

08E  
255

2939334102330 9

Form 990-T

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

## 2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

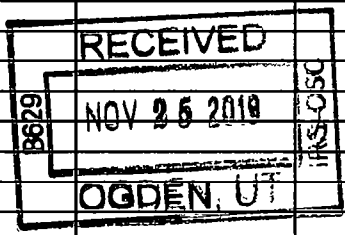
<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(23) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type  <b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.</b>  <b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> <b>401 SAWYER RD</b>  <b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>KENDALLVILLE, IN 46755</b>	<b>D</b> Employer identification number (Employees' trust, see instructions)  <b>35-2087092</b>
		<b>E</b> Unrelated business activity code (See instructions)  <b>446199</b>
<b>C</b> Book value of all assets at end of year <b>18,315,061.</b>	<b>F</b> Group exemption number (See instructions.) <b>▶</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. **▶ 1** Describe the only (or first) unrelated trade or business here **▶ SKIN CARE & ESTHETICIAN SERVICES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **STMT 2**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ JEANNE' WICKENS** Telephone number **▶ 260-266-9313**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <b>2,881.</b>			
b	Less returns and allowances			
1c	<b>2,881.</b>			
2	Cost of goods sold (Schedule A, line 7)	<b>1,389.</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>1,492.</b>		<b>1,492.</b>
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	<b>1,492.</b>		<b>1,492.</b>



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules) <b>STATEMENT 3 SEE STATEMENT 1</b>		<b>428.</b>
21	Depreciation (attach Form 4562)		
22a	Less depreciation claimed on Schedule A and elsewhere on return		
22b			
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	<b>Total deductions.</b> Add lines 14 through 28		<b>428.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>1,064.</b>
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
32	<b>Unrelated business taxable income.</b> Subtract line 31 from line 30		<b>1,064.</b>

SCANNED FEB 04 2020

98 31

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include: 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1,064; 34 Amounts paid for disallowed fringes 3,792; 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions); 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 4,856; 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 1,000; 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 3,856.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include: 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 810; 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041); 41 Proxy tax. See instructions; 42 Alternative minimum tax (trusts only); 43 Tax on Noncompliant Facility Income. See instructions; 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 810.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include: 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); 45b Other credits (see instructions); 45c General business credit Attach Form 3800; 45d Credit for prior year minimum tax (attach Form 8801 or 8827); 45e Total credits. Add lines 45a through 45d; 46 Subtract line 45e from line 44 810; 47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule); 48 Total tax. Add lines 46 and 47 (see instructions) 810; 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 0; 50a Payments: A 2017 overpayment credited to 2018; 50b 2018 estimated tax payments; 50c Tax deposited with Form 8868; 50d Foreign organizations: Tax paid or withheld at source (see instructions); 50e Backup withholding (see instructions); 50f Credit for small employer health insurance premiums (attach Form 8941); 50g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total; 51 Total payments. Add lines 50a through 50g; 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached; 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 810; 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid; 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Rows include: 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X; 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. X; 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$.

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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Kenneth J. Keber, Date: 11-10-19, Title: PH CFO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No.

Paid Preparer Use Only section containing: Print/Type preparer's name: KENNETH J. KEBER; Preparer's signature: [Signature]; Date: 11/8/2019; Check self-employed; PTIN: P00240883; Firm's name: CROWE LLP; Firm's EIN: 35-0921680; Firm's address: 330 E JEFFERSON BLVD, P O BOX 7 SOUTH BEND, IN 46624 0007; Phone no.: 574-232-3992.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation <span style="float: right;">▶ N/A</span>				
1 Inventory at beginning of year	1		6 Inventory at end of year	6
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3			
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
b Other costs (attach schedule)	4b			
5 Total. Add lines 1 through 4b	5			

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <span style="float: right;">▶</span>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <span style="float: right;">▶</span> 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals <span style="float: right;">▶</span>			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 <span style="float: right;">▶</span>			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B).
			<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).
		<b>0.</b>	<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 26
		<b>0.</b>	<b>0.</b>	<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>	<b>0.</b>
--	--	-----------	-----------	-----------

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				<b>0.</b> <small>Enter here and on page 1, Part II, line 27</small>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			<b>0.</b>

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
COLE CENTER FAMILY YMCA - KENDALLVILLE	N/A	50,000.	
LIFE AND FAMILY SERVICES INC	N/A	17,500.	
HAROLD W MCMILLEN CENTER FOR HEALTH EDUCATION	N/A	15,000.	
NOBLE COUNTY COUNCIL ON AGING INC	N/A	10,000.	
COMMON GRACE-LOVE INC	N/A	6,000.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		98,500.	

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	2
CORPORATION'S NAME		IDENTIFYING NO	
PARKVIEW HEALTH SYSTEM, INC.		35-1972384	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013  
 FOR TAX YEAR 2014  
 FOR TAX YEAR 2015  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 98,500

TOTAL CONTRIBUTIONS AVAILABLE 98,500

TAXABLE INCOME LIMITATION AS ADJUSTED 428

EXCESS 10% CONTRIBUTIONS 98,072

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 98,072

ALLOWABLE CONTRIBUTIONS DEDUCTION 428

TOTAL CONTRIBUTION DEDUCTION 428