 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	PHYSICAL THERAPY SERVICES
7 53 - PARKVIEW PHYSICIANS GROUP 3828 NEW VISION DR FORT WAYNE, IN 468451708	PHYSICIAN OFFICE
8 54 - PARKVIEW PHYSICIANS GROUP 8175 W US 20 SHIPSHEWANA, IN 46565	PHYSICIAN OFFICE
9 55 - PARKVIEW PHYSICIANS GROUP 620 W NORTH STREET COLUMBIA CITY, IN 467251214	PHYSICIAN OFFICE
10 56 - PARKVIEW PHYSICIANS GROUP 2600 N DETROIT STREET LAGRANGE, IN 467611154	PHYSICIAN OFFICE
11 57 - PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER, IN 467679601	PHYSICIAN OFFICE
12 58 - PARKVIEW PHYSICIANS GROUP 2814 THEATER AVE HUNTINGTON, IN 467507978	PHYSICIAN OFFICE
13 59 - PARKVIEW PHYSICIANS GROUP 1515 HOBSON ROAD FORT WAYNE, IN 468054802	PHYSICIAN OFFICE
14 60 - PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE ROAD ALBION, IN 467011534	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 3816 NEW VISION DRIVE FORT WAYNE, IN 468451708	PHYSICIAN OFFICE
1 62 - PARKVIEW PHYSICIANS GROUP 6130 TRIER ROAD FORT WAYNE, IN 468155378	PHYSICIAN OFFICE
2 63 - PARKVIEW PHYSICIANS GROUP 577 GEIGER DRIVE ROANOKE, IN 467838877	PHYSICIAN OFFICE
3 64 - PARKVIEW PHYSICIANS GROUP 3898 NEW VISION DR FORT WAYNE, IN 468451718	PHYSICIAN OFFICE
4 65 - PARKVIEW ORTHO CENTER LLC 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	SURGERY CENTER
5 66 - PARKVIEW PHYSICIANS GROUP 140 FOX ROAD STE 402 VAN WERT, OH 458913406	PHYSICIAN OFFICE
6 67 - PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST ROAD FORT WAYNE, IN 468352524	PHYSICIAN OFFICE
7 68 - PARKVIEW PHYSICIANS GROUP 208 N COLUMBUS ST HICKSVILLE, OH 435261250	PHYSICIAN OFFICE
8 69 - PARKVIEW PHYSICIANS GROUP 4665 STATE ROAD 5 SOUTH WHITLEY, IN 467879101	PHYSICIAN OFFICE
9 70 - PARKVIEW PHYSICIANS GROUP 410 SAWYER ROAD KENDALLVILLE, IN 467552573	PHYSICIAN OFFICE
10 71 - PARKVIEW PHYSICIANS GROUP 7030 POINTE INVERNESS WAY FORT WAYNE, IN 468049298	PHYSICIAN OFFICE
11 72 - PARKVIEW ORTHO PERFORMANCE CTR LLC 12124 LIMA RD FORT WAYNE, IN 46818	PHYSICAL THERAPY SERVICES
12 73 - PARKVIEW PHYSICIANS GROUP 12124 LIMA RD FORT WAYNE, IN 468189508	PHYSICIAN OFFICE
13 74 - PARKVIEW PHYSICIANS GROUP 420 N SAWYER RD KENDALLVILLE, IN 467552572	PHYSICIAN OFFICE
14 75 - 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)
76 76 - PARKVIEW PHYSICIANS GROUP 2500 EAST BELLEFONTAINE ROAD HAMILTON, IN 467429352	PHYSICIAN OFFICE
1 77 - PARKVIEW PHYSICIANS GROUP 5 MATCHETTE DRIVE PIERCETON, IN 465629073	PHYSICIAN OFFICE
2 78 - PARKVIEW ORTHO PERFORMANCE CTR LLC 838 HARRISON ST FORT WAYNE, IN 46802	PHYSICAL THERAPY SERVICES
3 79 - PARKVIEW PHYSICIANS GROUP 10012 AUBURN PARK DR FORT WAYNE, IN 46825	PHYSICIAN OFFICE
4 80 - PARKVIEW ORTHO PERFORMANCE CTR LLC 200 INTERTECH PARKWAY ANGOLA, IN 46703	PHYSICAL THERAPY SERVICES
5 81 - PARKVIEW PHYSICIANS GROUP 200 INTERTECH PARKWAY ANGOLA, IN 467037346	PHYSICIAN OFFICE
6 82 - PARKVIEW PHYSICIANS GROUP 1517 CATALPA ST FORT WAYNE, IN 46802	PHYSICIAN OFFICE
7 83 - PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA ROAD HUNTERTOWN, IN 46748	PHYSICIAN OFFICE
8 84 - PARKVIEW PHYSICIANS GROUP 2812 THEATER AVE HUNTINGTON, IN 46750	PHYSICIAN OFFICE
9 85 - PARKVIEW PHYSICIANS GROUP 1007 W RUDISILL BLVD FORT WAYNE, IN 468072170	PHYSICIAN OFFICE
10 86 - PARKVIEW PHYSICIANS GROUP 1260 E STATE ROAD 205 COLUMBIA CITY, IN 467259492	PHYSICIAN OFFICE
11 87 - PARKVIEW PHYSICIANS GROUP 3905 CARROLL RD FORT WAYNE, IN 468189528	PHYSICIAN OFFICE
12 88 - PARKVIEW PHYSICIANS GROUP 470 BENNETT DRIVE WARREN, IN 467929272	PHYSICIAN OFFICE
13 89 - PARKVIEW PHYSICIANS GROUP 412 SAWYER ROAD KENDALLVILLE, IN 467552572	PHYSICIAN OFFICE
14 90 - FOUNDATION SURGERY AFF OF FT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804	SURGERY CENTER

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 213 FAIRVIEW BLVD KENDALLVILLE, IN 467552988	PHYSICIAN OFFICE
1 92 - PARKVIEW PHYSICIANS GROUP 112 S MAIN ST MILFORD, IN 46542	PHYSICIAN OFFICE
2 93 - PARKVIEW PHYSICIANS GROUP 2701 SPRING ST FORT WAYNE, IN 468083939	PHYSICIAN OFFICE
3 94 - NORTHEAST INDIANA CANCER CTR LLC 516 E MAUMEE STREET ANGOLA, IN 46703	PHYSICIAN OFFICE
4 95 - PARKVIEW PHYSICIANS GROUP 1129 FIRST STREET HUNTINGTON, IN 467502313	PHYSICIAN OFFICE
5 96 - PARKVIEW PHYSICIANS GROUP 8004 CARNEGIE BLVD FORT WAYNE, IN 468045785	PHYSICIAN OFFICE
6 97 - PARKVIEW PHYSICIANS GROUP 10 JOHN KISSINGER DRIVE WABASH, IN 469921914	PHYSICIAN OFFICE
7 98 - PARKVIEW PHYSICIANS GROUP 9742 US 127 SHERWOOD, OH 435569739	PHYSICIAN OFFICE
8 99 - PARKVIEW PHYSICIANS GROUP 344 N MAIN STREET COLUMBIA CITY, IN 467251745	PHYSICIAN OFFICE
9 100 - PARKVIEW PHYSICIANS GROUP 1316 E SEVENTH STREET AUBURN, IN 467062523	PHYSICIAN OFFICE
10 101 - PARKVIEW PHYSICIANS GROUP 1095 W RUDISILL BLVD FORT WAYNE, IN 468072162	PHYSICIAN OFFICE
11 102 - PARKVIEW PHYSICIANS GROUP 2930 LAKE AVENUE FORT WAYNE, IN 468055416	PHYSICIAN OFFICE
12 103 - PARKVIEW PHYSICIANS GROUP 1600 E WASHINGTON BLVD FORT WAYNE, IN 468031228	PHYSICIAN OFFICE
13 104 - PARKVIEW PHYSICIANS GROUP 1 UNIVERSITY AVE ANGOLA, IN 467031764	PHYSICIAN OFFICE
14 105 - PARKVIEW PHYSICIANS GROUP 1516 LEESBURG RD FORT WAYNE, IN 46808	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 2303 COLLEGE AVE HUNTINGTON, IN 467501237	PHYSICIAN OFFICE
1 107 - PARKVIEW PHYSICIANS GROUP 1050 PRODUCTION RD FORT WAYNE, IN 46808	PHYSICIAN OFFICE
2 108 - PARKVIEW PHYSICIANS GROUP 604 E COLLEGE AVE NORTH MANCHESTER, IN 469621276	PHYSICIAN OFFICE
3 109 - PARKVIEW PHYSICIANS GROUP 710 N EAST STREET WABASH, IN 469921914	PHYSICIAN OFFICE
4 110 - PARKVIEW PHYSICIANS GROUP 11725 LINCOLN HWY E NEW HAVEN, IN 46774	PHYSICIAN OFFICE
5 111 - PARKVIEW PHYSICIANS GROUP 2414 E STATE BLVD SUITE 101 FORT WAYNE, IN 468054760	PHYSICIAN OFFICE
6 112 - PARKVIEW PHYSICIANS GROUP 5104 N CLINTON FORT WAYNE, IN 468255720	PHYSICIAN OFFICE
7 113 - PARKVIEW PHYSICIANS GROUP 1381 N WAYNE ST ANGOLA, IN 467032348	PHYSICIAN OFFICE
8 114 - PARKVIEW PHYSICIANS GROUP 1035 WEST WAYNE ST PAULDING, OH 458791544	PHYSICIAN OFFICE
9 115 - PARKVIEW PHYSICIANS GROUP 11115 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 468451701	PHYSICIAN OFFICE
10 116 - PARKVIEW PHYSICIANS GROUP 1025 MANCHESTER AVE WABASH, IN 469921425	PHYSICIAN OFFICE
11 117 - PARKVIEW PHYSICIANS GROUP 1306 E 7TH ST STE A AUBURN, IN 467062537	PHYSICIAN OFFICE
12 118 - PARKVIEW PHYSICIANS GROUP 410 E MITCHELL ST KENDALLVILLE, IN 467551890	PHYSICIAN OFFICE
13 119 - PARKVIEW PHYSICIANS GROUP 1314 E SEVENTH STREET AUBURN, IN 467062535	PHYSICIAN OFFICE
14 120 - PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA, IN 467039313	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)
121 121 - PARKVIEW PHYSICIANS GROUP 1720 BEACON STREET FORT WAYNE, IN 468054749	PHYSICIAN OFFICE
1 122 - PARKVIEW PHYSICIANS GROUP 1900 CAREW STREET SUITE 3A FORT WAYNE, IN 468054765	PHYSICIAN OFFICE
2 123 - PARKVIEW PHYSICIANS GROUP 203 EAST DOUGLAS AVE FORT WAYNE, IN 468023534	PHYSICIAN OFFICE
3 124 - PARKVIEW PHYSICIANS GROUP 2710 LAKE AVENUE FORT WAYNE, IN 468055412	PHYSICIAN OFFICE
4 125 - PARKVIEW PHYSICIANS GROUP 324 W VINE STREET EDGERTON, OH 435179600	PHYSICIAN OFFICE
5 126 - PARKVIEW PHYSICIANS GROUP 3974 NEW VISION DRIVE FORT WAYNE, IN 468451712	PHYSICIAN OFFICE
6 127 - PARKVIEW PHYSICIANS GROUP 400 ASH STREET WABASH, IN 469921954	PHYSICIAN OFFICE
7 128 - PARKVIEW PHYSICIANS GROUP 4666 W JEFFERSON BLVD FORT WAYNE, IN 468046892	PHYSICIAN OFFICE
8 129 - 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)

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

2019

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 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 107

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
THE HONEYWELL FOUNDATION INC 275 WEST MARKET STREET WABASH, IN 46992	35-0390706	501(C)(3)	1,040,000				CAPITAL CAMPAIGN & EDUCATIONAL OUTREACH FUND
UNIVERSITY OF SAINT FRANCIS OF FORT WAYNE INDIANA INC 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501(C)(3)	597,272				CAPITAL CAMPAIGN & 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
YMCA OF DEKALB COUNTY 533 NORTH STREET AUBURN, IN 46706	35-0868958	501(C)(3)	555,000				CAPITAL CAMPAIGN & PROGRAMS FOSTERING YOUTH DEVELOPMENT & HEALTHY LIVING
MANCHESTER UNIVERSITY INC 604 E COLLEGE AVENUE NORTH MANCHESTER, IN 46962	35-0868127	501(C)(3)	509,000				EQUIPMENT NEEDS FOR BACCALAUREATE NURSING SKILL LABORATORY

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
INDIANA INSTITUTE OF TECHNOLOGY INC 1600 E WASHINGTON BLVD FORT WAYNE, IN 46803	35-0845258	501(C)(3)	500,000				SUPPORT FOR ADDITION OF THE CENTER FOR HEALTH SCIENCES & NURSING - EXPANSION & RENOVATION OF THE ZOLLNER ENGINEERING CENTER
COVENANT COMMUNITY DEVELOPMENT CORPORATION 3420 E PAULDING RD FORT WAYNE, IN 46816	47-4667808	501(C)(3)	350,000				IMPACT CENTER BUILDING 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
AMANI FAMILY SERVICES INC 2456 LAKE AVENUE FORT WAYNE, IN 46805	41-2205791	501(C)(3)	5,000	269,438	NBV	LAND AND BUILDING AT 5104 N CLINTON STREET, FORT WAYNE, IN 46825	PROGRAMS TO ASSIST IMMIGRANT AND REFUGEE FAMILIES AND THE COMMUNITY TO PROMOTE SAFETY, ENCOURAGE PERSONAL GROWTH, AND FOSTER A SPIRIT OF BELONGING
CITY OF FORT WAYNE REDEVELOPMENT COMMISSION ONE EAST MAIN STREET FORT WAYNE, IN 46802		GOVT ORG	210,000				CAPITAL MAINTENANCE & IMPROVEMENT FUND FOR PARKVIEW FIELD & SUPPORT FOR VARIOUS CITY EVENTS

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
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVENUE FORT WAYNE, IN 46807	35-1778767	501(C)(3)	152,400				CAPITAL CAMPAIGN & AFTER-SCHOOL AND SUMMER PROGRAMS THAT PROVIDE POSITIVE, EDUCATIONAL EXPERIENCES FOR LOW-INCOME CHILDREN
EMERGENCY MEDICINE EDUCATIONAL FOUNDATION OF NORTHEAST 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
FORT WAYNE PHILHARMONIC ORCHESTRA INC 4901 FULLER DRIVE FORT WAYNE, IN 46835	35-0791163	501(C)(3)	110,000				PROGRAMS TO INSPIRE AND FOSTER A LOVE OF CLASSICAL MUSIC
IHA HOSPITAL ASSISTANCE FOUNDATION INC 1 AMERICAN SQUARE SUITE 1900 INDIANAPOLIS, IN 46282	45-5573749	501(C)(3)	103,574				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
ASSOCIATED CHURCHES OF FORT WAYNE IND INC 602 E WAYNE STREET FORT WAYNE, IN 46802	35-0905944	501(C)(3)	100,000				PROGRAMS TO CONNECT LOCAL CHURCHES WITH THE GREATEST NEED IN THE COMMUNITY
ECKHART LIBRARY FOUNDATION INC 130 E SEVENTH STREET AUBURN, IN 46706	82-4858476	501(C)(3)	100,000				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
ELEVATE VENTURES INC 50 E 91ST STREET STE 213 INDIANAPOLIS, IN 46240	27-4118692	501(C)(3)	100,000				COMMUNITY PARTNERSHIP PLEDGE - ELEVATE VENTURES & NORTHEAST INDIANA PARTNERSHIP
ARTS UNITED OF GREATER FORT WAYNE INC 300 EAST MAIN STREET FORT WAYNE, IN 46802	35-0992067	501(C)(3)	98,333				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
FORT WAYNE COMMUNITY SCHOOLS 1200 S CLINTON STREET FORT WAYNE, IN 46802		GOVT ORG	78,750				MUSIC PROGRAMS
UNITY PERFORMING ARTS FOUNDATION INC PO BOX 10394 FORT WAYNE, IN 46852	35-2110907	501(C)(3)	75,000				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
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST INDIANA 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	35-1950376	501(C)(3)	62,800				CAPITAL CAMPAIGN, PEDIATRIC RESEARCH & PROGRAMS PROVIDING SUPPORT FOR ALL PEDIATRIC FAMILIES
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

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
FELLOWSHIP OF CHRISTIAN ATHLETES 578 GEIGER DR STE A1 ROANOKE, IN 46783	44-0610626	501(C)(3)	50,000				SUPPORT OF MINISTRY FOR COACHES AND ATHLETES BASED ON CHRISTIAN PRINCIPLES
TROY CENTER SCHOOL 709 W BUSINESS 30 COLUMBIA CITY, IN 46725	46-0634748	501(C)(3)	50,000				SCHOOL 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
YOUTH FOR CHRIST OF NORTHERN INDIANA INC 3427 OAKBROOK PKWY FORT WAYNE, IN 46825	35-1051837	501(C)(3)	41,500				EDUCATION PROGRAMS WITH A CHRISTIAN RELIGIOUS VALUES TO CHILDREN RANGING IN AGE FROM MIDDLE-SCHOOL TO HIGH SCHOOL TEENS
FORT WAYNE CLUB HOUSE INC DBA THE CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE, IN 46805	35-2026647	501(C)(3)	40,900				JOB AND LIFE SKILLS PROGRAM 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
ALWAYS 100 INC 3946 ICE WAY FORT WAYNE, IN 46805	45-3586802	501(C)(3)	40,000				SPORTS AND ATHLETIC TRAINING PROGRAMS
GLOBAL LEADERSHIP SUMMIT AND BEYOND 7400 EAST STATE BLVD FORT WAYNE, IN 46815	47-2474572	501(C)(3)	40,000				LEADERSHIP TRAINING FOR COMMUNITY MEMBERS

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)	32,900				HEALTHCARE SCHOLARSHIPS
FORT WAYNE AIR SHOW INC 111 E WAYNE STREET FORT WAYNE, IN 46804	45-4229251	501(C)(3)	31,726				SUPPORT FORT WAYNE AIR SHOW AND FORT WAYNE AIR NATIONAL GUARD

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)	30,850				PROGRAMS TO PROVIDE SHELTER FOR THE HOMELESS, FOOD FOR THE HUNGRY AND HOPE FOR THEIR FUTURE
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

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
IVY TECH FOUNDATION INC 50 WEST FALL CREEK PARKWAY NORTH DRIVE INDIANAPOLIS, IN 46208	23-7073977	501(C)(3)	30,000				SCHOLARSHIP PROGRAMS
WOLF LAKE FREE HEALTH CLINIC INC PO BOX 323 COLUMBIA CITY, IN 46725	35-2355801	501(C)(3)	25,000				HEALTHCARE 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
BLACKHAWK CHRISTIAN SCHOOL 7400 EAST STATE BLVD FORT WAYNE, IN 46815	35-1285808	501(C)(3)	23,750				SUPPORT TO PROVIDE QUALITY CHRISTIAN EDUCATION
BLESSINGS IN A BACKPACK INC 111 EAST WAYNE STREET STE 555 FORT WAYNE, IN 46802	26-2627847	501(C)(3)	21,500				FOOD DISTRIBUTION PROGRAM 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
CITY OF BRYAN 1399 E HIGH STREET BRYAN, OH 43516		GOVT ORG	21,482				SUPPORT FOR AED'S THROUGHOUT THE PARKS
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET FORT WAYNE, IN 46802	35-0886850	501(C)(3)	20,650				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
MARCH OF DIMES INC 303 STABLE DRIVE FORT WAYNE, IN 46825	13-1846366	501(C)(3)	20,025				RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY
EASTER SEALS OF NORTHEAST INDIANA INC 4919 COLDWATER RD FORT WAYNE, IN 46825	35-0869058	501(C)(3)	20,000				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
STEUBEN COUNTY COMMUNITY FOUNDATION 1701 N WAYNE STREET ANGOLA, IN 46703	35-1857065	501(C)(3)	20,000				COMMUNITY PROGRAMS
WABASH COUNTY YMCA INC 500 S CASS STREET WABASH, IN 46992	35-0733765	501(C)(3)	19,008				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
JUNIOR ACHIEVEMENT NORTHERN INDIANA 601 NOBLE DRIVE FORT WAYNE, IN 46825	35-0922731	501(C)(3)	18,550				EXPERIENTIAL-BASED LIFE SKILL PROGRAMS FOR CHILDREN
ERIN'S HOUSE 5670 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	35-1884264	501(C)(3)	17,500				PROGRAMS SUPPORTING CHILDREN WHO HAVE SUFFERED THE DEATH OF A LOVED ONE

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
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
FORT WAYNE CIVIC THEATRE INC 303 E MAIN STREET FORT WAYNE, IN 46802	35-6001476	501(C)(3)	16,500				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
ST VINCENT DE PAUL CHURCH 1502 EAST WALLEN ROAD FORT WAYNE, IN 46825	35-1003124	501(C)(3)	16,337				MISSION TRIPS
FORT WAYNE MEDICAL SOCIETY FOUNDATION INC 709 CLAY STREET SUITE 101 FORT WAYNE, IN 46802	35-6049685	501(C)(3)	15,500				SPONSORSHIP OF COMMUNITY EVENT PROVIDING MOTHERS-TO-BE WITH EDUCATION, SUPPORT, AND TOOLS TOWARD A HEALTHY PREGNANCY AND DELIVERY

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 RESEARCH FOUNDATION 2101 E COLISEUM BLVD KETTLER 139 FORT WAYNE, IN 46805	35-1052049	501(C)(3)	15,422				SCHOLARSHIP PROGRAMS
BRAINS FOR HOPE FOUNDATION INC 7726 INVERNESS LAKES DRIVE FORT WAYNE, IN 46804	81-4456605	501(C)(3)	15,000				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
BRYAN BOOSTERS INC PO BOX 224 BRYAN, OH 43506	34-1419275	501(C)(3)	15,000				CAPITAL CAMPAIGN FOR NEW TENNIS COURTS
CURRICULUM OPPORTUNITIES AND RESOURCES FOR EDUCATORS INC 839 NORTHCREST SHOPPING CENTER FORT WAYNE, IN 46805	30-0526171	501(C)(3)	15,000				OPERATING EXPENSES, UNIFORMS, BADGES ETC.

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 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
IMANI BAPTIST TEMPLE 2920 INDIANA AVE FORT WAYNE, IN 46807	13-5563018	501(C)(3)	15,000				MARTIN LUTHER KING COMMEMORATIVE EVENT

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
LEUKEMIA AND LYMPHOMA SOCIETY INC PO BOX 80365 FORT WAYNE, IN 46898	13-5644916	501(C)(3)	13,500				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
LEAGUE FOR THE BLIND AND DISABLED INC 5821 S ANTHONY BLVD FORT WAYNE, IN 46816	35-0876341	501(C)(3)	13,000				PROGRAMS THAT ASSIST THOSE WITH DISABILITIES
GIGIS PLAYHOUSE 2350 W HIGGINS ROAD HOFFMAN ESTATES, IL 60169	20-0058563	501(C)(3)	12,500				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
EARLY CHILDHOOD ALLIANCE INC 3800 NORTH ANTHONY FORT WAYNE, IN 46805	35-0953465	501(C)(3)	12,400				PROGRAMS TO IMPROVE THE EDUCATIONAL, HEALTH & EMOTIONAL WELL-BEING OF YOUNG CHILDREN
FORT WAYNE MUSEUM OF ART 311 EAST MAIN STREET FORT WAYNE, IN 46802	35-0953440	501(C)(3)	11,000				PROGRAMS TO COLLECT, PRESERVE AND PRESENT ART THROUGHOUT THE REGION

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
CANTERBURY SCHOOL INC 5601 COVINGTON RD FORT WAYNE, IN 46804	35-1410931	501(C)(3)	10,500				EDUCATIONAL PROGRAMS
SCAN INC 500 W MAIN STREET FORT WAYNE, IN 46802	31-0899309	501(C)(3)	10,250				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
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
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000				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
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC 555 E WAYNE STREET FORT WAYNE, IN 46802	35-1119450	501(C)(3)	10,000				SUPPORT THE WORK OF THE FIRST WOMEN'S AND GIRL'S STUDY IN GREATER FORT WAYNE
COMMUNITY TRANSPORTATION NETWORK INC 5601 INDUSTRIAL ROAD FORT WAYNE, IN 46825	35-2109955	501(C)(3)	10,000				MEDICAL TRANSPORTATION PROGRAM FOR THE UNDERSERVED

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
COURAGEOUS HEALING INC 10974 BARRYMORE RUN ROANOKE, IN 46783	83-3333360	501(C)(3)	10,000				MINORITY MENTAL HEALTH AND CULTURALLY-SENSITIVE PROGRAMS
CROSSWINDS INC 4150 ILLINOIS RD FORT WAYNE, IN 46804	45-4222417	501(C)(3)	10,000				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
DESTINY RESCUE USA INC PO BOX 752 NORTH WEBSTER, IN 46555	26-2467690	501(C)(3)	10,000				RESCUING CHILDREN FROM SEXUAL EXPLOITATION
EAST ALLEN COUNTY SCHOOLS EDUCATIONAL FOUNDATION INC 1240 SR 930 E NEW HAVEN, IN 46774	37-1487238	501(C)(3)	10,000				SCHOOL 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
EMBASSY THEATRE FOUNDATION INC 125 W JEFFERSON BLVD FORT WAYNE, IN 46802	23-7355731	501(C)(3)	10,000				PROGRAMS PROVIDING WIDE RANGE OF ARTS AND ENTERTAINMENT
FORT WAYNE CHILDRENS CHOIR INC 2101 E COLISEUM BLVD FORT WAYNE, IN 46805	35-1638989	501(C)(3)	10,000				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
FORT WAYNE COMMISSION FOR AFRICAN AMERICAN MALES INC PO BOX 10831 FORT WAYNE, IN 46853	47-3146908	501(C)(3)	10,000				SPONSORSHIP FOR SUMMER COMMUNITY CELEBRATION FOR THE SOCIAL STATUS OF BLACK MEN
HISPANIC LEADERSHIP COALITION OF NORTHEAST INDIANA INC 235 W CREIGHTON AVENUE FORT WAYNE, IN 46807	20-4336796	501(C)(3)	10,000				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
KATE'S KART 10376 LEO ROAD STE A FORT WAYNE, IN 46845	26-2615368	501(C)(3)	10,000				DISTRIBUTION OF BOOKS TO HOSPITALIZED CHILDREN
LATINOS COUNT INC 428 W SHERWOOD TERRACE FORT WAYNE, IN 46807	46-1151642	501(C)(3)	10,000				SCHOLARSHIP 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
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA INC 6201 CORPORATE DRIVE STE 100 INDIANAPOLIS, IN 46278	34-1471131	501(C)(3)	10,000				SUPPORT MAKING AN IMPACT IN THE LIFE OF A CRITICALLY ILL LOCAL CHILD
MOTHER TO MOTHER INC 7217 CHADWICK DR FORT WAYNE, IN 46816	82-0781459	501(C)(3)	10,000				FAMILY GRIEF CONFERENCE

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
NORTHEAST INDIANA FOUNDATION INC 200 E MAIN STR STE 910 FORT WAYNE, IN 46802	59-3812438	501(C)(3)	10,000				INDIANA EARLY LEARNING SUMMIT SPONSORSHIP
NORTHEAST INDIANA INNOVATION CENTER 3201 STELLHORN RD FORT WAYNE, IN 46815	35-2097779	501(C)(3)	10,000				EVENT SPONSOR OF THE 2019 IDEAS AT WORK EVENT

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
NORTHEAST INDIANA CHRISTIAN ACTION COUNCIL EDUCATION & CHARITABLE FUND 3630 HOBSON ROAD FORT WAYNE, IN 46815	31-1113254	501(C)(3)	10,000				PREGNANCY TESTING, SERVICES AND EDUCATION FOR EXPECTANT AND NEW MOTHERS
OUT OF A JAM INC 3506 STELLHORN ROAD FORT WAYNE, IN 46815	81-2862936	501(C)(3)	10,000				100+ WOMEN WHO CARE 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
PAULS PLACE SUPPORT FOR FAMILIES INC PO BOX 12305 FORT WAYNE, IN 46863	81-0997964	501(C)(3)	10,000				100+ WOMEN WHO CARE PROGRAM
THE ROSE HOME INC 2208 WAYNE TRACE FORT WAYNE, IN 46803	26-0833406	501(C)(3)	10,000				100+ WOMEN WHO CARE 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
STEUBEN COUNTY UNITED WAY INC 317 S WAYNE STREET STE 3D ANGOLA, IN 46703	23-7168857	501(C)(3)	10,000				PROGRAMS TO IMPROVE EDUCATION AND CUT THE NUMBER OF HIGH SCHOOL DROPOUTS
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABILITIES INC 3320 NORTH CLINTON ST FORT WAYNE, IN 46805	35-0913541	501(C)(3)	10,000				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
WOMENS CARE CENTER FOUNDATION INC 360 N NOTRE DAME AVE SOUTH BEND, IN 46617	38-3651599	501(C)(3)	10,000				PROVIDE SUPPORT & RAISE AWARENESS OF EXPECTANT AND NEW MOTHERS IN NEED OF ASSISTANCE
YWCA OF NORTHEAST INDIANA INC 5920 DECATUR RD FORT WAYNE, IN 46816	35-0868220	501(C)(3)	10,000				DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAMS AND SERVICES FOR SURVIVORS

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
NORTHWEST ALLEN COUNTY SCHOOLS 13119 COLDWATER ROAD FORT WAYNE, IN 46845		GOVT ORG	8,000				STUDENT SCHOLARSHIPS AND STAFF PROFESSIONAL DEVELOPMENT
FORGOTTEN CHILDREN WORLDWIDE 650 N MAIN ST BLUFFTON, IN 46714	26-0609769	501(C)(3)	7,500				SAFEGUARDS ORPHANS AND VULNERABLE CHILDREN FROM POVERTY, ABANDONMENT, AND THE EVILS OF HUMAN TRAFFICKING

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
SANGAM CHARITABLE FOUNDATION INC 10214 CHESTNUT PLAZA DRIVE 121 FORT WAYNE, IN 46814	31-1120273	501(C)(3)	7,500				SHRUTI INDIAN PERFORMANCE SERIES
THE LUTHERAN HEALTH FOUNDATION OF NORTHEAST INDIANA INC 3024 FAIRFIELD AVE FORT WAYNE, IN 46807	35-0886840	501(C)(3)	7,500				ADVANCING MENTAL HEALTH MINISTRY

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
SCIENCE CENTRAL INC 1950 N CLINTON FORT WAYNE, IN 46805	31-1032583	501(C)(3)	7,320				HANDS-ON SCIENCE EDUCATION RESOURCE PROGRAMS
ANTHONY WAYNE AREA COUNCIL INC 8315 W JEFFERSON BLVD FORT WAYNE, IN 46804	35-0876343	501(C)(3)	7,000				PROGRAM SPONSORSHIPS

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)	7,000				SPONSORSHIP OF ANNUAL EVENTS TO SUPPORT NEEDED SERVICES PROVIDED TO VULNERABLE POPULATIONS
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
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
NAACP 2513 S CALHOUN STR FORT WAYNE, IN 46807	35-6072055	501(C)(3)	6,000				MARJORIE D. WICKLIFFE FREEDOM FUND BANQUET

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
ONE HEART DISABILITY MINISTRY 1400 W WASHINGTON CTR RD FORT WAYNE, IN 46825	46-3493341	501(C)(3)	6,000				OUTREACH FOR ADULTS WITH DISABILITIES
RESPECT360 INC PO BOX 309 HUNTERTOWN, IN 46748	47-4090921	501(C)(3)	6,000				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
TRINE UNIVERSITY INC ONE UNIVERSITY AVENUE ANGOLA, IN 46703	35-0715530	501(C)(3)	6,000				SPONSORSHIP FOR STUDENT SCHOLARSHIP PROGRAM
UNITED WAY OF WHITLEY COUNTY 128 W VAN BUREN ST COLUMBIA CITY, IN 46725	23-7300114	501(C)(3)	6,000				POWER OF THE PURSE EVENT

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
CROSS CONNECTIONS INC 4618 E STATE STREET STE 300 FORT WAYNE, IN 46815	26-1637652	501(C)(3)	5,800				OUTREACH FOR ADULTS WITH DISABILITIES
HOPE ALIVE INC 1747 N WELLS STREET FORT WAYNE, IN 46808	35-1365346	501(C)(3)	5,700				SUPPORT GROUPS AND COUNSELING

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
INTERNATIONAL ALLIED MISSIONS 5928 HIXSON PIKE STE 396 HIXSON, TN 37343	62-1631607	501(C)(3)	5,500				MEDICAL MISSION TRIPS
WASHINGTON ELEMENTARY SCHOOL 1200 S CLINTON STR FORT WAYNE, IN 46802		GOVT ORG	5,450				TAKING ROOT PROGRAM PHYSICAL CHALLENGE PROGRAM FOR 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
EMMARY BUTLER FOUNDATION INC 5775 PEREGRINE PLACE APT 302 FORT WAYNE, IN 46804	81-4167518	501(C)(3)	5,400				SCHOLARSHIP PROGRAMS
HABITAT FOR HUMANITY OF GREATER FORT WAYNE INC 2020 E WASHINGTON BLVD STE 500 FORT WAYNE, IN 46803	35-1687064	501(C)(3)	5,400				SAFE HOUSING FOR THE UNDERSERVED

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
COMBINED COMMUNITY SERVICES INC 1195 MARINERS DRIVE WARSAW, IN 46582	35-1615506	501(C)(3)	5,318				LOVE THY NEIGHBOR PROGRAM

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		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		Yes	No
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 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 type="checkbox"/> Tax idemnification 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 on 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 on 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	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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		

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.

Schedule J (Form 990) 2019

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	TRAVEL FOR COMPANIONS - TAXABLE EXPENSE REIMBURSEMENT FOR FAMILY MEMBER PAID TO: MICHAEL AXEL \$704; THOMAS BOND \$27; RAYMOND DUSMAN \$134; GERALD GRANNAN \$119; DAVID HAIST \$1,182; HOWARD HALDERMAN \$1,859; RICK HENVEY \$145; THOMAS KIMBROUGH \$1,066; JOSHUA KLINE \$205; JERRY LONG \$60; MARILYN MORAN-TOWNSEND \$890; JOHN NELSON \$2,150; MICHAEL PACKNETT \$126; SHERRYL RHINESMITH \$327; WENDY ROBINSON \$1,054; LARRY ROWLAND \$60; DAN STARR \$590; LUTHER WHITFIELD \$60; JEANNE' WICKENS \$60 PERSONAL SERVICES - TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO: RAYMOND DUSMAN \$2,500; GERALD GRANNAN \$2,500; DENA JACQUAY \$230; MICHAEL PACKNETT \$315; MITCHELL STUCKY \$1,600 NON-TAXABLE MANDATORY ANNUAL MEDICAL PHYSICAL PAID FOR: JUDITH BOERGER \$3,142; RONALD DOUBLE \$2,430; RAYMOND DUSMAN \$5,087; GERALD GRANNAN \$1,137; RICK HENVEY \$6,467; DENA JACQUAY \$2,469; MICHAEL PACKNETT \$2,683; DAVID STOREY \$1,875; MITCHELL STUCKY \$720; JEANNE' WICKENS \$1,914
PART I, LINES 4A-B	SEVERANCE PAYMENT JOSEPH WOLFALE \$11,425 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS THE FOLLOWING INDIVIDUALS PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLANS. BENEFITS EARNED UNDER THE PLANS WILL FUND THE EMPLOYEES' EVENTUAL RETIREMENT BENEFIT. THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR THE EMPLOYEES' YEARS OF SERVICE TO THE ORGANIZATION AND THE AMOUNT OF THE BENEFITS MAY VARY FROM YEAR TO YEAR. THE FOLLOWING INDIVIDUALS VESTED IN A PORTION OF THEIR DEFERRED COMPENSATION PLANS, WHICH IS TREATED AS TAXABLE INCOME TO THE INDIVIDUALS AT THE TIME OF VESTING. THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III): JUDITH BOERGER \$309,409; THOMAS BOND \$26,215; PATRICIA BRAHE \$143,340; GERALD GRANNAN \$16,339; RICK HENVEY \$45,868; DENA JACQUAY \$26,965; SCOTT JAMES \$18,714; MARK KADLEC \$135,319 JOSHUA KLINE \$26,729; MICHAEL PACKNETT \$1,637,768; MARK PIERCE \$22,956; JASON ROW \$26,939; PHILIP SMITH \$17,974; MITCHELL STUCKY \$314,178; JOLYNN SUKO \$15,660; DONNA VAN VLERAH \$19,401; AMOUNTS LISTED ABOVE THAT HAVE BEEN REPORTED AS DEFERRED COMPENSATION ON PRIOR FORM 990 WILL ALSO BE REFLECTED IN SCHEDULE J, PART II, COLUMN (F). FOR EXAMPLE, THE AMOUNT OF \$1,637,768 REPORTED AS REQUIRED FOR MR. PACKNETT WAS A RESULT OF THE VESTING OF SUCH AMOUNT UNDER THE TERMS OF THE RESPECTIVE PLANS. HOWEVER, THESE AMOUNTS WERE PREVIOUSLY REPORTED IN MR. PACKNETT'S DEFERRED COMPENSATION OVER MORE THAN 10 YEARS AS THE AMOUNTS WERE DEFERRED UNDER THE PLANS. AS SUCH, THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN (F) IS AN INDICATION OF AMOUNTS THAT HAVE BEEN REPORTED TWICE, ONCE AS A DEFERRAL AND ONCE AS VESTED. 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. 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. DEFERRALS REPORTED IN SCHEDULE J, PART II, COLUMN (C) INCLUDE: JUDITH BOERGER \$58,647; THOMAS BOND \$64,940; JEFFREY BOORD \$65,824; PATRICIA BRAHE \$35,349; RONALD DOUBLE \$203,780; RAYMOND DUSMAN \$303,318; GERALD GRANNAN \$57,783; RICK HENVEY \$281,380; DENA JACQUAY \$174,600; SCOTT JAMES \$49,168; DAVID JEANS \$56,102; GREG JOHNSON \$78,157; JOSHUA KLINE \$64,927; MICHAEL PACKNETT \$733,744; MARK PIERCE \$59,488; ROY ROBERTSON \$110,568; JASON ROW \$64,872; NEIL SHARMA \$126,247; PHILIP SMITH \$48,195; DAVID STOREY \$78,598; MITCHELL STUCKY \$82,999; JOLYNN SUKO \$38,794; DONNA VAN VLERAH \$48,670; JEANNE' WICKENS \$281,719;
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				
1MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(i)	1,115,831	248,595	1,686,927	758,944	38,746	3,849,043	1,637,768
	(ii)	0	0	0	0	0	0	0
1RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CHI	(i)	798,093	156,747	29,158	334,118	36,335	1,354,451	0
	(ii)	0	0	0	0	0	0	0
2RICK HENVEY PH CHIEF OPERATING OFFICER	(i)	782,709	146,290	48,416	281,380	43,883	1,302,678	45,868
	(ii)	0	0	0	0	0	0	0
3JAMES DOZIER PH PHYSICIAN	(i)	1,231,198	0	21,838	9,800	19,882	1,282,718	0
	(ii)	0	0	0	0	0	0	0
4KENNETH AUSTIN PH PHYSICIAN	(i)	955,008	177,841	27,821	19,600	16,162	1,196,432	0
	(ii)	0	0	0	0	0	0	0
5JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	(i)	689,476	131,971	21,682	295,719	32,200	1,171,048	0
	(ii)	0	0	0	0	0	0	0
6NEIL SHARMA PRESIDENT PARKVIEW CANCER INSTITUTE	(i)	758,703	190,299	20,140	145,847	40,149	1,155,138	0
	(ii)	0	0	0	0	0	0	0
7STEVEN WYNDER PH PHYSICIAN	(i)	857,057	154,913	30,314	30,423	25,792	1,098,499	0
	(ii)	12,466	0	441	377	319	13,603	0
8WILLIAM YOUNG PH PHYSICIAN	(i)	1,005,368	0	23,356	9,800	19,371	1,057,895	0
	(ii)	0	0	0	0	0	0	0
9STEPHANIE FALATKO PH PHYSICIAN	(i)	1,015,590	0	2,312	9,100	22,005	1,049,007	0
	(ii)	0	0	0	0	0	0	0
10MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER	(i)	493,976	76,286	330,256	113,799	30,943	1,045,260	314,178
	(ii)	0	0	0	0	0	0	0
11ROY ROBERTSON PRESIDENT PARKVIEW HEART INSTITUTE	(i)	661,535	146,340	23,902	141,368	37,571	1,010,716	0
	(ii)	0	0	0	0	0	0	0
12JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	(i)	330,389	66,841	351,893	83,847	30,284	863,254	309,409
	(ii)	0	0	0	0	0	0	0
13RONALD DOUBLE PH CHIEF INFORMATION OFFICER	(i)	466,660	75,304	23,902	237,380	29,926	833,172	0
	(ii)	0	0	0	0	0	0	0
14DENA JACQUAY PH CHIEF COMMUNITY & HUMAN RESOURCES	(i)	430,597	63,219	28,905	204,000	40,977	767,698	26,965
	(ii)	0	0	0	0	0	0	0
15GREG JOHNSON PH CHIEF CLINICAL INTEGRATION OFFICE	(i)	482,957	74,709	4,902	108,957	38,720	710,245	0
	(ii)	0	0	0	0	0	0	0
16DAVID STOREY PH SVP GENERAL COUNSEL	(i)	474,811	87,819	1,140	103,798	37,917	705,485	0
	(ii)	0	0	0	0	0	0	0
17THOMAS MILLER DIRECTOR/PH CMO	(i)	416,386	51,361	22,557	21,216	30,522	542,042	0
	(ii)	92,073	0	0	3,984	5,732	101,789	0
18THOMAS BOND PH CHIEF MEDICAL OFFICER-PPG	(i)	384,556	59,687	28,864	98,540	35,571	607,218	26,215
	(ii)	0	0	0	0	0	0	0
19JASON ROW PH CHIEF MED OFFICER PPG	(i)	384,040	59,625	28,649	95,672	37,063	605,049	26,939
	(ii)	0	0	0	0	0	0	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				
21JOSHUA KLINE DIRECTOR/PH CHIEF MED OFFICER	(i)	364,479	59,676	47,074	90,127	36,569	597,925	26,729
	(ii)	0	0	0	0	0	0	0
1JEFFREY BOORD PH CHIEF QUALITY & SAFETY	(i)	378,221	62,920	21,622	79,824	36,807	579,394	0
	(ii)	0	0	0	0	0	0	0
2MARK PIERCE PH CHIEF MED INFORMATICS O	(i)	349,190	57,363	25,578	80,852	37,535	550,518	22,956
	(ii)	0	0	0	0	0	0	0
3GERALD GRANNAN PH SVP & COO - PPG	(i)	342,026	53,109	23,860	71,783	36,786	527,564	16,339
	(ii)	0	0	0	0	0	0	0
4SCOTT JAMES PH SVP & COO SVR LINE LEADER	(i)	289,747	72,306	19,719	68,604	33,631	484,007	18,714
	(ii)	0	0	0	0	0	0	0
5PATRICIA BRAHE PH SVP SVR LINE LEADER	(i)	192,084	46,785	166,048	53,604	15,984	474,505	143,340
	(ii)	0	0	0	0	0	0	0
6DAVID JEANS PH SVP PAYER/EMPLOYER&HEALTH PLAN	(i)	328,780	37,167	2,616	60,809	37,207	466,579	0
	(ii)	0	0	0	0	0	0	0
7PHILIP SMITH PH SVP STRATEGY & BUSINESS	(i)	283,907	61,069	22,208	67,610	28,442	463,236	17,974
	(ii)	0	0	0	0	0	0	0
8JOLYNN SUKO PH SVP SVR LINE LEADER	(i)	294,915	57,335	17,199	52,794	28,613	450,856	15,660
	(ii)	0	0	0	0	0	0	0
9DONNA VAN VLERAH PH SVP SUPPORT DIVISION	(i)	273,571	46,523	42,676	73,870	6,676	443,316	19,401
	(ii)	0	0	0	0	0	0	0
10JOSPEH WOLFCAL PH SVP LAB/IMAGING & CONSUMERISM	(i)	286,452	46,867	31,041	1,400	32,333	398,093	0
	(ii)	0	0	0	0	0	0	0
11ALAN MCGEE DIRECTOR/PH SVR LINE LEADER	(i)	303,155	0	0	0	0	303,155	0
	(ii)	73,227	0	19,077	0	0	92,304	0
12MARK KADLEC FORMER KEY EMPLOYEE	(i)	0	0	135,319	0	0	135,319	135,319
	(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

Name of the organization
PARKVIEW HEALTH SYSTEM INC

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	45471AAS1	08-27-2009	223,665,000	SEE PART VI		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471AHR6	05-24-2012	94,631,826	SEE PART VI	X			X		X
C INDIANA FINANCE AUTHORITY	35-1602316	NONEAVAIL	08-17-2016	58,000,000	SEE PART VI		X		X		X
D INDIANA FINANCE AUTHORITY	35-1602316	45471AQB1	08-10-2017	130,491,406	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,960,000		14,885,000		3,010,000		13,280,000	
2	Amount of bonds legally defeased			2,425,000					
3	Total proceeds of issue	223,915,573		94,631,897		58,000,000		130,491,406	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,369,431		1,022,698				1,283,614	
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	73,265,671		93,731,970				129,207,792	
12	Other unspent proceeds								
13	Year of substantial completion	2011		2012		2018		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 %		0.020 %				0.040 %	
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 %		0.020 %				0.040 %	
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. . . .	0.890 %		2.570 %				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		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 BOND ISSUE. ENTITY 2 IS NOT A DIFFERENT ENTITY THAN ENTITY 1.

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

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE D:	SERIES 2017 - PARTIALLY REFUNDED OUTSTANDING 2009A SERIES BOND ISSUE WHICH WAS ISSUED ON AUGUST 27, 2009.

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART II, COLUMN A, 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 B, 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-B, 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:	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 B, LINE 2C:	REBATE CALCULATION PERFORMED ON DECEMBER 4, 2012.

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN C, LINE 2C:	NO CALCULATION REQUIRED BECAUSE THE BONDS ARE DRAW BONDS AND NO PROCEEDS WERE INVESTED.

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN D, LINE 2C:	REBATE CALCULATION PERFORMED ON JANUARY 23, 2019.

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART I, COLUMN F, LINE A:	<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").</p>

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART II, COLUMN A, LINE 3:	THIS INCLUDES INTEREST OF \$1,700,353 EARNED ON PROJECT FUNDS.

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART III, COLUMN A, 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 & 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

► 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 instructions and the latest information.

OMB No. 1545-0047

2019

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 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	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	1,910,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	142,411,205							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	53,839,904							
11	Other spent proceeds	49,201,827							
12	Other unspent proceeds	39,369,475							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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							
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							
c Are there any research agreements that may result in private business use of bond-financed property?	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							
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	0.020 %							
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	0.020 %							
7 Does the bond issue meet the private security or payment test?		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							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	1.190 %							
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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
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	482,582	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH.		No
(2) DAVID JAMES	FAMILY MEMBER OF KEY EMPLOYEE SCOTT JAMES	107,754	EMPLOYEE DAVID JAMES RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HEALTH SYSTEM, INC.		No
(3) JOHN STOREY	FAMILY MEMBER OF KEY EMPLOYEE DAVID STOREY	50,785	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
------------------	-------------

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

2019

**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, 2019 WAS 524. THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2019 WAS 15,019. FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR PARKVIEW HEALTH SYSTEM, INC. WAS 161 AND 5,647 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, DAVID JEANS, GREG JOHNSON, MITCHELL STUCKY, 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, DAVID STOREY HAVE BUSINESS RELATIONSHIPS AS DIRECTORS ON THE BOARDS OF RELATED ENTITIES. KEY EMPLOYEES GREG JOHNSON, DAVID JEANS AND OFFICER JEANNE' WICKENS 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 2019, THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF PARKVIEW HEALTH SYSTEM, INC.: ARTICLE IV - BOARD OF DIRECTORS, SECTION 2 - NUMBER AND QUALIFICATIONS, IS AS FOLLOWS: THE BOARD OF DIRECTORS SHALL BE COMPOSED OF NO MORE THAN TWENTY-FIVE (25) DIRECTORS. THE COMPOSITION OF THE BOARD OF DIRECTORS SHALL CONSIST OF THE FOLLOWING: (A) EIGHT (8) EX-OFFICIO VOTING MEMBERS, WHO SHALL CONSIST OF A REPRESENTATIVE OF EACH PARKVIEW HOSPITAL, PARKVIEW WHITLEY HOSPITAL, PARKVIEW HUNTINGTON HOSPITAL, PARKVIEW NOBLE HOSPITAL, PARKVIEW LAGRANGE HOSPITAL, PARKVIEW WABASH HOSPITAL, PARKVIEW DEKALB HOSPITAL AND PARKVIEW PHYSICIANS GROUP, WHICH REPRESENTATIVE SHALL BE THE BOARD CHAIR OR SUCH OTHER MEMBER OF THE BOARD AS DESIGNATED BY THE RESPECTIVE BOARD; (B) UP TO FIFTEEN (15) AT-LARGE PHYSICIAN OR COMMUNITY LEADERS; AND (C) THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION AND THE CHIEF PHYSICIAN EXECUTIVE OF THE CORPORATION. A MAJORITY OF THE BOARD OF DIRECTORS SHALL, AT ALL TIMES, BE CONSIDERED TO BE INDEPENDENT, AS DEFINED BY THE INTERNAL REVENUE SERVICE. ELECTED DIRECTORS SHALL BE SELECTED FROM AMONG PERSONS, INCLUDING RESIDENTS OF THE COMMUNITIES SERVED BY THE CORPORATION, WHO HAVE DEMONSTRATED THEIR ABILITY TO PARTICIPATE EFFECTIVELY IN THE DISCHARGE OF CORPORATE RESPONSIBILITIES AND WHO ARE ABLE AND WILLING TO SERVE AND WHO SATISFY THE CRITERIA FOR BOARD PARTICIPATION. CONSIDERATION SHOULD BE GIVEN TO PROMOTE DIVERSITY ON THE BOARD OF DIRECTORS. ONE OF THE PRIMARY FUNCTIONS OF THE SYSTEM BOARD WILL BE TO CREATE THE VISION AND STRATEGIC PLAN. AS A RESULT, DIRECTORS SHALL BE INDIVIDUALS WHO HAVE DEMONSTRATED LEADERSHIP SKILLS, RELEVANT EXPERTISE, INTEGRITY, DEMONSTRATED PROFESSIONAL / BUSINESS SUCCESS AND WHO ARE PEOPLE OF VISION. WHEN VACANCIES ON THE BOARD OCCUR BY REASON OF DEATH, RESIGNATION, OR OTHERWISE, THE NUMBER OF DIRECTORS SHALL BE REDUCED BY SUCH VACANCIES UNTIL QUALIFIED REPLACEMENTS ARE ELECTED, AS SET FORTH IN ARTICLE IV, SECTION 4. IT SHALL BE THE DUTY OF DIRECTORS TO ATTEND REGULAR, SPECIAL AND ANNUAL MEETINGS.</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 6, 2020, 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 95,563. BOOK/TAX DIFF FROM K-1'S 13,862,715. AMORTIZE BOND SWAP OCI 42,600. CLOSING OF NOTE BETWEEN LGHOS AND PVSYS -5,896,241. ADJUST OCI FOR PENSION -3 6,373,898. ADJUST PRIOR YEAR ACCRUALS 1,213,947.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 BOX B - AMENDED RETURN	THE AMENDED RETURN REPORTS A CHANGE TO PART VII, SECTION A AND SCHEDULE J, PART II FOR MICHAEL PACKNETT'S DEFERRED COMPENSATION ONLY. ON THE ORIGINALLY FILED RETURN, THE DEFERRED COMPENSATION FOR MICHAEL PACKNETT WAS INCORRECTLY REPORTED (AT PART VII, SECTION A AND AT SCHEDULE J, PART II, COLUMN (C) OF \$2,854,466). THE AMENDED FORM 990 SHOWS THE CORRECT 2019 DEFERRAL OF \$758,944. THIS DECREASE IN DEFERRED COMPENSATION DOES NOT CHANGE TOTAL EXPENSES AT PART IX, COLUMN A, BUT RESULTS IN RECLASS OF LINE 5, COMPENSATION AND LINE 9, OTHER EMPLOYEE BENEFITS.

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

2019

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	5,234,317	8,034,617	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
(4) PARKVIEW STRATEGIC ENTERPRISES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 83-2076007	HOLDING COMPANY	IN	0	0	PARKVIEW HEALTH SYSTEM INC
(5) PARKVIEW RETAIL SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 83-2081254	RETAIL	IN	0	0	PARKVIEW HEALTH SYSTEM INC
(6) FOUNDATION SURGERY AFFLIATE OF FORT WAYNE LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 20-1394120	SURGICAL SERVICES	IN	2,402,135	2,182,388	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	50,742,229	61,233,788		No		Yes		60.000 %
(2) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	-406,482	7,043,688		No		Yes		90.000 %

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	24,948,859	4,393,050	100.000 %	Yes	
(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	111,731	299,359	92.300 %	Yes	

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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

No

Yes

No

Yes

No

No

No

No

Yes

Yes

Yes

No

No

No

No

Yes

Yes

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

Schedule R (Form 990) 2019

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 I - Identification of Disregarded Entities

(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
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
PARKVIEW CARE PARTNERS LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 46-2201508	CLINICAL INTEGRATION NETWORK	IN	5,234,317	8,034,617	PARKVIEW HEALTH SYSTEM INC
PARKVIEW ACCOUNTABLE CARE LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 81-2787982	ACCOUNTABLE CARE ORGANIZATION	IN	0	0	PARKVIEW HEALTH SYSTEM INC
PARKVIEW STRATEGIC ENTERPRISES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 83-2076007	HOLDING COMPANY	IN	0	0	PARKVIEW HEALTH SYSTEM INC
PARKVIEW RETAIL SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 83-2081254	RETAIL	IN	0	0	PARKVIEW HEALTH SYSTEM INC
FOUNDATION SURGERY AFFLIATE OF FORT WAYNE LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 20-1394120	SURGICAL SERVICES	IN	2,402,135	2,182,388	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	
207 N TOWNLINE ROAD LAGRANGE, IN 46761 83-3347115	FUND MGMT	IN	501(C)(3)	LINE 12A, I	COMMUNITY HOSPITAL OF LAGRANGE COUNTY 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	
909 EAST STATE BLVD FORT WAYNE, IN 46805 84-3684074	TO SUPPORT PARK CENTER, INC.	IN	501(C)(3)	LINE 12B, II	PARKVIEW HEALTH SYSTEM INC	Yes	
1316 EAST SEVENTH STREET AUBURN, IN 46706 35-1064295	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
1316 EAST SEVENTH STREET AUBURN, IN 46706 35-6047817	FUND MGMT	IN	501(C)(3)	LINE 12A, I	DEKALB MEMORIAL HOSPITAL 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
HUNTINGTON MEMORIAL HOSPITAL INC	A	1,278,114	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	A	1,478,923	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	A	487,078	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW FOUNDATION INC	A	133,493	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	A	4,042,083	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	A	2,917,481	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW WABASH HOSPITAL INC	A	469,362	PART VII SUPPLEMENTAL INFORMATION
MIDWEST COMMUNITY HEALTH ASSOCIATES INC	A	1,603,947	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW FOUNDATION INC	C	99,255	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	D	6,893,500	PART VII SUPPLEMENTAL INFORMATION
HUNTINGTON MEMORIAL HOSPITAL INC	J	1,278,114	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	J	1,478,923	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	J	487,078	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW FOUNDATION INC	J	133,493	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	J	4,042,083	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	J	2,917,481	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW WABASH HOSPITAL INC	J	469,362	PART VII SUPPLEMENTAL INFORMATION
MIDWEST COMMUNITY HEALTH ASSOCIATES INC	J	1,603,947	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	K	114,005	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	K	3,558,554	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	K	955,146	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW ORTHO PERFORMANCE CENTER LLC	K	61,560	PART VII SUPPLEMENTAL INFORMATION
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	L	10,700,228	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	L	166,898,664	PART VII SUPPLEMENTAL INFORMATION
HUNTINGTON MEMORIAL HOSPITAL INC	L	8,989,332	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
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	L	5,615,736	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	L	9,192,144	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	L	1,892,532	
MIDWEST COMMUNITY HEALTH ASSOCIATES INC	L	6,056,376	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW FOUNDATION INC	L	260,208	PART VII SUPPLEMENTAL INFORMATION
MANAGED CARE SERVICES LLC	L	753,396	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW WABASH HOSPITAL INC	L	6,929,388	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	L	11,231,520	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	Q	196,642,876	PART VII SUPPLEMENTAL INFORMATION
HUNTINGTON MEMORIAL HOSPITAL INC	Q	8,441,177	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	Q	3,508,072	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Q	8,689,395	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW WABASH HOSPITAL INC	Q	3,864,682	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	Q	10,579,733	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	R	460,279	PART VII SUPPLEMENTAL INFORMATION