See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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

D Employer identification number
35-1972384

E Telephone number
(260) 373-8407

G Gross receipts $ 696,874,638

F Name and address of principal officer
MICHAEL PACKNETT
10501 CORPORATE DRIVE
FORT WAYNE,IN 46845

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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
PARKVIEW HEALTH SYSTEM, INC WORKS TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND PROVIDES QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2,983
6	Total number of volunteers (estimate if necessary)	6	22
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,713,061
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-260,518

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	29,971	131,689
9	Program service revenue (Part VIII, line 2g)	318,993,582	369,034,144
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,489,993	10,985,455
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,715	-183,737
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	338,595,261	379,967,551

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,955,121	2,584,845
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	211,518,223	228,078,785
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	153,985,020	178,042,476
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	369,458,364	408,706,106
19	Revenue less expenses Subtract line 18 from line 12	-30,863,103	-28,738,555

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,205,898,438	1,359,461,703
21	Total liabilities (Part X, line 26)	742,806,076	673,165,988
22	Net assets or fund balances Subtract line 21 from line 20	463,092,362	686,295,715

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

Sign Here

Signature of officer — Date: 2014-11-10

MICHAEL P BROWNING PH SVP & 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
KENNETH J KEBER				P00240883

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 330 E JEFFERSON BLVD P O BOX 7
SOUTH BEND, IN 466240007 — Phone no (574) 232-3992

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PARKVIEW HEALTH SYSTEM, INC WORKS TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND PROVIDES QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US

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 $ 395,566,684 including grants of $ 2,584,845) (Revenue $ 366,122,048)

PARKVIEW HEALTH SYSTEM, INC SUPPORTS THE FOLLOWING HOSPITALS PARKVIEW HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , AND WHITLEY MEMORIAL HOSPITAL, INC IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A 60% OWNER IN THE PARTNERSHIP OF THE ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC IMPROVING THE HEALTH OF THE COMMUNITY IS A FUNDAMENTAL PART OF PARKVIEW HEALTH SYSTEM, INC 'S MISSION AS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC REINVESTS ITS FUNDS AND OTHER RESOURCES IN COMMUNITY SERVICES AND HOSPITAL PROGRAMS DESIGNED TO IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS IN THE AREAS WHERE PARKVIEW HEALTH SYSTEM, INC HOSPITALS ARE LOCATED TO GUIDE US IN THIS ENDEAVOR, PARKVIEW HEALTH SYSTEM, INC ROUTINELY SPONSORS A COMMUNITY HEALTH NEEDS ASSESSMENT IN ADDITION, PARKVIEW HEALTH SYSTEM, INC REVIEWS TREND AND TREATMENT ANALYSIS DATA ON AN ONGOING BASIS DATA OBTAINED FROM THESE STUDIES ARE USED IN PARKVIEW HEALTH SYSTEM, INC 'S STRATEGIC PLANNING PROCESS TO IDENTIFY AND SET PRIORITIES FOR CRITICAL HEALTH INITIATIVES IN THE COMMUNITIES PARKVIEW HEALTH SYSTEM, INC SERVES PARKVIEW HEALTH SYSTEM, INC EMPLOYS 319 PRIMARY AND SPECIALTY CARE PHYSICIANS AS PART OF PARKVIEW PHYSICIANS' GROUP THESE PHYSICIANS, ALONG WITH 76 ADVANCED PRACTICE PROVIDERS, PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA AND NORTHWEST OHIO REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES PARKVIEW HEALTH EMPLOYS TWO FULL TIME PHYSICIAN RECRUITERS WHOSE TIME IS DEVOTED SOLELY TO RECRUITING PHYSICIANS ALL PHYSICIAN RECRUITMENT ACTIVITY IS BASED ON A PHYSICIAN NEEDS ASSESSMENT AND THE OVERSIGHT OF THE COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS TO ENSURE THAT WE FOLLOW THE GUIDELINES SET FORTH BY THE FEDERAL GOVERNMENT ON AVERAGE, 25 TO 40 NEW PHYSICIANS ARE RECRUITED EACH YEAR PARKVIEW HEALTH SYSTEM, INC PROVIDES SIGNIFICANT FUNDING TO LOCAL UNIVERSITIES TO PROMOTE AND SUPPORT THEIR NURSING PROGRAMS FOR THE EDUCATION AND DEVELOPMENT OF STUDENTS FOR THE NURSING PROFESSION PARKVIEW HEALTH SYSTEM, INC HAS PARTNERSHIPS WITH THE NURSING DEPARTMENTS AT INDIANA UNIVERSITY/ PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS TO PROVIDE FINANCIAL ASSISTANCE FOR SCHOLARSHIPS AS WELL AS OPERATIONAL, CAPITAL, AND MARKETING SUPPORT IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A SIGNIFICANT CONTRIBUTOR TO THE NORTHEAST INDIANA ECONOMIC DEVELOPMENT COUNCIL TO PROMOTE THE ECONOMIC VITALITY OF THIS AREA PARKVIEW HEALTH SYSTEM, INC HAS PLAYED A KEY ROLE IN THE REGION'S VISION 20/20 INITIATIVE GEARED TOWARD THE DEVELOPMENT OF STRATEGIES IMPERATIVE TO THE REGION'S FUTURE ECONOMIC GROWTH AND VITALITY

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 ▶** 395,566,684

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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 Compliance

Check 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	667		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,983		
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 ▶ DA , IT , NO , SW , SZ , BR , GR , HU , ID , MY , PL , PO , SF See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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		

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**	17		
	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**	11		
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 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, physical address, and telephone number of the person who possesses the books and records of the organization

▶ MICHAEL P BROWNING 10501 CORPORATE DRIVE
FORT WAYNE,IN 46845 (260) 373-8407

Part VII 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 . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								13,161,732	357,682	1,474,854

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 ▶ 354

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
PARTNER PROFESSIONAL STAFFING 4605 E GALBRAITH ROAD SUITE 200 CINCINNATI OH 45236	CONSULTANTS	3,362,459
MULTICARE CONSULTING SERVICES 737 S FAWCET AVE TACOMA WA 98405	CONSULTANTS	989,890
PROPHET ONE SOLUTIONS LLC 101 WEST 103RD STREET INDIANAPOLIS IN 46290	CONSULTANTS	719,672
GIC INFORMATICS LLC 1038 BAYBERRY DE ARNOLD MD 21012	CONSULTANTS	567,026
ERNST & YOUNG US LLP P O BOX 96550 CHICAGO IL 60693	CPA FIRM	520,695

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 ▶ 20

Part VIII Statement of Revenue

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

				(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	131,689			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		131,689			
Program Service Revenue			Business Code				
	2a	CORP SER ALLOCATION	561000	138,923,211	138,923,211		
	b	NET PATIENT SERVICE	621110	116,663,665	116,663,665		
	c	PH SUBSIDY	561499	53,885,544	53,885,544		
	d	ORTHOPAEDIC HOSPITAL AT PARKVIEW	621110	28,506,460	28,506,460		
	e	INTERUNIT RENT	532000	9,689,222	9,689,222		
	f	All other program service revenue		21,366,042	18,453,946	2,912,096	
	g	**Total.** Add lines 2a–2f . . . . . ▶		369,034,144			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,797,331			4,797,331
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,951,521				
	b	Less rental expenses	2,551,401				
	c	Rental income or (loss)	-599,880				
	d	Net rental income or (loss) . . . . . ▶		-599,880		-320,240	-279,640
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	320,543,810				
	b	Less cost or other basis and sales expenses	314,000,986 / 354,700				
	c	Gain or (loss)	6,542,824 / -354,700				
	d	Net gain or (loss) . . . . . ▶		6,188,124			6,188,124
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA REVENUE	722100	294,938			294,938
	b	ELITE WOMAN	812900	121,205		121,205	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		416,143			
	12	**Total revenue.** See Instructions . . . . . ▶		379,967,551	366,122,048	2,713,061	11,000,753

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 governments and organizations in the United States See Part IV, line 21	2,584,845	2,584,845		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,609,223		8,609,223	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	181,421,762	181,421,762		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,002,049	10,002,049		
10 Payroll taxes	28,045,751	28,045,751		
11 Fees for services (non-employees)				
a Management				
b Legal	717,723	717,723		
c Accounting	580,000	580,000		
d Lobbying	86,809	59,870	26,939	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	938,439		938,439	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,089,414	34,046,771	2,042,643	
12 Advertising and promotion	2,902,886	2,834,782	68,104	
13 Office expenses	9,556,991	9,047,240	509,751	
14 Information technology	27,120,613	27,112,522	8,091	
15 Royalties . .				
16 Occupancy	12,602,048	12,602,048		
17 Travel	2,711,659	2,476,491	235,168	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	476,492	372,859	103,633	
20 Interest	25,994,801	25,994,801		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,120,953	27,110,001	10,952	
23 Insurance	3,001,478	2,712,540	288,938	
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 BAD DEBT	15,380,707	15,380,707		
b MEDICAL SUPPLIES	6,404,742	6,404,742		
c PHYSICIAN ALLOWANCE	2,137,820	2,137,820		
d PHYSICIAN RECRUITMENT	1,134,546	1,134,546		
e All other expenses	3,084,355	2,786,814	297,541	
25 **Total functional expenses.** Add lines 1 through 24e	408,706,106	395,566,684	13,139,422	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		23,875	1	25,925
	2	Savings and temporary cash investments		63,864,294	2	112,280,977
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,819,898	4	14,153,498
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		13,970,305	7	11,364,876
	8	Inventories for sale or use		3,287,295	8	3,006,742
	9	Prepaid expenses and deferred charges		11,872,934	9	11,712,958
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 453,745,944			
	b	Less accumulated depreciation	10b 171,159,549	283,707,650	10c	282,586,395
	11	Investments—publicly traded securities		274,629,166	11	346,326,964
	12	Investments—other securities See Part IV, line 11		27,259,916	12	73,322,505
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		29,672,921	14	29,963,564
	15	Other assets See Part IV, line 11		482,790,184	15	474,717,299
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,205,898,438	16	1,359,461,703
Liabilities	17	Accounts payable and accrued expenses		75,051,612	17	81,543,443
	18	Grants payable			18	
	19	Deferred revenue		812,547	19	893,996
	20	Tax-exempt bond liabilities		565,540,203	20	553,034,768
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		21,158,136	23	20,260,415
	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		80,243,578	25	17,433,366
	26	**Total liabilities.** Add lines 17 through 25		742,806,076	26	673,165,988
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		463,092,362	27	686,295,715
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		463,092,362	33	686,295,715
	34	Total liabilities and net assets/fund balances		1,205,898,438	34	1,359,461,703

Part XI Reconcilliation of Net Assets

Check 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	379,967,551
2	Total expenses (must equal Part IX, column (A), line 25)	2	408,706,106
3	Revenue less expenses Subtract line 2 from line 1	3	-28,738,555
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	463,092,362
5	Net unrealized gains (losses) on investments	5	61,098,642
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	190,843,266
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	686,295,715

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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 16 00	X		X				1,156,215	0	213,123
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH PHYSICIAN	40 00 0 00	X						679,062	0	91,710
DUANE HOUGENDOBLER DIRECTOR/PH PHYSICIAN	40 00 0 00	X						747,192	0	52,965
MITCHELL STUCKY DIRECTOR/PH PHYSICIAN	40 00 0 00	X						426,417	0	87,513
MICHAEL AXEL DIRECTOR	1 00 1 00	X						4,250	6,750	0
JANET CHRZAN DIRECTOR/SECRETARY	1 00 0 00	X						11,250	0	0
BRIAN EMERICK DIRECTOR	1 00 1 00	X						5,250	6,250	0
DAVID HAIST DIRECTOR	1 00 1 00	X						4,750	3,000	0
THOMAS KARST DIRECTOR	1 00 1 00	X						4,000	7,000	0
THOMAS KIMBROUGH DIRECTOR	1 00 1 00	X						3,250	6,500	0
MICHAEL LEE DIRECTOR	1 00 0 00	X						7,750	0	0
JOHN PRICE DIRECTOR	1 00 1 00	X						4,750	6,500	0
MAX ROESLER DIRECTOR	1 00 2 00	X						4,000	6,250	0
LARRY ROWLAND DIRECTOR	40 00 4 00	X						307,500	0	0
CHARLES SCHRIMPER DIRECTOR/CHAIR	1 00 0 00	X						14,000	0	0
WIL SMITH DIRECTOR/TREASURER	1 00 1 00	X						5,000	3,000	0
THOMAS WALSH DIRECTOR	1 00 0 00	X						10,250	0	0
MICHAEL BROWNING PH SVP & CFO	40 00 16 00			X				622,250	0	119,373
RICK HENVEY PH SVP & COO	40 00 0 00			X				407,722	0	68,945
DEBRA WILLIAMS PH SVP	40 00 0 00				X			586,699	0	8,955
RONALD DOUBLE PH CIO	40 00 0 00				X			433,733	0	76,387
JILL OSTREM PH SVP	40 00 0 00				X			408,622	0	63,780
JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY HOSPITALS	1 00 40 00				X			107,774	272,056	61,792
MARK PIERCE PH CMIO	40 00 0 00				X			378,159	0	73,199
JAMES STAPEL PH MEDICAL DIR - PPG	40 00 0 00				X			366,392	0	82,654

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 BOND PH CMO	40 00 0 00				X			309,810	0	78,332
CATHERINE WILCOX PH SVP	40 00 0 00				X			281,816	0	43,818
DAVID STOREY PH SVP	40 00 0 00				X			189,264	0	43,809
EDWARD SCHULTZ PH PHYSICIAN	40 00 0 00					X		1,177,728	0	20,020
ALLAN BARBISH PH PHYSICIAN	40 00 0 00					X		1,120,504	0	21,332
RAMESH BHAT PH PHYSICIAN	40 00 1 00					X		827,878	40,376	41,117
SAILAJA BLACKMON PH PHYSICIAN	40 00 0 00					X		785,606	0	50,765
DAVID CLARK PH PHYSICIAN	40 00 0 00					X		746,447	0	41,117
STANTON RISSER FORMER OFFICER/CURRENT PH DIR	40 00 0 00						X	165,576	0	31,144
ARTHUR DETORE FORMER KEY EMPLOYEE	0 00 0 00						X	311,936	0	0
JAMES HAUGUEL FORMER KEY EMPLOYEE/CURRENT PH SVP	40 00 0 00						X	253,030	0	47,730
JAMES WITMER FORMER KEY EMPLOYEE/CURRENT PH SVP	40 00 0 00						X	285,900	0	55,274

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 11, 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)

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

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

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

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

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

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

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
See Additional Data Table									
Total									137,342,498

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** 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 ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

Additional Data

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

Form 990, Sch A, Part I, Line 11h - 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 or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) PARKVIEW HOSPITAL INC	350868085	3	Yes		Yes		Yes		106241498
(A) HUNTINGTON MEMORIAL HOSPITAL INC	351970706	3	Yes		Yes		Yes		8462000
(B) WHITLEY MEMORIAL HOSPITAL INC	351967665	3	Yes		Yes		Yes		7898000
(C) COMMUNITY HOSPITAL OF NOBLE COUNTY INC	352089183	3	Yes		Yes		Yes		9047000
(D) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	202401676	3	Yes		Yes		Yes		5694000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

Name of the organization	Employer identification number
PARKVIEW HEALTH SYSTEM INC	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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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		72,272
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		14,537
j	Total Add lines 1c through 1i			86,809
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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	OTHER ACTIVITIES - REPRESENTS THE PORTION OF DUES PAID TO REGIONAL CHAMBER OF NORTHEAST INDIANA, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN COLLEGE OF CARDIOLOGY, AMERICAN MEDICAL ASSOCIATION, INDIANA STATE MEDICAL ASSOCIATION, AMERICAN ACADEMY OF SLEEP MEDICINE, AND AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS USED FOR LOBBYING ACTIVITIES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" to 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
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, 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 ▶ _____

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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" to 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, 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 Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	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 in 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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' to 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	19,940,440	26,856,105		46,796,545
b Buildings		185,679,292	59,764,432	125,914,860
c Leasehold improvements		8,749,116	3,968,478	4,780,638
d Equipment		193,099,126	100,142,600	92,956,526
e Other		19,421,865	7,284,039	12,137,826
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				282,586,395

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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	73,322,505	F
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	73,322,505	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DUE TO/FROM INTERUNIT	471,315,893
(2) PREPAID FINANCING COSTS	2,422,120
(3) MISCELLANEOUS	979,286
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	474,717,299

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACC RETIREMENTS COST	6,688,537
RESERVE FOR SIGNATURE CARE	5,134,901
RESERVE FOR MALPRACTICE	5,602,728
MISCELLANEOUS	7,200
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	17,433,366

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' to 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 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' to 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			60,348		60,348	0 020 %
b Medicaid (from Worksheet 3, column a)			1,975,919	1,054,012	921,907	0 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			632,514	316,949	315,565	0 080 %
d **Total** Financial Assistance and Means-Tested Government Programs			2,668,781	1,370,961	1,297,820	0 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			333,916		333,916	0 080 %
f Health professions education (from Worksheet 5)			304,777		304,777	0 080 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			982,021		982,021	0 250 %
j **Total.** Other Benefits			1,620,714		1,620,714	0 410 %
k **Total.** Add lines 7d and 7j			4,289,495	1,370,961	2,918,534	0 740 %

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			401,442		401,442	0 100 %
2	Economic development			974,500		974,500	0 250 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			1,128,537		1,128,537	0 290 %
9	Other						
10	**Total**			2,504,479		2,504,479	0 640 %

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 Heathcare 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	17,282,175		
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	16,506		
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	6,870,871
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,242,786
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,371,915
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	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	3 PREMIER SURGERY CENTER LLC	SURGERY CENTER	50 000 %		50 000 %
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	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
	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)

Name of hospital facility or facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	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 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	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 Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.PARKVIEW.COM/LOCALHEALTHNEEDS			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	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)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			

Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 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 ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 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?	**21**		No
If "Yes," explain in Part VI			
22 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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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,	PART V, SECTION B, LINE 3 PARKVIEW WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT DURING THE COURSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT BY (1) TAKING STEPS TO STRATIFY THE SAMPLE TO ENSURE THAT POPULATION SUBSETS WERE REPRESENTED ACCURATELY AND RESULTS WOULD BE STATISTICALLY SIGNIFICANT, (2) WORKING WITH LOCAL ADVOCACY ORGANIZATIONS WHO SPECIALIZE IN AIDING THESE VARIOUS POPULATIONS IN OUR COMMUNITIES IN ADDITION, PURDUE HEALTHCARE ADVISORS CONDUCTED A SURVEY OF PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, AND SOCIAL SERVICE AGENCIES THAT SERVE LOW-INCOME POPULATIONS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY COUNTIES TO BETTER UNDERSTAND KEY PUBLIC HEALTH AND HEALTHCARE ISSUES IN THE FIVE-COUNTY AREA THE SURVEY CONSISTED OF THE FOLLOWING COMPONENTS RESPONDENT DEMOGRAPHICS, UNMET NEEDS, HEALTH BEHAVIORS, ENVIRONMENTAL FACTORS, THE GREATEST HEALTH CHALLENGE, BARRIERS TO ACCESSING HEALTHCARE AND UTILIZATION OF EDUCATION AND PREVENTION RESOURCES THE SURVEY WAS CONDUCTED ELECTRONICALLY USING QUALTRICS, A SECURE ONLINE SURVEY ALL DATA WAS COLLECTED AND REPORTED IN AGGREGATE
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,	PART V, SECTION B, LINE 4 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), AND WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665)
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,	PART V, SECTION B, LINE 7 TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY RELATED TO TOBACCO FREE EFFORTS TFAC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY CHLAMYDIA INFECTIONS - THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT IN CONJUNCTION WITH MATTHEW 25 HEALTH AND DENTAL CLINIC OPERATES A SEXUALLY TRANSMITTED DISEASE (STD) CLINIC THE AIDS TASK FORCE OF FORT WAYNE PROVIDES STD PREVENTION EDUCATION TO TEENS AND ADULTS WHICH PARKVIEW SUPPORTS TEEN BIRTHS - LUTHERAN SOCIAL SERVICES' EDUCATION CREATES HOPE AND OPPORTUNITY (ECHO) PROGRAM PROVIDES ONE-ON-ONE, HOME- AND SCHOOL-BASED CASE MANAGEMENT SERVICES TO PREGNANT AND PARENTING TEENS WITH THE GOAL OF TEENS COMPLETING THEIR HIGH SCHOOL EDUCATION AND SETTING OTHER LIFE GOALS TWO OTHER LOCAL ORGANIZATIONS PROVIDE PREGNANCY TESTING, EDUCATION AND SERVICES TO PREGNANT WOMEN AND NEW MOMS INFANT MORTALITY - PARKVIEW IS ADDRESSING PRENATAL CARE AS ONE THE THREE TOP HEALTH PRIORITIES WHICH HAS A DIRECT EFFECT ON INFANT MORTALITY THE HEALTH SYSTEM IS ADDRESSING INFANT MORTALITY THROUGH PATIENT CARE PROTOCOLS, PRENATAL CARE EDUCATION, SAFE SLEEP EDUCATION, CAR SEAT SAFETY AND CHILD ABUSE PREVENTION THE SYSTEM WORKS WITH LOCAL ORGANIZATIONS, THE INDIANA STATE DEPARTMENT OF HEALTH AND STATE-WIDE PERINATAL HEALTH ORGANIZATIONS TO ADDRESS INFANT MORTALITY EXCESSIVE ALCOHOL USE - PARKVIEW BEHAVIORAL HEALTH (PBH) WILL BE ADDRESSING MENTAL HEALTH AS A TOP PRIORITY RELATED TO ALCOHOL ABUSE SPECIFICALLY, PBH PROVIDES DETOXIFICATION SERVICES AND INTENSIVE OUTPATIENT SERVICES IN ADDITION, PBH PARTNERS WITH LOCAL SUBSTANCE ABUSE PROVIDERS, I E , COMMUNITY MENTAL HEALTH CENTERS, FOR OTHER SERVICES ON THE CONTINUUM OF CARE THE DRUG AND ALCOHOL CONSORTIUM OF ALLEN COUNTY HAS AS ITS MISSION TO PROVIDE AN EFFECTIVE NETWORK TO COORDINATE RESOURCES AND EFFORTS TO REDUCE AND ERASE ALCOHOL, TOBACCO AND OTHER DRUG (ATOD) ABUSE AND THE PROBLEMS THAT RESULT FROM SUBSTANCE ABUSE IN THE COMMUNITY THE CONSORTIUM IS MADE UP OF INTERDISCIPLINARY ORGANIZATIONS PBH HAS REPRESENTATION ON THE CONSORTIUM, CONTRIBUTES TO THE ANNUAL PLANNING PROCESS AND PROVIDES DATA TO THE CONSORTIUM THERE ARE OTHER LOCAL SUBSTANCE ABUSE PROGRAMS AND TRANSITIONAL LIVING FACILITIES THAT SERVE THIS POPULATION PRIMARY CARE ACCESS - INCREASING ACCESS TO HEALTHCARE IS A STRATEGIC INITIATIVE FOR THE HEALTH SYSTEM PARKVIEW CONDUCTS PERIODIC STUDIES TO DETERMINE THE AREAS WHERE PHYSICIANS ARE NEEDED AND RECRUITS PHYSICIANS ACCORDINGLY ALLEN COUNTY HAS A STRONG HEALTHCARE SAFETY NET THAT ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED PARTICIPATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC , FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH ORGANIZATIONS
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,	PART V, SECTION B, LINE 11 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC PROVIDES DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,	PART V, SECTION B, LINE 14G POLICY WORDING IS IN THE PROCESS OF BEING UPDATED HOWEVER, THE FOLLOWING DETAILS HOW THE ORGANIZATION CURRENTLY INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY -AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF NORMAL BUSINESS HOURS -SIGNAGE IN THE CASHIER AREAS INFORMS THE PATIENT OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE -THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL THE PATIENT ACCOUNTING CALL CENTER COLLECTORS SCREEN FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -THE ONLINE ACCOUNT MANAGER OF PARKVIEW HEALTH SYSTEM, INC 'S WEBSITE (WWW PARKVIEW COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY -ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS THE FINANCIAL COUNSELORS PROVIDE PAYMENT OPTIONS, INCLUDING SCREENING FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE, AS WELL AS OFFERING FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS - OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THEY WILL BE SCREENED FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE ADDITIONALLY, FREE CARE APPLICATIONS WILL BE OFFERED TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR INABILITY TO PAY
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,	PART V, SECTION B, LINE 20D FULL WRITEOFFS ARE PROVIDED TO PATIENTS WHOSE INCOME FALLS UNDER 200% OF THE FPG ON CHARITY CARE PATIENTS WITH RESIDUAL SELF-PAY BALANCES AFTER INSURANCE PROCESSED AND PAID OR DENIED THEIR CLAIM, 100% OF THE REMAINING ACCOUNT BALANCE AFTER INSURANCE PAYMENTS AND CONTRACTUAL ADJUSTMENTS IS WRITTEN OFF TO CHARITY CARE

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? **86**

	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

Form and Line Reference	Explanation
PART I, LINE 3C	ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CAREPARKVIEW HEALTH SYSTEM, INC PROVIDES DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY
PART I, LINE 7	PART I, LINE 7APARKVIEW HEALTH SYSTEM, INC IS COMMITTED TO PROVIDING CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS IT IS FURTHERMORE THE POLICY OF PARKVIEW HEALTH SYSTEM, INC NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL INABILITY TO PAY HIS/HER MEDICAL EXPENSES THE CHARITY CARE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE CHARITY CARE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7BPARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7CPARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7EAMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE PART I, LINE 7FAMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE 7IIN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HEALTH SYSTEM, INC CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES PARKVIEW HEALTH SYSTEM, INC INCLUDED NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSESPARKVIEW HEALTH SYSTEM, INC EXCLUDED $15,380,707 OF BAD DEBT EXPENSE

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES PARKVIEW HOSPITAL, INC HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY PHYSICIAN RECRUITMENT 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 EACH MEMBER OF PARKVIEW HEALTH SYSTEM, INC 'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE CREATING THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE WE ARE COMMITTED TO PROVIDING EXCELLENT CUSTOMER SERVICE TO ALL PEOPLE PARKVIEW'S EMPLOYED PHYSICIANS DO NOT DISCRIMINATE BASED ON PATIENT PAYER SOURCE WE KNOW HOW IMPORTANT CLINICAL, SERVICE AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF PARKVIEW HEALTH SYSTEM, INC , AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY PRIMARY HEALTH CARE ACCESS HAS BEEN IMPROVED THROUGH THE USE OF MID-LEVEL PROVIDERS AND OPENING NEW FAMILY PRACTICE OFFICES AT LIBERTY MILLS IN SOUTHWEST FORT WAYNE AND NEW VISION DRIVE ON PARKVIEW'S NORTH CAMPUS ALSO, ADDITIONAL HOURS FOR WALK-IN CLINICS LOCATED AT VARIOUS PARKVIEW PHYSICIAN GROUP OFFICES HAVE BEEN INSTITUTED TO ACCOMMODATE SAME-DAY APPOINTMENTS PHYSICAL IMPROVEMENTS THE PARKVIEW NORTH FAMILY PARK IS A RECREATIONAL PARK AREA OPEN TO THE PUBLIC AND LOCATED ON THE NORTH CAMPUS, WHICH IS THE HOME OF THE PARKVIEW REGIONAL MEDICAL CENTER (OPENED IN MARCH, 2012) PARKVIEW HEALTH SYSTEM, INC MAKES THE PARK AVAILABLE TO THE GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY 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 MARKETING PARTNERSHIP'S VISION 20/20 CAMPAIGN TO MARKET NORTHEAST INDIANA ON A GLOBAL BASIS PARKVIEW HEALTH SYSTEM, INC MADE A MULTI-YEAR PLEDGE TO THIS INNOVATIVE CAMPAIGN MIKE PACKNETT, PRESIDENT AND CEO OF PARKVIEW HEALTH, HAS BEEN INSTRUMENTAL IN LEADING THIS GROUP OF COMMUNITY REPRESENTATIVES FROM BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE TEN-COUNTY NORTHEAST INDIANA REGION VISION 20/20'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE TEN-COUNTY REGION IN NORTHEAST INDIANA PARKVIEW ALSO PLAYED A SIGNIFICANT ROLE IN THE DEVELOPMENT OF GREATER FORT WAYNE, INC , A MERGER OF THE GREATER FORT WAYNE CHAMBER OF COMMERCE AND THE FORT WAYNE-ALLEN COUNTY ECONOMIC DEVELOPMENT ALLIANCE SO AS TO ALIGN AND SYNCHRONIZE LOCAL ECONOMIC GROWTH EFFORTS IN ADDITION, PARKVIEW HEALTH SYSTEM, INC CONTINUES TO SUPPORT THE REGIONAL CHAMBER OF NORTHEAST INDIANA MULTI-YEAR SUPPORT IS PROVIDED TO THE FORT WAYNE REDEVELOPMENT COMMISSION FOR A LOCAL BASEBALL STADIUM LOCATED IN DOWNTOWN FORT WAYNE AS PART OF AN EFFORT TO BRING RENEWED ECONOMIC VITALITY TO THE DOWNTOWN AREA THEREBY ENHANCING THE COMMUNITY AS A WHOLE THE BASEBALL FIELD IS THE CENTERPIECE OF OTHER SIGNIFICANT PROJECTS TOWARD THE GOAL OF DOWNTOWN REVITALIZATION IN ADDITION, IT SERVES AS A VENUE FOR PROVIDING PREVENTATIVE HEALTH AND SAFETY EDUCATION AND SCREENINGS TO THE COMMUNITY WORKFORCE DEVELOPMENT PARKVIEW HEALTH SYSTEM, INC PROMOTES CAREERS IN HEALTHCARE THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS DESIGNED FOR HIGH SCHOOL STUDENTS THESE JOB SHADOWING AND INTERNSHIP PROGRAMS ARE COORDINATED BY EDUCATIONAL SERVICES AND TAKE PLACE THROUGHOUT THE ORGANIZATION, OFFERING STUDENTS A VARIETY OF LEARNING EXPERIENCE OPTIONS
PART III, LINE 4	BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTETEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE PAGE 15 OF AUDITED FINANCIAL STATEMENTS COSTING METHODOLOGY USED UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS 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 CHARITY THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY AND ALL COLLECTION EFFORTS CEASE PATIENTS ARE ELIGIBLE TO APPLY FOR FREE CARE AT ANY TIME, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED IN A BAD DEBT AGENCY THE AMOUNT REFLECTED ON LINE 3 WAS CALCULATED BY TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO BAD DEBT AND PLACED WITH A COLLECTION AGENCY, BUT SUBSEQUENTLY RECLASSIFIED AS FREE CARE DURING THE TAX YEAR THE ACCOUNTS WERE RECLASSIFIED AS FREE CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FREE CARE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY PARKVIEW HEALTH SYSTEM, INC PROVIDES HEALTH CARE SERVICES THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER THINGS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF AT-RISK POPULATIONS IN ADDITION, PARKVIEW HEALTH SYSTEM, INC PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE DUE TO INADEQUATE RESOURCES OR WHO ARE UNINSURED OR UNDERINSURED

Form and Line Reference	Explanation
PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTSSUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT PARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT " IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL AS A RESULT, PARKVIEW HEALTH SYSTEM, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT PARKVIEW HEALTH SYSTEM, INC RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION
PART III, LINE 9B	COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR CHARITY CARETHE LAST PARAGRAPH OF THE PAYMENT POLICY STATES "FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL THOSE OPTIONS ARE WELFARE ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL CHARITY PROGRAM (SEE CHARITY CARE POLICY) PATIENTS WILL BE INSTRUCTED TO CONTACT A COUNSELOR TO DISCUSS THE AVAILABLE OPTIONS "ADDITIONALLY, THERE IS AN ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY AND THE NEED FOR PROVIDING CHARITY CARE APPLICATIONS TO PATIENTS IF A PATIENT MAY BE ELIGIBLE FOR MEDICAID, THE HOSPITAL PROVIDES A SERVICE TO OUR PATIENTS THAT HELPS THEM APPLY FOR MEDICAID WITH THE STATE IN WHICH THEY RESIDE IF A PATIENT IS APPROVED FOR CHARITY CARE, THEIR ACCOUNT IS WRITTEN OFF AND COLLECTION EFFORTS CEASE

Form and Line Reference	Explanation
PART VI, LINE 2	DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES PARKVIEW HEALTH SYSTEM, INC AND PARKVIEW HOSPITAL, INC IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT AND OTHERS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTIES (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC PARTNERED WITH INDIANA UNIVERSITY/PURDUE UNIVERSITY FORT WAYNE (IPFW) SOCIAL RESEARCH DEPARTMENT AND PURDUE UNIVERSITY HEALTHCARE ADVISORS TO COMPLETE MUCH OF THE FIELD WORK IPFW CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS IT INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES PURDUE UNIVERSITY ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTH CARE PROFESSIONALS, SOCIAL SERVICE ADVOCACY AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES PURDUE ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES SEVERAL SECONDARY DATA SOURCES WERE UTILIZED TO DETERMINE HEALTH ISSUES FOR THE FIVE-COUNTY AREA THESE RESOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION WINNABLE BATTLES, THE INDIANA STATE HEALTH IMPROVEMENT PLAN AND THE INDIANA HEALTH DEPARTMENT DISTRICT 3 HEALTH ASSESSMENTS IN THE FOURTH QUARTER OF 2013, EACH OF THE FIVE HOSPITALS' BOARD OF DIRECTORS ADOPTED THEIR RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS PARKVIEW HEALTH SYSTEM, INC REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS WITH NUMEROUS HEALTH-RELATED ORGANIZATIONS THROUGHOUT OUR COMMUNITIES PARKVIEW REPRESENTATIVES MEET REGULARLY WITH ORGANIZATIONS THAT SHARE OUR MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITIES HEALTH ISSUES IDENTIFIED BY THE SURVEY INCLUDED OBESITY, TOBACCO USE, CHLAMYDIA INFECTIONS, TEEN BIRTHS, INFANT MORTALITY, PRENATAL CARE, EXCESSIVE ALCOHOL USE, POOR MENTAL HEALTH AND PRIMARY CARE PHYSICIANS (HEALTH CARE ACCESS) THROUGH A PRIORITIZATION PROCESS, OBESITY (HEALTHY LIFESTYLE BEHAVIORS PROMOTION AND EDUCATION) WAS SELECTED AS THE TOP HEALTH PRIORITY TO BE ADDRESSED BY ALL HOSPITALS OF PARKVIEW HEALTH SYSTEM, INC
PART VI, LINE 3	DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY -AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF NORMAL BUSINESS HOURS -SIGNAGE IN THE CASHIER AREAS INFORMS THE PATIENT OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE -THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL THE PATIENT ACCOUNTING CALL CENTER COLLECTORS SCREEN FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -THE ONLINE ACCOUNT MANAGER OF PARKVIEW HEALTH SYSTEM, INC 'S WEBSITE (WWW PARKVIEW COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY -ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS THE FINANCIAL COUNSELORS PROVIDE PAYMENT OPTIONS, INCLUDING SCREENING FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE, AS WELL AS OFFERING FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THEY WILL BE SCREENED FOR THE APPLICABILITY OF GOVERNMENT ASSISTANCE ADDITIONALLY, FREE CARE APPLICATIONS WILL BE OFFERED TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR INABILITY TO PAY

Form and Line Reference	Explanation
PART VI, LINE 4	DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES PARKVIEW HEALTH SYSTEM, INC SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS NORTHWEST OHIO, AND SOUTHEAST MICHIGAN THE TOTAL POPULATION OF OUR SERVICE AREA IS OVER 800,000 THE SYSTEM OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, AND WHITLEY COUNTIES ALLEN COUNTY IS CONSIDERED THE URBAN AREA AMONGST THE OTHER RURAL COUNTIES AND REPRESENTS 70% OF THE TOTAL POPULATION OF THE FIVE-COUNTY AREA EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE FIVE-COUNTY AREA WHERE HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS BASED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, RESOURCES, ETC IN ORDER TO BEST IMPROVE THE POPULATION HEALTH IN THE COMMUNITIES THAT WE SERVE, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PROVIDED PRIMARILY TO THE LOCAL COMMUNITIES IN EACH OF THE FIVE COUNTIES A PORTION OF SOUTHEAST FORT WAYNE IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN ALLEN COUNTY THERE ARE NO FQHCS IN OUR CONTIGUOUS COUNTIES THE POPULATION OF THE FIVE-COUNTY AREA ACCORDING TO 2013 STATISTICS IS 518,665 THE AVERAGE PERCENTAGE OF THOSE BELOW THE FEDERAL POVERTY LEVEL IS 12 78% FOR THE FIVE-COUNTY AREA THE MEDIAN HOUSEHOLD INCOME RANGES FROM $43,552 (HUNTINGTON) TO $52,081 (WHITLEY) THE UNEMPLOYMENT RATE RANGES FROM 4 3% (LAGRANGE COUNTY) TO 5 0% (ALLEN AND NOBLE COUNTIES) AS OF APRIL 2014
PART VI, LINE 5	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) PARKVIEW HEALTH SYSTEM, INC 'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN PARKVIEW HEALTH SYSTEM, INC 'S PRIMARY SERVICE AREA PARKVIEW HEALTH SYSTEM, INC , AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL ENTITIES AND PHYSICIAN PRACTICES, SERVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM EACH OF OUR HEALTHCARE FACILITIES IS EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINISTRATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION PARKVIEW HEALTH SYSTEM, INC SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY PERIODICALLY ASSESSING THE NEEDS OF THE REGION AND OFFERING THE SERVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF THE COMMUNITIES WE SERVE, PARKVIEW HEALTH SYSTEM, INC OPENED THE NEW PARKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH 2012 THIS FACILITY BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE AND PROVIDES GREATER ACCESS TO HEALTHCARE FOR THE ENTIRE REGION OUR HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH CENTRAL FORT WAYNE (PARKVIEW RANDALLIA HOSPITAL) IS IN THE PROCESS OF RECEIVING EXTERNAL RENOVATIONS AND REMAINS A VITAL PART OF THE LOCAL NEIGHBORHOOD WHILE THIS FACILITY CONTINUES TO PROVIDE COMMUNITY-CENTRIC HEALTH CARE SERVICES, PARKVIEW IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS AS A PART OF THESE EFFORTS, PARKVIEW HOSPITAL, INC IS PARTNERING WITH TRINE AND HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CENTER THE CENTER WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION SERVICES AND SENIOR CARE GROUNDBREAKING OF THE MIRRO CENTER FOR RESEARCH AND EDUCATION TOOK PLACE IN OCTOBER 2013 THE CENTER HAS IMPLICATIONS FOR ADVANCEMENTS IN CLINICAL RESEARCH AND EDUCATIONAL OPPORTUNITIES IT WILL HAVE THE CAPABILITY TO LOOK AT DISEASE MANAGEMENT IN A MULTI-PROFESSIONAL SETTING, BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND HEALTH CARE STAFF THOUGH PARKVIEW HAS CONDUCTED CLINICAL RESEARCH IN THE FIELDS OF CARDIOLOGY, NEUROSCIENCES AND ONCOLOGY OVER THE LAST 25 YEARS, THE NEW CENTER WILL ALLOW FORT WAYNE TO BECOME AN INNOVATOR IN THE HEALTH CARE SCIENCES IN PARTNERSHIP WITH REGIONAL AND NATIONAL ACADEMIC INSTITUTIONS SIMULATION LABS WILL BE OPEN TO HEALTH CARE PROFESSIONALS THROUGHOUT THE REGION FOR TRAINING DATA OBTAINED THROUGH PERIODIC COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN PARKVIEW HEALTH SYSTEM, INC 'S STRATEGIC PLANNING PROCESS IN IDENTIFYING COMMUNITY HEALTH NEEDS AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, PARKVIEW HEALTH SYSTEM, INC HAS ESTABLISHED SEVERAL PRIORITY AREAS THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HEALTH SYSTEM, INC 'S MISSION, VISION AND GOALS, AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HEALTH SYSTEM UNDERTAKES PRIORITY AREAS INCLUDE THE FOLLOWING PRIMARY HEALTH CARE/ACCESS TO HEALTH CARE -ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY INCLUDING THE ADDITION OF FAMILY PRACTICE PHYSICIANS AT OUR LIBERTY MILLS AND NEW VISION DRIVE LOCATIONS -EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIAN GROUP OFFICES TO ACCOMMODATE SAME-DAY APPOINTMENTS -CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED INCLUDING FINANCIAL SUPPORT MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS AND COMMUNITY TRANSPORTATION NETWORK - PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THE SERVICES AVAILABLE TO THE COMMUNITY -PROMOTION OF HEALTH CAREERS, PARTICULARLY THOSE IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTH CARE PROFESSIONALS INCLUDING PROGRAM FUNDING AND SCHOLARSHIPS FOR INDIANA/PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS - SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH CANI COVERING KIDS AND FAMILIES THAT PROVIDES ENROLLMENT ELIGIBILITY SERVICES HEALTH SCREENING AND PREVENTION -CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROSTATE SCREENING-TOBACCO CESSATION PROGRAMS ESPECIALLY FOR WOMEN OF CHILDBEARING AGE-INJURY PREVENTION FOR CHILDREN, YOUTH AND SENIORS-DIABETES EDUCATION AND SCREENING-CARDIOVASCULAR DISEASE EDUCATION AND SCREENING-PROGRAMS TO REDUCE DANGEROUS DRIVING-MENTAL HEALTH SCREENINGDISEASE MANAGEMENT -CARDIOVASCULAR DISEASE -CANCER-MENTAL ILLNESSES-TRAUMA AND ORTHOPAEDIC AILMENTS-WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON PRENATAL CARE AND CHILDREN'S ASTHMA-DIABETES AND OBESITY HEALTH INNOVATION, EDUCATION, AND RESEARCH AND DEVELOPMENT - ENHANCING HEALTH CARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRUCTION OF THE MIRRO RESEARCH AND EDUCATION CENTER AND DEVELOPMENT OF THE LIFE AND SCIENCE EDUCATION AND RESEARCH CENTER -PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY THROUGH PROVIDING HIGH-LEVEL LEADERSHIP TO DEVELOP PARTNERSHIPS WITH REGIONAL PARTNER ORGANIZATIONS THAT SHARE COMMON GOALS -DEVELOPMENT OF POPULATION HEALTH MANAGEMENT MODEL THROUGH A PARTNERSHIP WITH EVOLENT HEALTH, A CONSULTING FIRM THAT ASSISTS HEALTH SYSTEMS TO ORGANIZE AND DEVELOP CUSTOMIZED VALUE-BASED CARE MODELS PARKVIEW HEALTH SYSTEM, INC , AS THE PARENT ORGANIZATION, AND THROUGH ITS MEMBER HOSPITALS, ANNUALLY FUNDS LOCAL COMMUNITY HEALTH IMPROVEMENT EFFORTS THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS FUNDS ARE ALSO USED TO SUPPORT COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE WHICH ALIGNS WITH OUR ESTABLISHED MISSION PARKVIEW HEALTH SYSTEM, INC , THROUGH THE HOSPITALS OF PARKVIEW HOSPITAL, INC , PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR IN SCHOOL SYSTEMS THROUGHOUT THE REGION OTHER PARKVIEW HOSPITAL, INC OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDUCATION AND TRAUMA INJURY PREVENTION EDUCATION

Form and Line Reference	Explanation
PART VI, LINE 6	IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTH CARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , WHITLEY MEMORIAL HOSPITAL, INC AND HUNTINGTON MEMORIAL HOSPITAL, INC , AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC PARKVIEW IS GUIDED BY A MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFICIENTLY OPERATING ITS FACILITIES, DELIVERING HIGH QUALITY HEALTH CARE SERVICES TO ITS PATIENTS, AND PROVIDING SUPPORT TO LOCAL BUSINESSES AND ACTIVITIES PARKVIEW HEALTH SYSTEM, INC SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES AFFILIATE HOSPITALS WORK TOGETHER, AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED FROM THE LIST OF HEALTH ISSUES IN THE FIVE-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY OR PROMOTING HEALTHY LIFESTYLES INCLUDING GOOD NUTRITION AND PHYSICAL ACTIVITY WAS SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW HEALTH SYSTEM, INC PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF PARKVIEW'S MISSION IS TO PROVIDE HIGH QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTH CARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

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

Additional Data

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

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

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 Facilty (describe)
1	PARKVIEW PHYSICIANS GROUP 3909 NEW VISION DRIVE FORT WAYNE,IN 468451725	PHYSICIAN OFFICE
2	PARKVIEW PHYSICIANS GROUP 11123 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 468451707	PHYSICIAN OFFICE
3	PARKVIEW PHYSICIANS GROUP 1270 E STATE ROAD 205 COLUMBIA CITY,IN 467259492	PHYSICIAN OFFICE
4	PARKVIEW PHYSICIANS GROUP 1515 HOBSON ROAD FORT WAYNE,IN 468054802	PHYSICIAN OFFICE
5	PARKVIEW PHYSICIANS GROUP 11108 PARKVIEW CIRCLE DRIVE FORT WAYNE,IN 468451730	PHYSICIAN OFFICE
6	PARKVIEW PHYSICIANS GROUP 1331 MINNICH ROAD NEW HAVEN,IN 467742051	PHYSICIAN OFFICE
7	PARKVIEW PHYSICIANS GROUP 11141 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 468451713	PHYSICIAN OFFICE
8	PARKVIEW PHYSICIANS GROUP 2708 GUILFORD STREET HUNTINGTON,IN 467509701	PHYSICIAN OFFICE
9	PARKVIEW PHYSICIANS GROUP 2710 LAKE AVENUE FORT WAYNE,IN 468055412	PHYSICIAN OFFICE
10	PARKVIEW PHYSICIANS GROUP 8028 CARNEGIE BLVD FORT WAYNE,IN 468045787	PHYSICIAN OFFICE
11	PARKVIEW PHYSICIANS GROUP 2235 DUBOIS WARSAW,IN 465803212	PHYSICIAN OFFICE
12	PARKVIEW PHYSICIANS GROUP 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE,IN 468451730	PHYSICIAN OFFICE
13	PARKVIEW PHYSICIANS GROUP 326 SAWYER ROAD KENDALLVILLE,IN 467552573	PHYSICIAN OFFICE
14	PARKVIEW PHYSICIANS GROUP 1818 CAREW STREET FORT WAYNE,IN 468054788	PHYSICIAN OFFICE
15	PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS ROAD FORT WAYNE,IN 468149182	PHYSICIAN OFFICE
16	PARKVIEW PHYSICIANS GROUP 2003 STULTS ROAD HUNTINGTON,IN 467501291	PHYSICIAN OFFICE
17	PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD FORT WAYNE,IN 468046311	PHYSICIAN OFFICE
18	PARKVIEW PHYSICIANS GROUP 6130 TRIER ROAD FORT WAYNE,IN 468155378	PHYSICIAN OFFICE
19	PARKVIEW PHYSICIANS GROUP 2414 E STATE BLVD FORT WAYNE,IN 468054760	PHYSICIAN OFFICE
20	PARKVIEW PHYSICIANS GROUP 5104 N CLINTON FORT WAYNE,IN 468255720	PHYSICIAN OFFICE
21	PARKVIEW PHYSICIANS GROUP 207 N TOWNLINE ROAD LAGRANGE,IN 467611325	PHYSICIAN OFFICE
22	PARKVIEW PHYSICIANS GROUP 2231 CAREW ST FORT WAYNE,IN 468054713	PHYSICIAN OFFICE
23	PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DRIVE FORT WAYNE,IN 46809	PHYSICIAN OFFICE
24	PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA ROAD HUNTERTOWN,IN 46748	PHYSICIAN OFFICE
25	PARKVIEW PHYSICIANS GROUP 13430 MAIN STREET GRABILL,IN 467412001	PHYSICIAN OFFICE
26	PARKVIEW PHYSICIANS GROUP 1316 E SEVENTH STREET AUBURN,IN 467062523	PHYSICIAN OFFICE
27	PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST ROAD FORT WAYNE,IN 468352524	PHYSICIAN OFFICE
28	PARKVIEW PHYSICIANS GROUP 2814 THEATER AVE HUNTINGTON,IN 467507978	PHYSICIAN OFFICE
29	PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA,IN 467100069	PHYSICIAN OFFICE
30	PARKVIEW PHYSICIANS GROUP 112 N MAIN ST MILFORD,IN 46542	PHYSICIAN OFFICE
31	PARKVIEW PHYSICIANS GROUP 2402 LAKE AVENUE FORT WAYNE,IN 468055406	PHYSICIAN OFFICE
32	PARKVIEW PHYSICIANS GROUP 577 GEIGER DRIVE ROANOKE,IN 467838877	PHYSICIAN OFFICE
33	PARKVIEW PHYSICIANS GROUP 1720 BEACON STREET FORT WAYNE,IN 468054749	PHYSICIAN OFFICE
34	PARKVIEW PHYSICIANS GROUP 2600 N DETROIT STREET LAGRANGE,IN 467611154	PHYSICIAN OFFICE
35	PARKVIEW PHYSICIANS GROUP 306 E MAUMEE STREET ANGOLA,IN 467032035	PHYSICIAN OFFICE
36	PARKVIEW PHYSICIANS GROUP 885 CONNEXION WAY COLUMBIA CITY,IN 467251044	PHYSICIAN OFFICE
37	PARKVIEW PHYSICIANS GROUP 3217 LAKE AVENUE FORT WAYNE,IN 468055427	PHYSICIAN OFFICE
38	PARKVIEW PHYSICIANS GROUP 401 N SAWYER RD KENDALLVILLE,IN 467552568	PHYSICIAN OFFICE
39	PARKVIEW PHYSICIANS GROUP 714 W HARCOURT ANGOLA,IN 46703	PHYSICIAN OFFICE
40	PREMIER SURGERY CENTER LLC 1333 MAYCREST DRIVE FORT WAYNE,IN 46805	PHYSICIAN OFFICE
41	PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY FORT WAYNE,IN 46804	PHYSICIAN OFFICE
42	IMAGING SYSTEMS HOLDINGS LLC 3707 NEW VISION DRIVE FORT WAYNE,IN 46845	PHYSICIAN OFFICE
43	NORTHEAST INDIANA CANCER CENTER LLC 516 E MAUMEE STREET ANGOLA,IN 46703	PHYSICIAN OFFICE
44	PARKVIEW ORTHO CENTER LLC 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE,IN 46845	PHYSICIAN OFFICE
45	PARKVIEW PHYSICIANS GROUP 710 N EAST STREET WABASH,IN 469921914	PHYSICIAN OFFICE
46	FOUNDATION SURGERY AFF O FT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE,IN 46804	PHYSICIAN OFFICE
47	PARKVIEW PHYSICIANS GROUP 4665 STATE ROAD 5 SOUTH WHITLEY,IN 467879101	PHYSICIAN OFFICE
48	PARKVIEW PHYSICIANS GROUP 4668 W JEFFERSON BLVD FORT WAYNE,IN 468046892	PHYSICIAN OFFICE
49	PARKVIEW PHYSICIANS GROUP 8175 W US 20 SHIPSHEWANA,IN 46565	PHYSICIAN OFFICE
50	PARKVIEW PHYSICIANS GROUP 1314 E SEVENTH STREET AUBURN,IN 467062535	PHYSICIAN OFFICE
51	PARKVIEW PHYSICIANS GROUP 4084 NORTH US HIGHWAY 33 CHURUBUSCO,IN 467239563	PHYSICIAN OFFICE
52	PARKVIEW PHYSICIANS GROUP 1234 E DUPONT ROAD FORT WAYNE,IN 468251545	PHYSICIAN OFFICE
53	PARKVIEW PHYSICIANS GROUP 1381 N WAYNE ST ANGOLA,IN 467032348	PHYSICIAN OFFICE
54	PARKVIEW PHYSICIANS GROUP 420 N SAWYER RD KENDALLVILLE,IN 467552572	PHYSICIAN OFFICE
55	PARKVIEW PHYSICIANS GROUP 3303 TRIER ROAD FORT WAYNE,IN 468154768	PHYSICIAN OFFICE
56	PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE ROAD ALBION,IN 467011534	PHYSICIAN OFFICE
57	PARKVIEW PHYSICIANS GROUP 5 MATCHETTE DRIVE PIERCETON,IN 465629073	PHYSICIAN OFFICE
58	PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER,IN 467679601	PHYSICIAN OFFICE
59	PARKVIEW PHYSICIANS GROUP 1844 IDA RED ROAD KENDALLVILLE,IN 467552873	PHYSICIAN OFFICE
60	PARKVIEW PHYSICIANS GROUP 3030 LAKE AVENUE FORT WAYNE,IN 468055428	PHYSICIAN OFFICE
61	PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA,IN 467039313	PHYSICIAN OFFICE
62	PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA FORT WAYNE,IN 468054638	PHYSICIAN OFFICE
63	PARKVIEW PHYSICIANS GROUP 512 NORTH PROFESSIONAL WAY KENDALLVILLE,IN 467552927	PHYSICIAN OFFICE
64	PARKVIEW PHYSICIANS GROUP 1758 W 100 S PORTLAND,IN 473718204	PHYSICIAN OFFICE
65	PARKVIEW PHYSICIANS GROUP 208 N COLUMBUS ST HICKSVILLE,OH 435261250	PHYSICIAN OFFICE
66	PARKVIEW PHYSICIANS GROUP 1129 FIRST STREET HUNTINGTON,IN 467502313	PHYSICIAN OFFICE
67	PARKVIEW PHYSICIANS GROUP 3974 NEW VISION DRIVE FORT WAYNE,IN 468451712	PHYSICIAN OFFICE
68	PARKVIEW PHYSICIANS GROUP 1032 W WAYNE ST PAULDING,OH 458791545	PHYSICIAN OFFICE
69	PARKVIEW PHYSICIANS GROUP 2500 BELLEFONTAINE ROAD DECATUR,IN 467332351	PHYSICIAN OFFICE
70	PARKVIEW PHYSICIANS GROUP 442 WEST HIGH BRYAN,OH 435061681	PHYSICIAN OFFICE
71	PARKVIEW PHYSICIANS GROUP 344 N MAIN STREET COLUMBIA CITY,IN 467251745	PHYSICIAN OFFICE
72	PARKVIEW PHYSICIANS GROUP 410 E MITCHELL ST KENDALLVILLE,IN 467551890	PHYSICIAN OFFICE
73	PARKVIEW PHYSICIANS GROUP 620 W NORTH STREET COLUMBIA CITY,IN 467251214	PHYSICIAN OFFICE
74	PARKVIEW PHYSICIANS GROUP 3905 CARROLL RD FORT WAYNE,IN 468189528	PHYSICIAN OFFICE
75	PARKVIEW PHYSICIANS GROUP 1391 N BALDWIN AVE MARION,IN 469521913	PHYSICIAN OFFICE
76	PARKVIEW PHYSICIANS GROUP 213 FAIRVIEW BLVD KENDALLVILLE,IN 467552988	PHYSICIAN OFFICE
77	PARKVIEW PHYSICIANS GROUP 121 WESTFIELD ARCHBOLD,OH 435021065	PHYSICIAN OFFICE
78	PARKVIEW PHYSICIANS GROUP 3250 INTERTECH ANGOLA,IN 467037223	PHYSICIAN OFFICE
79	PARKVIEW PHYSICIANS GROUP 3946 ICE WAY FORT WAYNE,IN 468051018	PHYSICIAN OFFICE
80	PARKVIEW PHYSICIANS GROUP 276 MANCHESTER AVE WABASH,IN 469921808	PHYSICIAN OFFICE
81	PARKVIEW PHYSICIANS GROUP 2510 E DUPONT ROAD FORT WAYNE,IN 468251600	PHYSICIAN OFFICE
82	PARKVIEW PHYSICIANS GROUP 2500 N DETROIT STREET LAGRANGE,IN 467611158	PHYSICIAN OFFICE
83	PARKVIEW PHYSICIANS GROUP 1900 CAREW STREET FORT WAYNE,IN 468054765	PHYSICIAN OFFICE
84	PARKVIEW PHYSICIANS GROUP 412 N SAWYER ROAD KENDALLVILLE,IN 467552572	PHYSICIAN OFFICE
85	PARKVIEW PHYSICIANS GROUP 1234 EAST DUPONT RD STE 6 FORT WAYNE,IN 468251545	PHYSICIAN OFFICE
86	PARKVIEW PHYSICIANS GROUP 2120 NORTH DETROIT STREET LAGRANGE,IN 46761	PHYSICIAN OFFICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 46

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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 Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMBASSY THEATRE 125 WEST JEFFERSON BLVD FORT WAYNE,IN 46802	23-7355731	501 (C) 3	500,000				CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER FORT WAYNE INC 826 EWING STREET FORT WAYNE,IN 46802		501 (C) 6	300,000				BE PART OF SOMETHING GREATER CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IPFW 2101 EAST COLISEUM BLVD FORT WAYNE,IN 46805	35-6033698	501 (C) 3	159,000				HIGHER EDUCATION PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SAINT FRANCIS 2701 SPRING STREET FORT WAYNE,IN 46806	35-0886846	501 (C) 3	151,200				SUPPORT FOR SCHOOL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF FORT WAYNE REDEVELOPMENT COMMISSION ONE EAST MAIN STREET FORT WAYNE,IN 46802		GOVT ORG	150,000				CAPITAL MAINTENANCE & IMPROVEMENT FUND - PARKVIEW FIELD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IN INSTITUTE OF TECHNOLOGY 1600 E WASHINGTON BLVD FORT WAYNE,IN 46803	35-0845258	501 (C) 3	120,000				REPAIR FRAME AND ACQUIRE PIECES OF ART FOR LAW SCHOOL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS,IN 46222	35-0868175	501(C)3	100,000				MEDICAL SCHOOL PROGRAMS AND OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT 4 FITNESS P O BOX 9007 FORT WAYNE,IN 46899	26-1936423	501 (C) 3	82,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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 310 NORTH MAIN STREET AUBURN,IN 46706	35-0868958	501 (C) 3	80,000				CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITY PERFORMING ARTS FOUNDATION P O BOX 10394 FORT WAYNE,IN 46852	35-2110907	501 (C) 3	70,000				SPONSORSHIP UNITY CHOIR EVENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLACKHAWK MINISTRIES 7400 EAST STATE BLVD FORT WAYNE,IN 46815	35-1285808	501 (C) 3	49,900				SCHOLARSHIP FUNDING PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCIENCE CENTRAL 1950 N CLINTON FORT WAYNE,IN 46805	31-1032583	501 (C) 3	33,333				PROGRAMS & OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WABASH COUNTY YMCA 500 S CASS STREET FORT WAYNE,IN 46992	35-0733765	501 (C) 3	26,525				INVESTMENT IN CHILDREN - ESTABLISH COLLEGE SAVINGS ACCOUNTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT WAYNE PHILHARMONIC ORCHESTRA INC 4901 FULLER DR FORT WAYNE,IN 46835	35-0791163	501 (C) 3	25,000				OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCAN 500 W MAIN STREET FORT WAYNE,IN 46802	31-0899309	501 (C) 3	25,000				BUILDING RENOVATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IVY TECH FOUNDATION 3800 N ANTHONY BLVD FORT WAYNE,IN 46805	23-7073977	501 (C) 3	23,500				EVENT SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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 2135 SOUTH HANNA STREET FORT WAYNE,IN 46803	35-0869052	501 (C) 3	20,250				PROGRAMS & OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STEUBEN COUNTY COMMUNITY FOUNDATION 5009 E US HIGHWAY 20 ANGOLA,IN 46703	35-1857065	501 (C) 3	20,000				OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDWEST ALLIANCE FOR HEALTH EDUCATION 1819 CAREW FORT WAYNE,IN 46805	35-1637515	501 (C) 3	15,000				RESEARCH PROJECTS AND INTERNSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT WAYNE MUSEUM OF ART 311 EAST MAIN STREET FORT WAYNE,IN 46802	35-0953440	501 (C) 3	12,500				ART PROGRAMS AND OPERATIONS FUNDING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA 601 NOBLE DRIVE FORT WAYNE,IN 46825	35-0922731	501 (C) 3	12,500				MUDDY TRAIL RUN SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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
UNITED WAY OF ALLEN COUNTY 334 EAST BERRY STREET FORT WAYNE,IN 46845	35-0867932	501 (C) 3	12,500				OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTERN GOLF ASSOC 1 BRIAR RD GOLF,IL 60029	36-6002857	501 (C) 3	12,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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	12,075				NUTRITION AND FITNESS PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ERINS HOUSE 5670 YMCA PARK DRIVE FORT WAYNE,IN 46835	35-1884264	501 (C) 3	11,000				PROGRAMS & OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MATTHEW 25 HEALTH CLINIC 413 E JEFFERSON BLVD FORT WAYNE,IN 46802	35-1484951	501 (C) 3	11,000				PROGRAMS & OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORE 5712 LANCASHIRE COURT FORT WAYNE,IN 46825	30-0526171	501 (C) 3	10,000				CURRICULUM, OPPORTUNITIES, AND RESOURCES FOR EDUCATORS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT WAYNE AREA YOUTH FOR CHRIST 6427 OAKBROOK PARKWAY FORT WAYNE,IN 46825	35-1051837	501 (C) 3	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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 PARK FOUNDATION P O BOX 13201 FORT WAYNE,IN 46867	23-7358430	501 (C) 3	10,000				NEW BLOOM SCULPTURE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAACP FORT WAYNE CHAPTER 1307 E LEWIS STREET FORT WAYNE,IN 46803	80-0592313	501 (C) 3	10,000				SPONSORSHIP FREEDOM FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW COVENANT WORSHIP CENTER 3701 S CALHOUN STREET FORT WAYNE,IN 46807	26-1645778	501 (C) 3	10,000				PROGRAMS AND OPERATIONS FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST INDIANA 11109 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 46845	35-1950376	501 (C) 3	10,000				SPONSORSHIP RHINESTONE RODEO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VERA BRADLEY FOUNDATION FOR BREAST CANCER P O BOX 80201 FORT WAYNE,IN 46898	35-2058177	501 (C) 3	10,000				PROGRAMS & OPERATING FUNDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VINCENT VILLAGE INC 2827 HOLTON AVENUE FORT WAYNE,IN 46806	35-1780135	501 (C) 3	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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
CONCORDIA LUTHERAN SCHOOL 4245 LAKE AVENUE FORT WAYNE,IN 46815	35-6033883	501 (C) 3	8,277				TECHNOLOGY PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PURDUE UNIVERSITY 401 S GRANT ST WEST LAFAYETTE,IN 47907	35-6002041	501 (C) 3	7,927				CHNA NEEDS ASSESSMENT SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRYAN ATHLETIC BOOSTERS P O BOX 224 BRYAN,OH 43506	34-1419275	501 (C) 3	7,500				PRESS BOX PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANCHESTER UNIVERSITY 604 E COLLEGE AVENUE NORTH MANCHESTER,IN 46962	35-0868127	501 (C) 3	7,500				HIGHER EDUCATION PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BISHOP LUERS HIGH SCHOOL 333 EAST PAULDING ROAD FORT WAYNE,IN 46816	35-1041555	501 (C) 3	7,000				ATHLETIC DEPARTMENT VIDEO EQUIPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATL FALLEN FIREFIGHTERS FOUNDATION 16825 SOUTH SETON AVENUE EMMITSBURG,MD 21727	52-1832634	501 (C) 3	7,000				SPONSORSHIP - PROGRAMS TO HONOR AND REMEMBER FALLEN FIREFIGHTERS AND TO ASSIST THEIR SURVIVORS IN REBUILDING THEIR LIVES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANTERBURY SCHOOL INC 3210 SMITH ROAD FORT WAYNE,IN 46804	35-1410931	501 (C) 3	6,000				EVENT SPONSOR OF CANTERBURY SCHOOL CAVALIER OPEN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF GREATER FORT WAYNE 347 WEST BERRY SUITE 500 FORT WAYNE,IN 46802	35-0886850	501 (C) 3	5,540				STRONG KIDS PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HICKORY CENTER ELEMENTARY SCHOOL 3606 BAIRD ROAD FORT WAYNE,IN 46818	35-1118183	501 (C) 3	5,500				SPECIAL EDUCATION PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILLOWBROOK DAY SCHOOL INCORPORATED 101 W DUPONT ROAD FORT WAYNE,IN 46825	51-0589202	501 (C) 3	5,500				EDUCATION PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT WAYNE HABITAT FOR HUMANITY 1021 S CALHOUN ST FORT WAYNE,IN 46802	35-1687064	501 (C) 3	5,300				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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 921 W COLISEUM BLVD FORT WAYNE,IN 46808	38-3651599	501 (C) 3	5,250				SPONSORSHIP - PROGRAMS TO HELP WOMEN HAVE HEALTHIER PREGNANCIES AND BECOME BETTER PARENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TWELVE CITIES 1830 WAYNE TRACE FORT WAYNE,IN 46806	31-1103390	501 (C) 3	5,094				SPONSORSHIP

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(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 reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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	PERSONAL SERVICES TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO RAYMOND DUSMAN $500
PART I, LINES 4A-B	SEVERANCE PAYMENT - DEBRA WILLIAMS $285,582 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - ALLAN BARBISH $716,479, JEFFREY BROOKES $15,551, ARTHUR DETORE $311,936, RONALD DOUBLE $13,081, JAMES HAUGUEL $11,391, RICK HENVEY $11,803, JILL OSTREM $21,765, MARK PIERCE $13,413, EDWARD SCHULTZ $683,717, JAMES STAPEL $31,657 DEBRA WILLIAMS $101,824, JAMES WITMER $11,760 PARTICIPANTS DEFERRED - THOMAS BOND $37,042, JEFFREY BROOKES $31,662, MICHAEL BROWNING $53,100, RONALD DOUBLE $35,400, RAYMOND DUSMAN $37,170, JAMES HAUGUEL $22,170, RICK HENVEY $35,400, JILL OSTREM $31,294, MICHAEL PACKNETT $170,002, MARK PIERCE $32,280, JAMES STAPEL $32,387, DAVID STOREY $12,390, MITCHELL STUCKY $39,117, CATHERINE WILCOX $17,700, JAMES WITMER $23,728
PART I, LINE 7	MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) IS AN ANNUAL INCENTIVE PROGRAM SYSTEM GOALS ARE APPROVED BY THE BOARD IN ADVANCE OF THE PLAN YEAR AT CONCLUSION OF THE PLAN YEAR, RESULTS ARE SHARED WITH THE BOARD AND THE BOARD APPROVES FINAL PAYMENT

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(I) (II)	812,073 0	323,754 0	20,388 0	187,852 0	25,271 0	1,369,338 0	0 0
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH PHYSICIAN	(I) (II)	554,075 0	103,174 0	21,813 0	65,220 0	26,490 0	770,772 0	0 0
DUANE HOUGENDOBLER DIRECTOR/PH PHYSICIAN	(I) (II)	635,502 0	105,080 0	6,610 0	28,050 0	24,915 0	800,157 0	0 0
MITCHELL STUCKY DIRECTOR/PH PHYSICIAN	(I) (II)	334,564 0	87,497 0	4,356 0	67,167 0	20,346 0	513,930 0	0 0
LARRY ROWLAND DIRECTOR	(I) (II)	307,500 0	0 0	0 0	0 0	0 0	307,500 0	0 0
MICHAEL BROWNING PH SVP & CFO	(I) (II)	461,450 0	141,682 0	19,118 0	89,278 0	30,095 0	741,623 0	0 0
RICK HENVEY PH SVP & COO	(I) (II)	306,101 0	88,828 0	12,793 0	45,600 0	23,345 0	476,667 0	11,803 0
DEBRA WILLIAMS PH SVP	(I) (II)	92,637 0	74,985 0	419,077 0	5,988 0	2,967 0	595,654 0	101,824 0
RONALD DOUBLE PH CIO	(I) (II)	335,931 0	83,203 0	14,599 0	66,000 0	10,387 0	510,120 0	13,081 0
JILL OSTREM PH SVP	(I) (II)	267,474 0	64,850 0	76,298 0	40,917 0	22,863 0	472,402 0	21,765 0
JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY HOSPITALS	(I) (II)	13,308 272,056	76,077 0	18,389 0	13,325 33,637	4,208 10,622	125,307 316,315	0 15,551
MARK PIERCE PH CMIO	(I) (II)	266,702 0	83,564 0	27,893 0	47,580 0	25,619 0	451,358 0	13,413 0
JAMES STAPEL PH MEDICAL DIR - PPG	(I) (II)	231,926 0	77,838 0	56,628 0	62,987 0	19,667 0	449,046 0	31,657 0
THOMAS BOND PH CMO	(I) (II)	272,803 0	34,699 0	2,308 0	53,817 0	24,515 0	388,142 0	0 0
CATHERINE WILCOX PH SVP	(I) (II)	151,108 0	94,453 0	36,255 0	33,000 0	10,818 0	325,634 0	0 0
DAVID STOREY PH SVP	(I) (II)	163,864 0	25,039 0	361 0	21,983 0	21,826 0	233,073 0	0 0
EDWARD SCHULTZ PH PHYSICIAN	(I) (II)	407,143 0	66,924 0	703,661 0	7,650 0	12,370 0	1,197,748 0	0 0
ALLAN BARBISH PH PHYSICIAN	(I) (II)	352,189 0	51,027 0	717,288 0	7,650 0	13,682 0	1,141,836 0	0 0
RAMESH BHAT PH PHYSICIAN	(I) (II)	732,695 40,376	90,428 0	4,755 0	28,050 0	13,067 0	868,995 40,376	0 0
SAILAJA BLACKMON PH PHYSICIAN	(I) (II)	667,482 0	111,510 0	6,614 0	22,950 0	27,815 0	836,371 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID CLARK PH PHYSICIAN	(I) (II)	679,475 0	60,248 0	6,724 0	28,050 0	13,067 0	787,564 0	0 0
STANTON RISSER FORMER OFFICER/CURRENT PH DIR	(I) (II)	137,621 0	27,491 0	464 0	11,765 0	19,379 0	196,720 0	0 0
ARTHUR DETORE FORMER KEY EMPLOYEE	(I) (II)	311,936 0	0 0	0 0	0 0	0 0	311,936 0	311,936 0
JAMES HAUGUEL FORMER KEY EMPLOYEE/CURRENT PH SVP	(I) (II)	190,902 0	49,289 0	12,839 0	39,534 0	8,196 0	300,760 0	11,391 0
JAMES WITMER FORMER KEY EMPLOYEE/CURRENT PH SVP	(I) (II)	203,211 0	66,523 0	16,166 0	39,028 0	16,246 0	341,174 0	11,760 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY	35-1602316	45471ABQ4	08-27-2009	264,703,254	SEE PART VI	X			X		X
B	INDIANA FINANCE AUTHORITY	35-1602316	45471AAS1	08-27-2009	223,665,000	SEE PART VI		X		X		X
C	INDIANA FINANCE AUTHORITY	35-1602316	NONEAVAIL	05-24-2012	28,000,000	SEE PART VI		X		X		X
D	INDIANA FINANCE AUTHORITY	35-1602316	45471AHR6	05-24-2012	94,631,826	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	33,880,000			1,420,000
2	Amount of bonds legally defeased	37,335,000			
3	Total proceeds of issue	264,704,689	223,915,573	28,000,000	94,714,776
4	Gross proceeds in reserve funds	20,757,872			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	36,347,283			36,347,283
7	Issuance costs from proceeds	3,453,166	1,369,431		1,022,698
8	Credit enhancement from proceeds	193,601	193,601		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	149,086,870	149,086,870		
11	Other spent proceeds	261,251,523	73,265,671	28,000,000	57,344,795
12	Other unspent proceeds				
13	Year of substantial completion	2009	2011	2012	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
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?		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 you checked "No rebate due" in 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		WELLS FARGO & PNC					
c	Term of hedge	20 000000000000		20 000000000000					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		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, PART I, COLUMN F, LINE A	SERIES 2009A - 1) PARTIALLY REFUNDED OUTSTANDING 2005 SERIES BOND ISSUE WHICH WAS ISSUED ON JULY 28, 2005 2) PARTIALLY REFUNDED OUTSTANDING BONDS FOR 2001 SERIES BOND ISSUE WHICH WERE ISSUED ON NOVEMBER 6, 2001
SCHEDULE K, PART I, COLUMN F, LINE B	SERIES 2009BCD - 1) NEW MONEY FOR CONSTRUCTION OF NEW HOSPITAL IN FORT WAYNE, IN 2) FULLY REFUNDED BALANCE OF OUTSTANDING 2005 SERIES BONDS WHICH WERE ISSUED ON JULY 28, 2005
SCHEDULE K, PART I, COLUMN F, LINE C	SERIES 2010 - 1) NEW MONEY FOR CONSTRUCTION OF NEW PARKVIEW WHITLEY HOSPITAL FACILITY IN COLUMBIA CITY, IN 2) REISSUED ON MAY 24, 2012
SCHEDULE K, PART I, COLUMN F, LINE D	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
SCHEDULE K, PART II, COLUMN A, LINE 3	THIS AMOUNT INCLUDES INTEREST OF $1,435 EARNED ON COST OF ISSUANCE FUNDS
SCHEDULE K, PART II, COLUMN B, LINE 3	THIS AMOUNT INCLUDES INTEREST OF $250,573 EARNED ON PROJECT AND COST OF ISSUANCE FUNDS
SCHEDULE K, PART II, COLUMN D, LINE 3	THIS AMOUNT INCLUDES INTEREST OF $82,950 EARNED ON ESCROW AND COST OF ISSUANCE FUNDS
SCHEDULE K, PART III, COLUMNS A-D, LINES 4-6	AS PART OF OUR EFFORTS TO MONITOR AND ENSURE THAT THERE IS NO PRIVATE USE AT OUR BOND FINANCED FACILITIES, WE CONTRIBUTE EQUITY TO FINANCE A PORTION OF OUR NEW MONEY PROJECTS
SCHEDULE K, PART III, COLUMNS A-D, LINE 7	THE BONDS ARE NOT PRIVATE ACTIVITY BONDS BECAUSE THEY DO NOT MEET THE PRIVATE BUSINESS USE TEST
SCHEDULE K, PART IV, COLUMN A, LINE 2C	REBATE CALCULATION PERFORMED ON SEPTEMBER 15, 2014
SCHEDULE K, PART IV, COLUMN B, LINE 2C	BOND ISSUE MET THE 24 MONTH REBATE SPENDING EXCEPTION CALCULATION PERFORMED ON DECEMBER 8, 2011
SCHEDULE K, PART IV, COLUMN C, LINE 2C	BOND ISSUE MET THE 6 MONTH REBATE SPENDING EXCEPTION REISSUANCE OF 2010 BONDS RESULTED IN A CURRENT REFUNDING AND THERE WERE NO ADDITIONAL PROCEEDS CREATED BY THE REISSUANCE
SCHEDULE K, PART IV, COLUMN D, LINE 2C	REBATE CALCULATION PERFORMED ON SEPTEMBER 15, 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

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. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting 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	(e) Sharing of organization's revenues? No
(1) FCFP LLC	ENTITY OF WHICH DIRECTOR MITCHELL STUCKY OWNED A GREATER THAN 5% INTEREST	725,169	RENTAL OF PROPERTY TO PARKVIEW HEALTH SYSTEM, INC - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH ADDITIONALLY, DIRECTOR MITCHELL STUCKY DOES NOT PARTICIPATE IN THE DISCUSSIONS/DECISION TO LEASE PROPERTY OR THE LEASE TERMS AND PAYMENTS		No
(2) NORTHEAST ORTHOPAEDIC HOSPITAL INVESTORS LLC	ENTITY OF WHICH DIRECTOR MICHAEL LEE OWNED A GREATER THAN 5% INTEREST	21,198,333	PARKVIEW HEALTH SYSTEM, INC AND NORTHEAST ORTHOPAEDIC HOSPITAL INVESTORS, LLC ARE BOTH MEMBERS IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC THE TOTAL AMOUNT INVESTED BY PARKVIEW HEALTH SYSTEM, INC IN THE JOINT VENTURE AS OF 12/31/2013 IS $21,198,333		No
(3) GALILEO MANAGEMENT SERVICES LLC	ENTITY OF WHICH DIRECTOR LARRY ROWLAND WAS SERVING AS AN OFFICER	300,000	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, TREASURER AND SECRETARY OF THE CORPORATION AND AT LEAST ONE DIRECTOR WHO IS AN EX-OFFICIO VOTING MEMBER OF THE BOARD AND SUCH OTHER DIRECTORS AS ARE DESIGNATED BY THE CHAIR OF THE BOARD THE EXECUTIVE COMMITTEE MAY ACT AS THE EXECUTIVE COMPENSATION COMMITTEE FOR THE CORPORATION AT THE DISCRETION OF THE CHAIR, OTHERS MAY BE INVITED TO PARTICIPATE IN EXECUTIVE COMMITTEE MEETINGS WITHOUT VOTE THE CHAIR OF THE BOARD SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE 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 THE EXECUTIVE COMMITTEE MAY SERVE AS THE EXECUTIVE COMPENSATION COMMITTEE FOR THE CORPORATION AND ALL OF ITS ENTITIES, AS DETERMINED BY THE CHAIR OF THE BOARD, AT WHICH TIME, THE EXECUTIVE COMPENSATION COMMITTEE SHALL ESTABLISH THE COMPENSATION FOR ALL KEY MANAGEMENT PERSONNEL, PURSUANT TO THE STANDARDS OF CONDUCT RELATING TO EXECUTIVE COMPENSATION NO INTERESTED PERSON MAY SERVE ON THE EXECUTIVE COMPENSATION COMMITTEE NO OTHER BOARD OR COMMITTEE CAN APPROVE EXECUTIVE COMPENSATION ARRANGEMENTS THE EXECUTIVE COMMITTEE SHALL ANNUALLY RECEIVE, REVIEW AND MAKE RECOMMENDATIONS ON ENTITY BOARDS AND SHALL SUBMIT RECOMMENDATIONS FOR ALL SYSTEM BOARD APPOINTMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER MICHAEL BROWNING AND DIRECTOR MITCHELL STUCKY HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY

Return Reference	Explanation	
	FORM 990, PART VI, SECTION A, LINE 4	DURING 2013, THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF PARKVIEW HEALTH SYSTEM, INC ARTICLE IV, SECTION 2 IS AS FOLLOWS THE BOARD OF DIRECTORS SHALL BE COMPOSE D OF NO MORE THAN TWENTY (20) DIRECTORS THE COMPOSITION OF THE BOARD OF DIRECTORS SHALL C ONSIST OF THE FOLLOWING (A) SIX (6) EX-OFFICIO VOTING MEMBERS, WHO SHALL CONSIST OF THE C HAIRS OF PARKVIEW HOSPITAL, PARKVIEW WHITLEY HOSPITAL, PARKVIEW HUNTINGTON HOSPITAL, PARKV IEW NOBLE HOSPITAL, PARKVIEW LAGRANGE HOSPITAL AND PARKVIEW PHYSICIANS' GROUP OR SUCH OTHE R MEMBER OF THE BOARD AS DESIGNATED BY THE RESPECTIVE BOARD, (B) UP TO TWELVE (12) AT-LARG E 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 INTE RNAL REVENUE SERVICE ELECTED DIRECTORS SHALL BE SELECTED FROM AMONG PERSONS, INCLUDING RE SIDENTS 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 FUNCTIO NS OF THE SYSTEM BOARD WILL BE TO CREATE THE VISION AND STRATEGIC PLAN AS A RESULT, DIREC TORS SHALL BE INDIVIDUALS WHO HAVE DEMONSTRATED LEADERSHIP SKILLS, RELEVANT EXPERTISE, INT EGRITY, DEMONSTRATED PROFESSIONAL / BUSINESS SUCCESS AND WHO ARE PEOPLE OF VISION WHEN VA CANCIES ON THE BOARD OCCUR BY REASON OF DEATH, RESIGNATION, OR OTHERWISE, THE NUMBER OF DI RECTORS SHALL BE REDUCED BY SUCH VACANCIES UNTIL QUALIFIED REPLACEMENTS ARE ELECTED, AS SE T FORTH IN ARTICLE IV, SECTION 4 IT SHALL BE THE DUTY OF DIRECTORS TO ATTEND REGULAR, SPE CIAL AND ANNUAL MEETINGS ARTICLE IV, SECTION 4 IS AS FOLLOWS IN THE EVENT THAT A VACANCY OF A DIRECTOR WHO IS NOT SERVING IN AN EX OFFICIO CAPACITY OCCURS IN THE BOARD, THE GOVER NANCE COMMITTEE SHALL NOMINATE A CANDIDATE AND PRESENT THE NAME TO THE BOARD THE NEW DIRE CTOR SHALL NOT SERVE FOR THE UNEXPIRED TERM OF THE DIRECTOR THAT IS REPLACED, BUT SHALL IN STEAD BEGIN THEIR OWN TERM ON THE BOARD ANY CURRENT DIRECTOR THAT FILLED AN UNEXPIRED TER M OF THEIR PREDECESSOR PRIOR TO JANUARY 1, 2010, SHALL BE "GRANDFATHERED" ARTICLE VI, SEC TION 3 IS AS FOLLOWS THE BOARD SHALL HAVE THE FOLLOWING STANDING COMMITTEES (A) EXECUTIV E COMMITTEE (B) FINANCE COMMITTEE (C) CORPORATE COMPLIANCE COMMITTEE (D) QUALITY COMMITTEE (E) AUDIT COMMITTEE (F) GOVERNANCE COMMITTEE (G) IT GOVERNANCE COMMITTEE ARTICLE VI, SECT ION 4(B) IS AS FOLLOWS THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION IN AN Y MATTER WHEN THE BOARD IS NOT IN SESSION IN ADDITION, THE COMMITTEE SHALL PERFORM ALL RE SPONSIBILITIES DELEGATED TO IT BY THE BOARD THE EXECUTIVE COMMITTEE MAY SERVE AS THE EXEC UTIVE COMPENSATION COMMITTEE FOR THE CORPORATION AND ALL OF ITS ENTITIES, AS DETERMINED BY THE CHAIR OF THE BOARD, AT WHICH TIME, THE EXECUTIVE COMPENSATION COMMITTEE SHALL ESTABLI SH THE COMPENSATION FOR ALL KEY MANAGEMENT PERSONNEL, PURSUANT TO THE STANDARDS OF CONDUCT RELATING TO EXECUTIVE COMPENSATION NO INTERESTED PERSON MAY SERVE ON THE EXECUTIVE COMPE NSATION COMMITTEE NO OTHER BOARD OR COMMITTEE CAN APPROVE EXECUTIVE COMPENSATION ARRANGEM ENTS ARTICLE VI, SECTION 5(A) IS AS FOLLOWS THE FINANCE, CORPORATE COMPLIANCE, QUALITY, AUDIT, GOVERNANCE AND IT GOVERNANCE COMMITTEES OF THE CORPORATION SHALL BE JOINT COMMITTEE S WITH THE BOARD COMMITTEES OF EACH PARKVIEW HEALTH SYSTEM, INC AFFILIATE AND SUBSIDIARY HOSPITAL (THE "SYSTEM COMMITTEES") THE SPECIFIC DUTIES OF SAID SYSTEM COMMITTEES SET FORT H BELOW SHALL BE PERFORMED NOT ONLY FOR THE CORPORATION, BUT FOR EACH OF THE AFOREMENTIONE D HOSPITALS ARTICLE VI, SECTION 5(F) IS AS FOLLOWS THE GOVERNANCE COMMITTEE SHALL CONSIS T OF NOT LESS THAN THREE (3) INDEPENDENT AND DISINTERESTED BOARD MEMBERS, AND SHALL INCLUD E THE VICE CHAIR OF THE PARKVIEW HEALTH BOARD, WHO SHALL SERVE AS THE CHAIR OF THE GOVERNA NCE COMMITTEE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF PARKVIEW HEALTH SHALL SERVE ON THE COMMITTEE, AND MAY DESIGNATE ANOTHER OFFICER TO ATTEND COMMITTEE MEETINGS ON HIS/HER BEHALF THE GOVERNANCE COMMITTEE SHALL BE CONDUCTED CONSISTENT WITH THE TERMS OF THE GOVER NANCE COMMITTEE CHARTER TO ASSIST THE BOARD OF DIRECTORS IN ITS RESPONSIBILITY FOR ENSURIN G EFFECTIVE GOVERNANCE OF THE CORPORATION AND ENHANCING BOARD MEMBER EFFECTIVENESS AND DEV ELOPMENT IN ADDITION, THE GOVERNANCE COMMITTEE WILL REPORT DIRECTLY TO THE BOARD OF DIREC TORS ON THE FOLLOWING ACTIVITIES AND ISSUES (I) THE GOVERNANCE COMMITTEE SHALL REVIEW AND FORMULATE POLICIES THAT ADDRESS AND ARE DESIGNED TO IMPROVE GOVERNANCE EFFECTIVENESS, INC LUDING BOARD COMMITTEE STRUCTURE AND RESPONSIBILITIES (II) THE GOVERNANCE COMMITTEE SHALL SERVE AS THE NOMINATING COMMITTEE FOR THE BOARD C

Return Reference	Explanation	
	FORM 990, PART VI, SECTION A, LINE 4	HAIR, AND SHALL IDENTIFY AND RECOMMEND BOARD DIRECTORS AND COMMITTEE MEMBERS FOR APPOINTME NT THAT SUPPORT THE MISSION OF PARKVIEW HEALTH AND REFLECT THE DIVERSITY OF ITS COMMUNITIE S (III) THE GOVERNANCE COMMITTEE SHALL DESIGN AND PERIODICALLY ASSESS THE ORIENTATION PRO GRAM FOR NEW BOARD MEMBERS, ASSIST THE BOARD REGARDING EVALUATION AND RECOMMENDATIONS FOR BOARD MEMBER SUCCESSION PLANNING, AND IDENTIFY PROGRAMS TO ENHANCE BOARD MEMBER EFFECTIVEN ESS AND ONGOING DEVELOPMENT THE GOVERNANCE COMMITTEE SHALL ALSO PLAN THE BOARD'S SEMI-ANN UAL RETREAT (IV)MEETINGS THE GOVERNANCE COMMITTEE WILL MEET AS NEEDED, BUT NO LESS FREQU ENTLY THAN ANNUALLY ARTICLE IX, SECTION 2 IS AS FOLLOWS A QUORUM FOR THE PURPOSE OF DOIN G BUSINESS SHALL BE A MAJORITY OF THE MEMBERS OF THE BOARD A MAJORITY OF ANY STANDING OR SPECIAL COMMITTEE SHALL CONSTITUTE A QUORUM IF NECESSARY TO CONSTITUTE A QUORUM, A MEMBER CAN BE COUNTED AS PRESENT IF THROUGH MEANS OF TELECOMMUNICATION SAID MEMBER MAY HEAR AND BE HEARD BY ALL OTHER MEMBERS PRESENT AT SUCH MEETINGS THE ACT OF THE MAJORITY OF THE IND IVIDUALS PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT SHALL BE THE ACT OF THE BOARD O R COMMITTEE EXCEPT WHERE OTHERWISE PROVIDED BY LAW OR BY THESE BYLAWS ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN AT ANY MEETING OF THE BOARD (OR OF ANY COMMITTEE THEREOF) MAY BE TAKEN WITHOUT A MEETING BY WAY OF WRITTEN CONSENT TO INCLUDE ELECTRONIC/E-MAIL COMMUNICAT ION IF SUCH CONSENT IS EXECUTED BY A MAJORITY OF THE MEMBERS OF THE BOARD AN ELECTRONIC/E -MAIL COMMUNICATION EXPRESSING SUPPORT FOR THE PENDING ACTION SHALL BE COUNTED AS AN EXECU TION OF SUCH CONSENT ALL ELECTRONIC VOTES OR FAXES SHALL BE MAINTAINED IN THE MINUTE BOOK OF THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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 8, 2014, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AS DESCRIBED IN ARTICLE IX SECTION 6, OF THE PARKVIEW HEALTH SYSTEM, INC (PH) BYLAWS, PH ADOPTED PH'S COMPLIANCE POLICY FOR THE ORGANIZATION AND 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 "

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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, REVIEW, AND APPROVAL BY THE GOVERNING BODY, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS IN 2013, THE BOARD OF PARKVIEW HEALTH SYSTEM, INC REVIEWED AND APPROVED ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2013 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 MERIT BUDGET FOR THE ENTIRE ORGANIZATION THE BOARD REVIEWS AND APPROVES THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) OFFICES OR POSITIONS REVIEWED AT THE 2013 MEETING PRESIDENT AND CHIEF EXECUTIVE OFFICER PRESIDENT PARKVIEW REGIONAL MEDICAL CENTER (PRMC) AND AFFILIATES PRESIDENT COMMUNITY HOSPITAL PHYSICIAN EXECUTIVE OFFICER PARKVIEW PHYSICIANS GROUP SENIOR VICE PRESIDENT CHIEF FINANCIAL OFFICER SENIOR VICE PRESIDENT CHIEF INFORMATION OFFICER SENIOR VICE PRESIDENT COO PARKVIEW HEALTH SENIOR VICE PRESIDENT COO PARKVIEW PHYSICIANS GROUP SENIOR VICE PRESIDENT COO SERVICE LINE LEADER SENIOR VICE PRESIDENT DELIVERY SYSTEM INTEGRATION SENIOR VICE PRESIDENT FACILITY DESIGN AND OVERSIGHT SENIOR VICE PRESIDENT GENERAL COUNSEL SENIOR VICE PRESIDENT HUMAN RESOURCES SENIOR VICE PRESIDENT PATIENT CARE SENIOR VICE PRESIDENT SERVICE LINE LEADER SENIOR VICE PRESIDENT STRATEGIC INITIATIVES VICE PRESIDENT CHANGING SPACES CONSTRUCTION PROJECT MANAGEMENT VICE PRESIDENT HUMAN RESOURCES VICE PRESIDENT MKTG/COMM/COMMUNITY RELATIONS VICE PRESIDENT NURSING PRMC VICE PRESIDENT NURSING RANDALLIA VICE PRESIDENT PARKVIEW PHYSICIANS GROUP FINANCE VICE PRESIDENT PARKVIEW PHYSICIANS GROUP PHYSICIAN PRACTICES VICE PRESIDENT PATIENT CARE SERVICES COMMUNITY HOSPITAL VICE PRESIDENT PLANNING AND DECISION SUPPORT VICE PRESIDENT RANDALLIA OPERATIONS VICE PRESIDENT REVENUE CYCLE MANAGEMENT VICE PRESIDENT STRATEGY AND BUSINESS DEVELOPMENT VICE PRESIDENT SUPPLY CHAIN VICE PRESIDENT SURGICAL AND ANCILLARY SERVICES PRMC AND AFFILIATES MEDICAL DIRECTOR COMMUNITY HOSPITAL MEDICAL DIRECTOR HEALTH PLAN SERVICES MEDICAL DIRECTOR PARKVIEW PHYSICIANS GROUP MEDICAL DIRECTOR INTEGRATION AND DEVELOPMENT CHIEF MEDICAL INFORMATICS OFFICER CHIEF MEDICAL OFFICER PRMC AND AFFILIATES EXECUTIVE DIRECTOR EMPLOYER STRATEGIES

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

Return Reference	Explanation
FORM 990, PART V, LINE 1A, 2A AND PART VII, SECTION B, LINE 2	PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION 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, 2013 WAS 969 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2013 WAS 9,926 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR PARKVIEW HEALTH SYSTEM, INC WAS 667 AND 2,983 RESPECTIVELY AS REFLECTED IN PART VII, SECTION B, 20 INDEPENDENT CONTRACTORS RECEIVED MORE THAN $100,000 IN COMPENSATION FOR SERVICES FROM PARKVIEW HEALTH SYSTEM, INC

Return Reference	Explanation
FORM 990, PART IX, LINES 5-10	PARKVIEW HEALTH SYSTEM, INC , EIN 35-1972384, SERVES AS THE COMMON PAYING AGENT FOR ALL TAX-EXEMPT ORGANIZATIONS OF THE SYSTEM SALARIES AND WAGES OF EMPLOYEES WORKING FOR THESE ORGANIZATIONS ARE CHARGED DIRECTLY TO THE ORGANIZATIONS IN WHICH THEY WORK THE ACTUAL EXPENSES FOR PAYROLL TAXES, EMPLOYEE BENEFITS, AND PENSION PLAN CONTRIBUTIONS ARE REFLECTED ON THE BOOKS OF PARKVIEW HEALTH SYSTEM, INC FOR FINANCIAL REPORTING PURPOSES TO ACCOUNT FOR BENEFIT COSTS ON THE BOOKS OF THE OTHER TAX EXEMPT ORGANIZATIONS, AN ALLOCATION METHODOLOGY IS UTILIZED TO CHARGE THESE ORGANIZATIONS WITH AN ESTIMATE OF THE OVERALL COSTS, REFERRED TO AS A "BENEFIT ALLOCATION" FROM PARKVIEW HEALTH SYSTEM, INC THE ALLOCATION DOES NOT DISTINGUISH BETWEEN THE COSTS OF THE VARIOUS COMPONENTS (I E PAYROLL TAXES, EMPLOYEE BENEFITS, AND PENSION PLAN CONTRIBUTIONS) THEREFORE, FOR PURPOSES OF THE FORM 990, PART IX, THE TOTAL BENEFIT ALLOCATION FOR THE EMPLOYEES' SALARIES AND WAGES REPORTED ON LINE 7 IS REFLECTED ON LINE 9 AND NOT ALLOCATED BETWEEN LINES 8 OR 10 FOR PURPOSES OF THE FORM 990, PART IX, LINES 5 AND 6 REFLECT COMPENSATION AND BENEFIT AMOUNTS REPORTED IN PART VII

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET ADJUSTMENT TRANSFERS 1,957,173 BOOK/TAX DIFF FROM K-1'S 2,657,904 CURRENT YEAR EARNINGS TRANSFERRED FROM 501(C)3'S 120,425,954 AMORTIZE BOND SWAP OCI 42,600 ADJUST OCI FOR PENSION 65,759,635

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314015404

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. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) NEW VISION PROFESSIONAL PARK LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	REAL ESTATE	IN	1,093,144	10,605,434	PARKVIEW HEALTH SYSTEM INC
(2) TRICON DIEBOLD DEVELOPMENT LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 46-4037822	REAL ESTATE	IN	0	0	PARKVIEW HEALTH SYSTEM INC

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

(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	(g) No
See Additional Data Table							

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	28,506,460	31,271,302		No		Yes		60 000 %
(2) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	293,799	196,173		No		Yes		51 000 %
(3) MANAGED CARE SERVICES LLC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 35-1996535	HEALTH PLAN ADMIN	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	2,568,520	6,712,845		No		Yes		90 000 %
(4) PARKVIEW IMAGING HUNTINGTON LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 20-8651460	EQUIPMENT LEASING	IN	HUNTINGTON MEMORIAL HOSPITAL INC	RELATED	264,118	367,851		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) PARKVIEW PROFESSIONAL PROGRAMS INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 35-1668888	REFERENCE LAB	IN	PARKVIEW HOSPITAL INC	C	12,127,329	5,080,590			No
(2) MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	PARKVIEW HEALTH SYSTEM INC	C	35,186,710	3,409,756	100 000 %		No

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

		Yes	No
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 orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 35-0868085	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(1) PARKVIEW FOUNDATION INC 2200 RANDALLIA DRIVE FORT WAYNE, IN 46805 23-7220589	FUND MGMT	IN	501(C)(3)	LINE 11A, I	PARKVIEW HOSPITAL INC	Yes	
(2) PARKVIEW OCCUPATIONAL HEALTH CENTERS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2064353	OCCUP HEALTH	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(3) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(4) COMMUNITY HOSPITAL OF NOBLE COUNTY INC 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(5) COMMUNITY HOSPITAL OF NOBLE COUNTY FOUNDATION INC 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2089183	FUND MGMT	IN	501(C)(3)	LINE 11A, I	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Yes	
(6) WHITLEY MEMORIAL HOSPITAL INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(7) WHITLEY MEMORIAL HOSPITAL FOUNDATION INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 31-1190239	FUND MGMT	IN	501(C)(3)	LINE 11A, I	WHITLEY MEMORIAL HOSPITAL INC	Yes	
(8) HUNTINGTON MEMORIAL HOSPITAL INC 2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(9) PARKVIEW HUNTINGTON HOSPITAL FOUNDATION INC 2001 STULTS ROAD HUNTINGTON, IN 46750 32-0012095	FUND MGMT	IN	501(C)(3)	LINE 11A, I	HUNTINGTON MEMORIAL HOSPITAL INC	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HUNTINGTON MEMORIAL HOSPITAL INC	A	1,274,504	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	A	1,481,271	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	A	149,009	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	A	1,743,462	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	A	3,300,245	PART VII SUPPLEMENTAL INFORMATION
MIDWEST COMMUNITY HEALTH ASSOCIATES INC	A	1,482,012	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	D	8,596,241	PART VII SUPPLEMENTAL INFORMATION
MIDWEST COMMUNITY HEALTH ASSOCIATES INC	D	2,231,989	PART VII SUPPLEMENTAL INFORMATION
HUNTINGTON MEMORIAL HOSPITAL INC	J	1,274,504	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	J	149,009	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	J	1,743,465	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	J	3,300,245	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	J	1,481,271	PART VII SUPPLEMENTAL INFORMATION
MIDWEST COMMUNITY HEALTH ASSOCIATES INC	J	1,482,012	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	K	82,485	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	K	1,513,304	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	K	188,112	PART VII SUPPLEMENTAL INFORMATION
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	L	6,613,856	PART VII SUPPLEMENTAL INFORMATION
FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC	L	66,250	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	Q	150,822,208	PART VII SUPPLEMENTAL INFORMATION
HUNTINGTON MEMORIAL HOSPITAL INC	Q	11,147,586	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Q	11,345,051	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	Q	10,533,654	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	Q	7,010,381	PART VII SUPPLEMENTAL INFORMATION
MANAGED CARE SERVICES LLC	Q	235,000	PART VII SUPPLEMENTAL INFORMATION

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MANAGED CARE SERVICES LLC	Q	250,000	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW PROFESSIONAL PROGRAMS INC	Q	1,018,896	PART VII SUPPLEMENTAL INFORMATION
PARKVIEW HOSPITAL INC	S	95,173,061	PART VII SUPPLEMENTAL INFORMATION
HUNTINGTON MEMORIAL HOSPITAL INC	S	11,566,741	PART VII SUPPLEMENTAL INFORMATION
WHITLEY MEMORIAL HOSPITAL INC	S	7,240,636	PART VII SUPPLEMENTAL INFORMATION
COMMUNITY HOSPITAL OF NOBLE COUNTY INC	S	8,396,236	PART VII SUPPLEMENTAL INFORMATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

TY 2013 Consideration Computation Statement

Name: PARKVIEW HEALTH SYSTEM INC

EIN: 35-1972384

Statement: A)EMPLOYMENT CONTRACTB)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND JAY D. FAWVER, M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACT IS FOR 3 YEARS UNLESS TERMINATED SOONER. C) NON-COMPETE AGREEMENTD)THERE IS A NON-COMPETE AGREEMENT INCLUDED IN THE ASSET PURCHASE AGREEMENT, AND EXECUTED THROUGH THE PHYSICIAN EMPLOYMENT CONTRACT. THE NON-COMPETE AGREEMENT HAS A ZERO VALUE.E)AGREEMENT FOR BILLING AND COLLECTION SERVICESF)THE AGREEMENT FOR BILLING AND COLLECTION SERVICES IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND PSYCHIATRIC INNOVATIONS, P. C. (SELLER). THE AGREEMENT FOR BILLING AND COLLECTION SERVICES IS FOR 2 YEARS UNLESS TERMINATED SOONER. PURCHASER IS NOT BUYING SELLER'S ACCOUNTS RECEIVABLE. HOWEVER PURCHASER WILL PERFORM THE BILLING SERVICES ON BEHALF OF SELLER FOR ONLY THE PROFESSIONAL MEDICAL SERVICES PROVIDED BY THE SELLER TO PATIENTS PRIOR TO MAY 1, 2013. PURCHASER WILL ALSO PROVIDE COLLECTION SERVICES FOR ACCOUNTS UNPAID. DURING THE TERM OF THIS AGREEMENT PURCHASER SHALL BE ENTITLED TO A FEE FOR ITS SERVICES IN THE AMOUNT OF 7% OF NET RECEIPTS COLLECTED.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

TY 2013 Consideration Computation Statement

Name: PARKVIEW HEALTH SYSTEM INC

EIN: 35-1972384

Statement: A)EMPLOYMENT CONTRACT B)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) TODD BRANDON, M.D. (OWNER/SELLER/PHYSICIAN), MICHAEL GRABOWSKI, M.D. (OWNER/SELLER/PHYSICIAN), CRAIG T. MARKS, M.D. (OWNER/SELLER/PHYSICIAN), TODD SIDER, M.D. (OWNER/SELLER/PHYSICIAN), AND JEFFREY A. YODER, M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACTS FOR ALL PHYSICIANS ARE FOR 3 YEARS, EACH INDIVIDUAL, UNLESS TERMINATED SOONER.C)EMPLOYMENT CONTRACT D)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND ADELINE DELADISMA, M.D. (PHYSICIAN). THE EMPLOYMENT CONTRACT IS 3 YEARS UNLESS TERMINATED SOONER.E)EMPLOYMENT CONTRACT F)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND ALAN YAHANDA, M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACT IS 2 YEARS UNLESS TERMINATED SOONER.G)EMPLOYMENT CONTRACT H)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER), RAYMOND A. CAVA, M.D. (OWNER/SELLER/PHYSICIAN) AND JOSEPH C. MULLER, M.D. (PHYSICIAN). THE EMPLOYMENT CONTRACTS FOR BOTH PHYSICIANS ARE FOR 3 YEARS, EACH INDIVIDUAL, UNLESS TERMINATED SOONER.I)EMPLOYMENT CONTRACT - ALLIED HEALTH PROFESSIONAL (AHP)J)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER), STACEY BOSWELL, PA-C (AHP), MEGAN E. COLLINS, NP-C (AHP) AND BRYAN MATHIESON, NP (AHP). THE EMPLOYMENT CONTRACTS FOR ALL AHPS ARE FOR 3 YEARS, EACH INDIVIDUAL, UNLESS TERMINATED SOONER.K)NON-COMPETE AGREEMENTL)THERE IS A NON-COMPETE AGREEMENT INCLUDED IN THE ASSET PURCHASE AGREEMENT, AND EXECUTED THROUGH THE PHYSICIAN EMPLOYMENT CONTRACT. THE NON-COMPETE AGREEMENT HAS A ZERO VALUE.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

TY 2013 Consideration Computation Statement

Name: PARKVIEW HEALTH SYSTEM INC

EIN: 35-1972384

Statement: A)EMPLOYMENT CONTRACTB)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER), PIYUSH SHAH, M.D. (OWNER/SELLER/PHYSICIAN) AND LOURDU SAVARIAR, M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACTS FOR BOTH PHYSICIANS ARE FOR 3 YEARS, EACH INDIVIDUAL, UNLESS TERMINATED SOONER.C)NON-COMPETE AGREEMENTD) THERE IS A NON-COMPETE AGREEMENT INCLUDED IN THE ASSET PURCHASE AGREEMENT, AND EXECUTED THROUGH THE PHYSICIAN EMPLOYMENT CONTRACT. THE NON-COMPETE AGREEMENT HAS A ZERO VALUE.E)LEASE AGREEMENT (TRIPLE NET FREESTANDING BUILDING)F)THE LEASE AGREEMENT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (LESSEE/PURCHASER) AND LSPS REALTY, LLC (LESSOR/LOURDU SAVARIAR MD & PIYUSH SHAH, M.D. OWNERS/SELLERS/PHYSICIANS) FOR THE MEDICAL OFFICE SPACE LOCATED AT 2418 THEATER AVENUE, HUNTINGTON, INDIANA 46750. THE LEASE AGREEMENT IS FOR ONE YEAR FOR THE MINIMUM ANNUAL RENT OF $42,240.00 (2560 SQUARE FOOT LEASED SPACE OF $16.50 PER SQUARE FOOT). THE MINIMUM ANNUAL RENT SHALL BE ADJUSTED ON AN ANNUAL BASIS FOR EACH YEAR, OR A PART THEREOF, DURING THE LEASE TERM AND ANY EXTENSION THEREOF.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

TY 2013 Consideration Computation Statement

Name: PARKVIEW HEALTH SYSTEM INC

EIN: 35-1972384

Statement: A)EMPLOYMENT CONTRACTB)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND KISHORI SHAH, M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACT IS FOR 3 YEARS UNLESS TERMINATED SOONER. C)NON-COMPETE AGREEMENTD)THERE IS A NON-COMPETE AGREEMENT INCLUDED IN THE ASSET PURCHASE AGREEMENT, AND EXECUTED THROUGH THE PHYSICIAN EMPLOYMENT CONTRACT. THE NON-COMPETE AGREEMENT HAS A ZERO VALUE.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

TY 2013 Consideration Computation Statement

Name: PARKVIEW HEALTH SYSTEM INC

EIN: 35-1972384

Statement: A)EMPLOYMENT CONTRACTB)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND LISA A. HATCHER, M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACT IS FOR 3 YEARS UNLESS TERMINATED SOONER. C)NON-COMPETE AGREEMENTD)THERE IS A NON-COMPETE AGREEMENT INCLUDED IN THE ASSET PURCHASE AGREEMENT, AND EXECUTED THROUGH THE PHYSICIAN EMPLOYMENT CONTRACT. THE NON-COMPETE AGREEMENT HAS A ZERO VALUE.E)AGREEMENT FOR BILLING AND COLLECTION SERVICESF)THE AGREEMENT FOR BILLING AND COLLECTION SERVICES IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND LISA A. HATCHER, M.D. (SELLER/OWNER/PHYSICIAN). THE AGREEMENT FOR BILLING AND COLLECTION SERVICES IS FOR 2 YEARS UNLESS TERMINATED SOONER. PURCHASER IS NOT BUYING SELLER'S ACCOUNTS RECEIVABLE. HOWEVER PURCHASER WILL PERFORM THE BILLING SERVICES ON BEHALF OF SELLER FOR ONLY THE PROFESSIONAL MEDICAL SERVICES PROVIDED BY THE SELLER TO PATIENTS PRIOR TO DECEMBER 1, 2013. PURCHASER WILL ALSO PROVIDE COLLECTION SERVICES FOR ACCOUNTS UNPAID. DURING THE TERM OF THIS AGREEMENT PURCHASER SHALL BE ENTITLED TO A FEE FOR ITS SERVICES IN THE AMOUNT OF 7% OF NET RECEIPTS COLLECTED. G)MEDICAL OFFICE BUILDING LEASE AGREEMENTH) THE LEASE AGREEMENT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (LESSEE/PURCHASER) AND LISHON, LLC (LESSOR/LISA A. HATCHER, MD OWNER/SELLER/PHYSICIAN) FOR THE MEDICAL OFFICE BUILDING LOCATED AT 620 WEST NORTH STREET, COLUMBIA CITY, INDIANA 46725. THE LEASE AGREEMENT IS FOR THE TIME PERIOD OF DECEMBER 1, 2013 TO DECEMBER 3, 2013. LESSEE WILL PAY LESSOR THE SUM OF $286.35.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314015404

TY 2013 Consideration Computation Statement

Name: PARKVIEW HEALTH SYSTEM INC

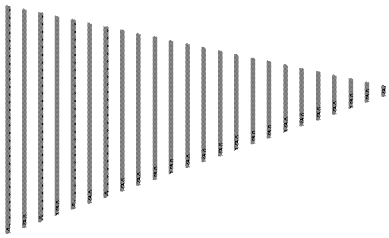
EIN: 35-1972384

Statement: A)EMPLOYMENT CONTRACTB)THE EMPLOYMENT CONTRACT IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER), PAMELA S. HIGGINS M.D. (OWNER/SELLER/PHYSICIAN), AND ERIC D. REICHENBACH M.D. (OWNER/SELLER/PHYSICIAN). THE EMPLOYMENT CONTRACTS FOR BOTH PHYSICIANS ARE FOR 3 YEARS, EACH INDIVIDUAL, UNLESS TERMINATED SOONER.C)NON-COMPETE AGREEMENTD)THERE IS A NON-COMPETE AGREEMENT INCLUDED IN THE ASSET PURCHASE AGREEMENT, AND EXECUTED THROUGH THE PHYSICIAN EMPLOYMENT CONTRACT. THE NON-COMPETE AGREEMENT HAS A ZERO VALUE.E)AGREEMENT FOR BILLING AND COLLECTION SERVICESF)THE AGREEMENT FOR BILLING AND COLLECTION SERVICES IS BETWEEN PARKVIEW HEALTH SYSTEM, INC. (PURCHASER) AND MANCHESTER CLINIC, LLC (SELLER). THE AGREEMENT FOR BILLING AND COLLECTION SERVICES IS FOR 2 YEARS UNLESS TERMINATED SOONER. PURCHASER IS NOT BUYING SELLER'S ACCOUNTS RECEIVABLE. HOWEVER PURCHASER WILL PERFORM THE BILLING SERVICES ON BEHALF OF SELLER FOR ONLY THE PROFESSIONAL MEDICAL SERVICES PROVIDED BY THE SELLER TO PATIENTS PRIOR TO JANUARY 1, 2014. PURCHASER WILL ALSO PROVIDE COLLECTION SERVICES FOR ACCOUNTS UNPAID. DURING THE TERM OF THIS AGREEMENT PURCHASER SHALL BE ENTITLED TO A FEE FOR ITS SERVICES IN THE AMOUNT OF 7% OF NET RECEIPTS COLLECTED.

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Parkview Health System, Inc and Subsidiaries
d/b/a Parkview Health
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Building a better working world

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Consolidated Financial Statements and
Supplementary Information

Years Ended December 31, 2013 and 2012

Contents

EY
Bu d ng a better
work ng wor d

Report of Independent Auditors

The Board of Directors
Parkview Health System, Inc

We have audited the accompanying consolidated financial statements of Parkview Health System, Inc and subsidiaries (the Corporation), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

EY
Bu d ng a better
work ng wor d

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Parkview Health System, Inc and subsidiaries at December 31, 2013 and 2012, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The accompanying details of consolidated balance sheets as of December 31, 2013 and 2012, and the details of consolidated statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis and are not a required part of the financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole

Ernst + Young LLP

March 27, 2014

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2013	**2012**
Assets		
Current assets		
Cash and cash equivalents	**$ 106,161**	$ 65,980
Short-term investments	**12,645**	–
Patient accounts receivable, less allowances for bad debts of $68,535 and $62,168 in 2013 and 2012, respectively	**165,480**	156,649
Inventories	**16,907**	15,992
Prepaid expenses and other current assets	**28,724**	27,153
Estimated third-party payor settlements	**4,393**	4,790
Collateral from securities lending agreement	**1,309**	2,028
Total current assets	**335,619**	272,592
Investments		
Board-designated investments	**507,688**	424,621
Funds held by trustees	**24,900**	24,670
Securities pledged	**2,280**	3,231
Other investments	**157**	139
	535,025	452,661
Property and equipment		
Cost	**1,555,520**	1,570,240
Less accumulated depreciation and amortization	**582,486**	559,392
	973,034	1,010,848
Other assets		
Interest rate swaps	**2,767**	6,447
Deferred financing costs, net	**2,614**	2,929
Investments in joint ventures	**3,189**	3,055
Goodwill and intangible assets, net	**82,029**	82,805
Other assets	**26,046**	22,775
	116,645	118,011
Total assets	**$1,960,323**	$ 1,854,113

	December 31	
	2013	**2012**
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 57,633**	$ 55,534
Salaries, wages, and related liabilities	**79,894**	70,707
Accrued interest	**2,740**	2,951
Estimated third-party payor settlements	**3,750**	6,705
Payable under securities lending agreement	**2,324**	3,275
Current portion of long-term debt	**27,515**	26,589
Total current liabilities	**173,856**	165,761
Noncurrent liabilities		
Long-term debt, less current portion	**621,056**	646,141
Interest rate swaps	**48,506**	87,043
Accrued pension obligations	**–**	57,725
Other	**16,739**	19,347
	686,301	810,256
Net assets		
Parkview Health System, Inc	**1,070,619**	853,689
Noncontrolling interest in subsidiaries	**19,908**	15,487
Total unrestricted net assets	**1,090,527**	869,176
Temporarily restricted net assets	**8,729**	8,011
Permanently restricted net assets	**910**	909
Total net assets	**1,100,166**	878,096
Total liabilities and net assets	**$1,960,323**	$ 1,854,113

See accompanying notes.

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

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

	Year Ended December 31	
	2013	**2012**
Revenues		
Net patient care service revenue (net of contractual allowances and discounts)	**$ 1,203,292**	$ 1,146,244
Provision for bad debts	**(119,125)**	(104,835)
Net patient care service revenue, less provision for bad debts	**1,084,167**	1,041,409
Other revenue	**76,478**	77,925
	1,160,645	1,119,334
Expenses		
Salaries and benefits	**547,016**	510,609
Supplies	**146,626**	136,198
Purchased services	**136,926**	131,947
Utilities, repairs, and maintenance	**47,750**	44,656
Depreciation and amortization	**83,870**	75,379
Other	**74,850**	104,920
	1,037,038	1,003,709
Operating income	**123,607**	115,625
Nonoperating income (expense)		
Interest, dividends, and realized gains/losses on sales of investments, net	**13,321**	24,516
Unrealized gains on investments, net	**31,125**	20,368
Interest expense	**(19,819)**	(15,764)
Loss on bond refinancing	**–**	(6,863)
Unrealized gains/losses on interest rate swaps, net	**34,965**	(635)
Other	**(9,203)**	(7,617)
Excess of revenues over expenses	**173,997**	129,630
Excess of revenues over expenses attributable to noncontrolling interest in subsidiaries	**22,945**	14,585
Excess of revenues over expenses attributable to Parkview Health System, Inc	**$ 151,052**	$ 115,045

See accompanying notes

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

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

	Year Ended December 31, 2013		
	Total	Controlling Interest	Noncontrolling Interest
Unrestricted net assets			
Excess of revenues over expenses	$ 173,997	$ 151,052	$ 22,945
Distributions to noncontrolling interests	(19,209)	–	(19,209)
Pension-related changes other than net periodic pension cost	65,760	65,760	–
Other	803	118	685
Increase in unrestricted net assets	221,351	216,930	4,421
Temporarily restricted net assets			
Contributions	1,447	1,447	–
Investment loss	(15)	(15)	–
Net assets released from restrictions	(714)	(714)	–
Increase in temporarily restricted net assets	718	718	–
Permanently restricted net assets			
Contributions	1	1	–
Increase in permanently restricted net assets	1	1	–
Increase in net assets	222,070	217,649	4,421
Net assets at beginning of year	878,096	862,609	15,487
Net assets at end of year	$ 1,100,166	$ 1,080,258	$ 19,908

See accompanying notes

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

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

	Year Ended December 31, 2012		
	Total	Controlling Interest	Noncontrolling Interest
Unrestricted net assets			
Excess of revenues over expenses	$ 129,630	$ 115,045	$ 14,585
Distributions to noncontrolling interests	(13,362)	–	(13,362)
Pension-related changes other than net periodic pension cost	(4,748)	(4,748)	–
Other	246	246	–
Increase in unrestricted net assets	111,766	110,543	1,223
Temporarily restricted net assets			
Contributions	4,661	4,661	–
Investment income	89	89	–
Net assets released from restrictions	(1,085)	(1,085)	–
Increase in temporarily restricted net assets	3,665	3,665	–
Permanently restricted net assets			
Contributions	7	7	–
Increase in permanently restricted net assets	7	7	–
Increase in net assets	115,438	114,215	1,223
Net assets at beginning of year	762,658	748,394	14,264
Net assets at end of year	$ 878,096	$ 862,609	$ 15,487

See accompanying notes

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31	
	2013	**2012**
Operating activities		
Increase in net assets	**$ 222,070**	$ 115,438
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Provision for bad debts	**119,125**	104,835
Depreciation and amortization	**83,870**	75,379
Unrealized gains losses on interest rate swaps, net	**(34,899)**	700
Amortization of deferred financing costs and discount	**(606)**	3,413
Loss on bond refinancing	**–**	6,863
Loss from disposal of property and equipment	**422**	333
Pension-related changes other than net periodic pension cost	**(65,760)**	4,748
Changes in operating assets and liabilities		
Patient accounts receivable	**(127,956)**	(131,011)
Inventories	**(915)**	(3,397)
Prepaid expenses and other current assets	**(842)**	98
Trading securities, net	**(95,008)**	44,029
Accounts payable, accrued expenses, and other current liabilities	**10,124**	(12,122)
Estimated third-party payor settlements	**(2,557)**	(4,599)
Accrued pension obligation	**1,513**	(4,567)
Collateral posted on swaps	**4,994**	1,413
Other	**9,741**	5,614
Net cash provided by operating activities	**123,316**	207,167
Investing activities		
Property and equipment additions	**(40,287)**	(146,913)
Business acquisitions, net of cash acquired	**(705)**	(38,507)
Proceeds from sale of investment property	**–**	2,168
Proceeds from sale of property and equipment	**374**	217
Net cash used in investing activities	**(40,618)**	(183,035)
Financing activities		
Principal payments of long-term debt	**(21,015)**	(11,756)
Proceeds from issuance of long-term debt	**–**	132,647
Early refunding of long-term debt	**–**	(99,449)
Borrowing from capital lease obligations	**3,494**	19,565
Payments of capital lease obligations	**(5,128)**	(2,161)
Early retirement of capital lease obligations	**(879)**	(2,681)
Distributions to noncontrolling interests	**(19,209)**	(13,362)
Other	**220**	(108)
Net cash (used in) provided by financing activities	**(42,517)**	22,695
Increase in cash and cash equivalents	**40,181**	46,827
Cash and cash equivalents at beginning of year	**65,980**	19,153
Cash and cash equivalents at end of year	**$ 106,161**	$ 65,980

See accompanying notes

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Notes to Consolidated Financial Statements
(Dollars in Thousands)

December 31, 2013

1. Organization

Nature of Operations

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

PH is the sole corporate member of Parkview Hospital, Inc (PVH) PVH comprises one acute care hospital, a behavioral health hospital, and a new flagship tertiary care center, Parkview Regional Medical Center, which opened March 17, 2012, on a north campus In total, PVH offers 649 beds in Fort Wayne, Indiana PH is the majority owner (60%) of the Orthopaedic Hospital at Parkview North LLC (ORTHO), which is a for-profit joint venture hospital with a large orthopaedic physician group ORTHO operates the Orthopaedic Hospital, a 37-bed orthopaedic specialty hospital and an ambulatory surgical center, acquired on December 31, 2012 (see Acquisitions below) In addition, PH is the sole corporate member of Huntington Memorial Hospital, Inc , Whitley Memorial Hospital, Inc , Community Hospital of Noble County, Inc , and Community Hospital of LaGrange County, Inc , each of which operates an acute care community hospital and related facilities in the northeast region of Indiana These hospitals are collectively the Hospital Affiliates

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

1. Organization (continued)

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

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

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

1. Organization (continued)

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

Acquisitions

During 2013 and 2012, PH acquired several physician groups for a total purchase price of $963 and $607, respectively The groups are included in PPG The acquisitions were accounted for as business combinations Goodwill of $406 and $169 was recognized upon purchase in 2013 and 2012, respectively, which represents the excess of purchase price over identifiable assets and liabilities

On December 31, 2012, Orthopaedic Hospital at Parkview North, LLC acquired an ambulatory surgery center on the PRMC campus from Orthopaedics Northeast for a total purchase price of $37,900 (the ONE acquisition) This surgery center is a wholly owned subsidiary of Orthopaedic Hospital at Parkview North, LLC The transaction has been accounted for as a business combination in accordance with the provisions of Accounting Standards Codification (ASC) 805, Business Combinations, whereby the purchase price is allocated to the acquired assets and liabilities at fair value Goodwill recorded as a result of the transaction amounted to $29,699 The Corporation acquired the ambulatory surgery center as part of its long-term growth strategy and believes the resulting goodwill reflects its continual enhancement and expansion of high-quality health care services in the region In connection with the purchase price allocation, the Corporation estimated the fair values of its acquired long-lived and intangible assets and certain liabilities with the assistance of a third-party valuation firm In valuing these assets and liabilities, the fair values were based upon, but not limited to, a consideration of three approaches income, where valuation techniques are used to convert future monetary benefits (e g , cash flow or earnings) to a single present value indicated by current market expectations of those future benefits, market, where prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities are used, and cost, where value is indicated based upon the amount that currently would be required to replace the current service capacity of an asset

1. Organization (continued)

The allocation of the purchase price of the ONE acquisition, as reflected in the balance sheet as of December 31, 2012, is as follows

Patient accounts receivable, net	$	2,392
Supplies		300
Property and equipment		413
Goodwill and intangible assets		34,856
Accounts payable, accrued expenses, and income taxes payable		(61)
Net assets acquired	$	37,900

The inputs used in the estimation of the fair values consist primarily of Level 3 inputs (see Note 4)

Community Benefits and Charity Care

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

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

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay Patients who meet certain criteria for charity care are provided care without charge or at amounts less than established rates Such amounts determined to qualify as charity care are not reported as revenue Records are maintained to identify and monitor the level of charity care provided at the amount of standard charges foregone for services and supplies furnished

1. Organization (continued)

The cost of charity care provided in 2013 and 2012 approximates $16,273 and $12,514, respectively The Corporation estimated these costs by calculating a ratio of cost to gross charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to charity patients The Corporation also offers a discount for all uninsured patients

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

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

2. Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of PH and all majority-owned or majority-controlled subsidiaries Significant intercompany accounts and transactions have been eliminated in consolidation The equity method of accounting is used for investments in joint ventures, partnerships, and companies where ownership is 20% to 50% and PH has significant influence For the years ended December 31, 2013 and 2012, PH's share of income recorded using the equity method approximated $2,322 and $2,420, respectively, and is recorded as other revenue in the consolidated statements of operations and changes in net assets

Use of Estimates

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

Cash and Cash Equivalents

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

2. Significant Accounting Policies (continued)

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

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

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

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

2. Significant Accounting Policies (continued)

Inventories

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

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value based on quoted market prices With respect to hedge funds, these investments are recorded under the equity method of accounting, based on information provided by the funds' managers Generally, the net asset value (NAV) reflects the contributed capital, as well as an allocated share of the underlying limited partnership's realized and unrealized gains and losses Commingled investments are commingled investment funds formed from the pooling of investments under common management Unlike a mutual fund, these investments are not a registered investment company and, therefore, are exempt from registering with the Securities and Exchange Commission

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

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

2. Significant Accounting Policies (continued)

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

Property and Equipment

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

Goodwill

PH records goodwill arising from a business combination as the excess of purchase price over the fair value of identifiable tangible and intangible assets acquired and liabilities assumed PH annually reviews, as of the first day of the fourth quarter, the carrying value of goodwill for impairment In addition, a goodwill impairment assessment is performed if an event occurs or circumstances change that would make it more likely than not that the fair value of a reporting unit is below its carrying amount Management has determined that the Corporation is the reporting unit at which fair value is measured If such circumstances suggest that the recorded amounts of goodwill cannot be recovered, the carrying value is reduced to fair value If the carrying value of goodwill is impaired, a material charge may be incurred to results of operations No goodwill impairment was required in 2013 or 2012

2. Significant Accounting Policies (continued)

Intangible Assets

Costs allocated to customer relationships and other intangible assets are based on their fair value at the date of acquisition The cost of intangible assets is amortized on a straight-line basis over the assets' estimated useful life ranging from 3 to 20 years Amortization expense recorded in the consolidated statements of operations and changes in net assets was $1,260 and $160 at December 31, 2013 and 2012, respectively There are no indefinite-lived intangible assets (see Note 3)

Impairment

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

Derivative Financial Instruments

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

2. Significant Accounting Policies (continued)

Employee Benefit Plans

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

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

Income Taxes

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

Performance Indicator

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

2. Significant Accounting Policies (continued)

Operating and Nonoperating Income (Expense)

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

Temporarily and Permanently Restricted Net Assets

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

Distributions to Noncontrolling Interests

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

Electronic Health Records Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health records (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments

Reclassification

There was a reclassification of prior year Indiana Hospital Assessment Fee expense (See FootNote 15) in the amount of $31,156 from a deduction in net patient care service revenue to an increase in other operating expense to conform to current year presentation This reclassification had no impact on revenue in excess of expenses or on changes in net assets

3. Goodwill and Intangible Assets

The following tables summarize goodwill and other intangibles as of and for the years ended December 31, 2013 and 2012

Goodwill balance at December 31, 2011	$ 44,436
Acquisitions	30,567
Goodwill balance at December 31, 2012	75,003
Acquisitions	**406**
Goodwill balance at December 31, 2013	**$ 75,409**

	December 31, 2013		December 31, 2012	
	Original Amount	**Accumulated Amortization**	**Original Amount**	**Accumulated Amortization**
Intangible assets	**$ 8,626**	**$ 2,006**	$ 8,548	$ 746

Amortization expense of $1,260 and $160 was recognized in 2013 and 2012, respectively, and is included in depreciation and amortization expense in the consolidated statements of operations and changes in net assets

4. Fair Value Measurement

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

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

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

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

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources In evaluating the significance of inputs, management generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that individually, or in the aggregate, represent more than 5% of the fair value of the assets or liabilities These inputs may be used with internally developed methodologies that result in management's best estimate of fair value based on assumptions about what market participants would use in pricing the asset or liability

(Dollars in Thousands)

4. Fair Value Measurement (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2013

	Total	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	$ 106,161	$ 106,161	$ –	$ –
Short-term investments	$ 12,645	$ 12,645	$ –	$ –
Investments				
Cash and short-term investments	$ 55,700	$ 47,592	$ 8,108	$ –
U S government and agency obligations	42,616	36,845	5,771	–
Corporate bonds	23,228	–	23,228	–
Mortgage- and asset-backed securities	13,701	–	13,701	–
Domestic equities	46,004	46,004	–	–
International equities	29,367	22,668	6,699	–
Commingled funds	65,255	–	65,255	–
Mutual funds				
Equity type	62,881	62,881	–	–
Balanced type	31,294	31,294	–	–
Fixed income type	58,928	58,875	53	–
Total investments at fair value	428,974	$ 306,159	$ 122,815	$ –
Investments not at fair value	106,051			
Total investments	$ 535,025			
Deferred compensation plan assets – mutual funds	$ 14,418	$ 14,418	$ –	$ –
Interest rate swaps	2,767	–	2,767	–
Collateral from securities lending program – cash and short-term investments	1,309	–	1,309	–
	$ 18,494	$ 14,418	$ 4,076	$
Liabilities				
Interest rate swaps	$ (48,506)	$ –	$ (48,506)	$ –
Collateral under swap agreements	–	–	–	–
Net liability under swap agreements	$ (48,506)	$ –	$ (48,506)	$
Obligations to return collateral under securities lending program	$ 2,324	$ –	$ 2,324	$ –

(Dollars in Thousands)

4. Fair Value Measurement (continued)

The fair value of financial assets and liabilities measured at fair value on a recurring basis was determined using the following inputs at December 31, 2012

	Total	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	$ 65,980	$ 65,980	$ –	$ –
Investments				
Cash and short-term investments	$ 35,091	$ 31,882	$ 3,209	$ –
U S government and agency obligations	31,604	24,924	6,680	–
Corporate bonds	35,771	–	35,771	–
Mortgage- and asset-backed securities	19,512	–	19,512	–
Domestic equities	41,895	41,794	101	–
International equities	36,149	28,605	7,544	–
Commingled funds	25,485	–	25,485	–
Mutual funds				
Equity type	39,720	39,720	–	–
Balanced type	46,288	46,288	–	–
Fixed income type	64,378	64,378	–	–
Total investments at fair value	375,893	$ 277,591	$ 98,302	$ –
Investments not at fair value	76,768			
Total investments	$ 452,661			
Deferred compensation plan assets – mutual funds	$ 13,154	$ 13,154	$ –	$ –
Interest rate swaps	6,447	–	6,447	–
Collateral from securities lending program – cash and short-term investments	2,028	–	2,028	–
	$ 21,629	$ 13,154	$ 8,475	$ –
Liabilities				
Interest rate swaps	$ (87,043)	$ –	$ –	$ (87,043)
Collateral under swap agreements	4,994	–	4,994	–
Net liability under swap agreements	$ (82,049)	$ –	$ 4,994	$ (87,043)
Obligations to return collateral under securities lending program	$ 3,275	$ –	$ 3,275	$ –

4. Fair Value Measurement (continued)

Certain of PH's investments are made through alternative investments and private investment funds, primarily partnership trusts PH accounts for its ownership in these funds under the equity method, and as a result, investments totaling $86,111 and $56,828 as of December 31, 2013 and 2012, respectively, are excluded from the fair value disclosure Deferred compensation plan assets are included in other assets in the consolidated balance sheets PH held real estate for investment purposes of $19,940 as of December 31, 2013 and 2012, which is accounted for at cost and assessed for impairment when indicators exist The real estate is written down to fair value as estimated by third-party valuation experts when impairment exists (which are nonrecurring fair value measurements using Level 3 inputs), with losses recorded in realized gains (losses) on investments in the consolidated statements of operations and changes in net assets Following is a description of the Corporation's valuation methodologies for assets and liabilities measured at fair value Fair value for Level 1 is based upon quoted market prices The fair values of other fixed income securities included in Level 2 are based on quoted market prices for similar assets The fair values of commingled funds are based on either the fair value of the underlying investments of the fund, as determined by the fund, or on the ownership interest in the NAV per share or its equivalent, of the respective fund The fair values of the interest rate swap contracts are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved The valuations reflect a credit spread adjustment to the London Interbank Offered Rate (LIBOR) discount curve in order to reflect the credit value adjustment for nonperformance risk The credit spread adjustments for liability position interest rate swap contracts are internally valued with the assistance of a third party using other comparably rated entities' bonds priced in the market Depending on the significance of the credit spread adjustment to the overall fair value of the interest rate swap, the instrument is included in Level 2 or Level 3

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

(Dollars in Thousands)

4. Fair Value Measurement (continued)

The carrying value of the Corporation's tax-exempt variable rate and other long-term debt approximates fair value The fair value of the fixed rate debt (all of which is tax-exempt) is estimated using discounted cash flow analyses based on the Corporation's current incremental borrowing rates for similar types of borrowing arrangements, and falls in Level 2 of the fair value hierarchy The fair value of the Corporation's tax-exempt fixed rate debt at December 31, 2013 and 2012, was $322,747 and $370,564, respectively, compared to book value of $278,010 and $288,505, respectively The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Corporation believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

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

	Financial Liabilities – Interest Rate Swaps
Fair value at January 1, 2012	$ (85,450)
Realized and unrealized gains/losses on interest rate swaps, net	(1,593)
Fair value at December 31, 2012	**(87,043)**
Sales or retirements	**416**
Realized and unrealized gains/losses on interest rate swaps, net	**38,121**
Transfers out of Level 3 to Level 2	**48,506**
Fair value at December 31, 2013	**$ –**

PH transfers assets and liabilities in and/or out of Level 3 as significant inputs, including performance attributes, used for the fair value measurement become observable or unobservable At December 31, 2013, the credit spread adjustment associated with the liability position interest

4. Fair Value Measurement (continued)

rate swap contracts became insignificant relative to the fair value on the same swaps and resulted in the change in classification from Level 3 at December 31, 2012, to Level 2 at December 31, 2013

5. Net Patient Care Service Revenue

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

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

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

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

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

Medicare and Medicaid revenue accounted for approximately 28% and 8%, respectively, of patient service revenue (net of contractual allowances and discounts) for the year ended December 31, 2013, and approximately 31% and 10%, respectively, for the year ended December 31, 2012 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation The Corporation believes that it is in substantial compliance with all applicable laws and regulations and is not aware of any pending or

(Dollars in Thousands)

5. Net Patient Care Service Revenue (continued)

threatened investigations involving allegations of wrongdoing While no such regulatory inquiries have been made, compliance with health care industry laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs As a result, there is at least a reasonable possibility that recorded estimated settlements could change It is also reasonably possible that recorded settlements could change by a material amount in the near term PH received Medicare and Medicaid settlements and resolutions on prior year filed and appealed cost reports and other matters, which increased net patient care service revenue by $13,807 and $6,742 in 2013 and 2012, respectively

The Corporation has determined, based on an assessment at the reporting-entity level, that the patient service revenue is primarily recorded prior to assessing the patient's ability to pay, and as such, the entire provision for bad debts is recorded as a deduction from patient service revenue in the accompanying consolidated statements of operations and changes in net assets

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

	2013	2012
Medicare	**$ 328,463**	$ 335,659
Medicaid	**93,354**	113,108
Managed care and other insurers	**649,501**	535,131
Uninsured	**80,622**	75,800
Other	**31,427**	39,809
	$ 1,183,367	$ 1,099,507

(Dollars in Thousands)

5. Net Patient Care Service Revenue (continued)

The allowance for doubtful accounts was approximately $68,535 and $62,168 as of December 31, 2013 and 2012, respectively These balances as a percentage of accounts receivable, net of contractual adjustments, charity care, and other discounts, were approximately 29% and 28% as of December 31, 2013 and 2012, respectively The increase in the allowance for doubtful accounts during the year ended December 31, 2013 was primarily the result of a slight increase in write-off experience and higher net patient care service revenue The recent past experience with higher write-offs is a key component of the allowance for doubtful accounts calculation

	Balance at Beginning of Year	Provision	Accounts Written Off, Net of Recoveries and Other	Balance at End of Year
Allowance for doubtful accounts				
Year ended December 31, 2012	$ 37,171	$ 104,835	$ (79,838)	$ 62,168
Year ended December 31, 2013	**62,168**	**119,125**	**(112,758)**	**68,535**

Components of accounts receivable, net, at December 31, 2013 and 2012, include Medicare, 22%, Medicaid, 3% and 4%, respectively, commercial insurers, 64% and 61%, respectively, and other, 11% and 13%, respectively One managed care payor represented 24% and 22% of patient accounts receivable at December 31, 2013 and 2012, respectively

(Dollars in Thousands)

6. Investments

The composition of investments is as follows

	December 31 2013	2012
Cash and short-term investments	**$ 55,700**	$ 35,091
Fixed income securities		
U S government and agency obligations	**42,616**	35,698
Corporate and other bonds	**23,228**	35,771
Mortgage- and asset-backed securities	**13,701**	19,512
Domestic equities	**45,987**	41,887
International equities	**29,367**	36,107
Commingled funds	**65,255**	25,485
Mutual funds	**153,103**	150,386
Real estate investment trust	**22,626**	–
Hedge funds	**63,485**	56,828
Real estate held for investment	**19,940**	19,940
Gross investments	**535,008**	456,705
Amounts due to brokers	**–**	(4,134)
Amounts due from brokers	**17**	90
Net investments	**$ 535,025**	$ 452,661

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

6. Investments (continued)

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

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

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

(Dollars in Thousands)

6. Investments (continued)

Composition

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

	Year Ended December 31	
	2013	**2012**
Investment income		
Unrealized gains/losses on investments, net	**$ 30,899**	$ 20,982
Dividend and interest income	**5,182**	7,833
Net realized gains on the sale of investments	**8,652**	17,612
Total investment return	**$ 44,733**	$ 46,427
Presentation		
Other revenue	**$ 302**	$ 1,454
Temporarily restricted – investment return	**(15)**	89
Interest, dividends, and realized gains on sales of investments, net	**13,321**	24,516
Unrealized gains/losses on investments, net	**31,125**	20,368
Total investment return	**$ 44,733**	$ 46,427

Securities Lending

The Corporation participates in securities lending transactions whereby a portion of its investments are loaned to a broker in return for cash, letters of credit, or U S government securities from the broker as collateral for securities loaned The Corporation participates in a program with its trustee to reinvest the cash collateral received in other short-term investments The Corporation earns income on the collateral pledged while related securities are outstanding but has risk of loss on the collateral received due to the reinvestment program In the accompanying consolidated balance sheets, the fair value of securities purchased with the cash collateral held for loaned marketable securities was $1,309 and $2,028 at December 31, 2013 and 2012, respectively, and is reported as a current asset A payable for repayment of cash collateral received, upon settlement of the lending arrangement, is reported as other current liabilities of $2,324 and $3,275 at December 31, 2013 and 2012, respectively

(Dollars in Thousands)

7. Property and Equipment

The costs of property and equipment consist of the following

	December 31 2013	2012
Land and improvements	**$ 120,099**	$ 117,562
Buildings	**749,519**	734,614
Equipment	**683,476**	705,379
Construction in progress	**2,426**	12,685
	$ 1,555,520	$ 1,570,240

The cost of commitments to complete construction-in-progress projects is estimated to be $25,921 at December 31, 2013 Depreciation expense recorded in the consolidated statements of operations and changes in net assets was $75,543 and $70,063 at December 31, 2013 and 2012, respectively Amortization expense on leasehold improvements recorded in the consolidated statements of operations and changes in net assets was $1,972 and $1,935 at December 31, 2013 and 2012, respectively Amortization expense on other intangibles recorded in the statements of operations and changes in net assets was $1,260 and $160 at December 31, 2013 and 2012, respectively Amortization expense on capital leases recorded in the consolidated statements of operations and changes in net assets was $5,095 and $3,221 at December 31, 2013 and 2012, respectively Assets under capital leases at December 31, 2013 and 2012, were $28,483 and $30,318, respectively Accumulated amortization on assets under capital leases at December 31, 2013 and 2012, was $9,573 and $8,901, respectively

(Dollars in Thousands)

8. Long-Term Debt

Long-term debt consists principally of tax-exempt bonds as follows

Description	Interest Rates	December 31 2013	2012
Tax-exempt, variable rate bonds			
Series 2010A due through 2040	0 99%	**$ 28,000**	$ 28,000
Series 2009BCD due through 2031	0 05%	**223,665**	223,665
Series 2007 due through 2032	0 05%	**21,115**	21,820
Series 2001 due through 2031	0 12%–0 14%	**14,975**	16,175
Tax-exempt, fixed rate serial and term bonds			
Series 2012A due through 2029	2 0%–5 0%	**83,695**	85,115
Series 2009A due through 2031	5 0%–5 75%	**194,315**	203,390
Various notes to banks	Various	**49,881**	58,292
Mortgages on real estate	Various	**11,733**	11,982
Other	Various	**113**	113
Capital leases	Various	**15,477**	17,988
		642,969	666,540
Less unamortized original issue premium/discount, net		**(5,602)**	(6,190)
		648,571	672,730
Less current portion		**27,515**	26,589
		$ 621,056	$ 646,141

(Dollars in Thousands)

8. Long-Term Debt (continued)

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

Year ending December 31	
2014	$ 27,515
2015	28,533
2016	25,584
2017	32,868
2018	17,690
Thereafter	510,779
	$ 642,969

Total interest paid was $20,348 and $25,786 in 2013 and 2012, respectively Interest cost of $3 and $5,169 in 2013 and 2012, respectively, was capitalized as part of the cost of construction

Obligations Through Use of Master Indenture

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

On May 24, 2012, PH and PVH issued $85,115 of fixed rate tax-exempt revenue bonds (the 2012A Bonds) using the Master Indenture and through the Indiana Finance Authority The proceeds were used to refund all of the remaining Series 1998 Bonds, legally defease $37,335 of the 2009A Bonds, and pay financing costs A loss on early extinguishment of the Series 1998 Bonds and 2009A Bonds amounted to $6,863 and is recorded as a nonoperating expense in the accompanying consolidated statement of operations and changes in net assets Interest on the 2012A Bonds is paid semiannually

8. Long-Term Debt (continued)

On May 4, 2010, PH arranged for the issuance of $28,000 of variable rate, tax-exempt private placement bonds using the Master Indenture and through the Indiana Finance Authority The proceeds of the bonds and certain other funds of PH were used to finance the construction and furnishing of the new Parkview Whitley Hospital The funds were drawn as required through construction The total amount drawn was $28,000 The bonds bear interest monthly, and interest is paid monthly The bonds mature in May 2017, but can be renewed annually for an additional five-year term

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

PH entered into two direct-pay Letters of Credit agreements (the LOCs) issued by PNC Bank (Series 2009C Bonds) and Wells Fargo Bank (Series 2009B&D Bonds) to enhance the marketability of the bonds Under the terms of the LOCs, if bonds are not successfully remarketed and thereby purchased by the banks, the principal maturities of the bonds purchased are accelerated over the subsequent three-year period commencing at least one year and one day from the draw on the LOC, and PH would pay a defined rate, based on a formula in the agreements, at a minimum rate of 7 0% for the first 180 days after bank purchase, and 8 0% thereafter The current LOCs expire August 26, 2016 At December 31, 2013, all bonds had been successfully remarketed

8. Long-Term Debt (continued)

On March 15, 2007, PLH issued $24,930 of adjustable rate, tax-exempt revenue bonds The bonds were issued through the Indiana Health and Education Facility Financing Authority The proceeds of the Series 2007 Bonds and certain other funds of PLH were used to finance the construction and furnishing of a new hospital facility and to pay financing costs These Series 2007 Bonds bear interest at a weekly rate, and interest is paid monthly The Series 2007 Bonds are secured by an irrevocable direct-pay LOC issued by PNC Bank that matures on August 26, 2016 This LOC has a maximum rate of 15% At December 31, 2013, all bonds had been successfully remarketed The borrower's obligations under the bond documents are secured by a security interest in and lien upon all of the borrower's real and personal property

In November 2001, PH and PVH issued $220,000 of variable rate, tax-exempt auction revenue bonds (the Series 2001 Bonds) using the Master Indenture and through the Indiana Health Facility Financing Authority These Series 2001 Bonds auction every 28 days The bonds have a maximum rate of 15% Beginning in February 2008 and continuing through December 31, 2013, PH's Series 2001 Bonds failed to attract sufficient bids to be remarketed As a result of the failed auctions, interest rates are set based upon a formula contained in the bond documents The interest rate formula is based upon the 7-day AA Composite Commercial Paper rate times a factor This factor can vary from 125% to 225%, depending upon the credit rating of the bond The bond rating is equal to the rating of either the insurer of the debt or the issuer, whichever is higher At December 31, 2013 and 2012, the factor was 175% The Series 2001 Bonds are secured by a financial guaranty insurance policy provided by Ambac Assurance Corporation (Ambac) Ambac is rated Caa2 by Moody's, while PH has retained its Moody's rating of A1

8. Long-Term Debt (continued)

Term Loan

On December 31, 2012, the ONE acquisition was completed (see Note 1) and the transaction was financed, in part, through execution of a fully amortizable five-year loan with a bank in the amount of approximately $37,900 The loan has a floating rate with interest computed monthly based on the 30-day LIBOR plus 160 basis points The loan is collateralized by all personal property assets of Orthopaedic Hospital at Parkview North, LLC

Debt Guarantee

At December 31, 2013, the Corporation had guaranteed approximately $2,402 of certain outstanding debt obligations of unconsolidated entities If the unconsolidated entities default on their debt obligation, the Corporation would then be responsible for the obligation At December 31, 2013, the Corporation has no amounts accrued related to these guarantees

9. Interest Rate Swaps and Other Derivatives

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

(Dollars in Thousands)

9. Interest Rate Swaps and Other Derivatives (continued)

counterparties Collateral required to be posted by PH totaled $0 and $4,994 at December 31, 2013 and 2012, respectively, and is included with other assets in the consolidated balance sheets PH's policy is to present the collateral on a gross basis in the consolidated balance sheets

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

Expiration Date	PH Pays	PH Receives	Notional Amount 2013	Notional Amount 2012
2020–2031	3 47%–3 71%[1]	67% of one-month LIBOR	**$ 36,125**	$ 37.325
2028–2033	3 26%–3 49%[1]	62 4% of one-month LIBOR + 0 29% margin	**92,190**	96.260
2033	3 49%[2]	62 4% of one-month LIBOR + 0 29% margin	**75,000**	75.000
2013–2016	BMA/SIFMA Index[2]	3 81%–4 0%	**30,000**	60.000
2037	3 81%[1]	61 8% of one-month LIBOR + 0 31% margin	**147,955**	148.310
2014–2025	BMA/SIFMA Index[3]	68% of one-month LIBOR + 0 37%–0 52% margin	**180,000**	180.000
			$ 561,270	$ 596.895

[1] The objective of these interest rate swaps is to mitigate interest rate fluctuations and synthetically fix certain variable rate exposure

[2] The objective of these interest rate swaps is to create a basis swap

[3] The objective of this interest rate swap is to take advantage of yield curve differences and mitigate risk on future bond offerings This interest rate swap is not associated with outstanding debt

(Dollars in Thousands)

9. Interest Rate Swaps and Other Derivatives (continued)

The fair value of derivative instruments is as follows

Derivatives Not Designated as Hedging Instruments	Balance Sheet Classification	December 31 2013	2012
Interest rate swap agreements	Interest rate swaps (Other assets)	**$ 2,767**	$ 6,447
Interest rate swap agreements	Interest rate swaps (Noncurrent liabilities)	**(48,506)**	(87,043)
Total derivatives		**$ (45,739)**	$ (80,596)

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

Derivatives Not Designated as Hedging Instruments	Location of Gain (Loss) on Derivatives Recognized in Excess of Revenues Over Expenses	Amount of Gain (Loss) on Derivatives Recognized in Excess of Revenue Over Expenses December 31 2013	2012
Interest rate swap agreements – unrealized gains/losses	Unrealized gains/losses on interest rate swaps, net	**$ 34,965**	$ (635)
Interest rate swap agreements – net cash payments	Other – nonoperating	**(9,015)**	(7,300)
Total derivatives		**$ 25,950**	$ (7,935)

Interest rate swap settlement payments, net were $9,015 and $9,191 in 2013 and 2012, respectively, of which $0 and $1,891 was capitalized as part of the cost of construction in 2013 and 2012, respectively

(Dollars in Thousands)

10. Pension Plans

Defined Benefit Pension Plan

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

	2013	2012
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 393,278**	$ 342,874
Service cost	**9,688**	9,167
Interest cost	**16,758**	16,841
Actuarial (gain) loss	**(39,119)**	33,440
Benefits paid	**(10,242)**	(9,044)
Projected benefit obligation at end of year	**370,363**	393,278
Change in plan assets		
Plan assets at fair value at beginning of year	**335,553**	285,330
Actual return on plan assets	**41,874**	43,967
Corporation and subsidiary contributions	**9,700**	15,300
Benefits paid	**(10,242)**	(9,044)
Plan assets at fair value at end of year	**376,885**	335,553
Funded status of the Plan (recognized as accrued pension obligation in 2012 and other long-term assets in 2013)	**$ 6,522**	$ (57,725)

(Dollars in Thousands)

10. Pension Plans (continued)

Items included in unrestricted net assets that have not yet been recognized as a component of net periodic pension cost at December 31 are as follows

	2013	2012
Unrecognized net actuarial loss	**$ 55,345**	$ 121,082
Unrecognized prior service cost	**77**	100
	$ 55,422	$ 121,182

Changes in plan assets and benefit obligation recognized in unrestricted net assets during the years ended December 31 include the following

	2013	2012
Current year actuarial (gain) loss	**$ (55,016)**	$ 13,146
Recognized actuarial loss	**(10,721)**	(8,222)
Current year amortization of prior service cost	**(23)**	(176)
	$ (65,760)	$ 4,748

The actuarial loss and prior service cost included in unrestricted net assets and expected to be recognized in the net periodic pension cost during the year ending December 31, 2014, total $3,031 and $22, respectively

(Dollars in Thousands)

10. Pension Plans (continued)

	Year Ended December 31	
	2013	**2012**
Periodic benefit cost		
Service cost	**$ 9,688**	$ 9,167
Interest cost	**16,758**	16,841
Expected return on plan assets	**(25,977)**	(23,673)
Amortization of unrecognized net loss	**10,721**	8,222
Amortization of unrecognized prior service cost	**23**	176
Net periodic benefit cost	**$ 11,213**	$ 10,733

	December 31	
	2013	**2012**
Accumulated benefit obligation	**$ 347,775**	$ 363,813

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

	2013	**2012**
Assumptions – benefit obligations		
Discount rate	**4.98%**	4 32%
Rate of compensation increase	**3.00**	3 50
Assumptions – net periodic benefit cost		
Discount rate	**4.32%**	4 98%
Expected return on plan assets	**8.00**	8 00
Rate of compensation increase	**3.50**	3 50

(Dollars in Thousands)

10. Pension Plans (continued)

The amortization of any prior service cost is determined using a straight-line amortization of the cost over the average remaining service period of employees expected to receive benefits under the Plan The increase in the discount rate from December 31, 2012 to December 31, 2013, resulted in a decrease in the projected benefit obligation of $36,858 The decrease in the rate of compensation increase from December 31, 2012 to December 31, 2013, resulted in a decrease in the projected benefit obligation of $3,926

The principal long-term determinant of a portfolio's investment return is its asset allocation The Plan's allocation is currently weighted toward growth assets (60%) versus fixed income (40%) The Corporation's policy on investment allocation for the Plan consists of an allocation of 35% to 75% for growth investments and 30% to 60% for fixed income investments Within the growth investment classification, the Plan's asset strategy encompasses equity and equity-like instruments that are of both public and private market investments These equity and equity-like instruments are public equity securities that are well diversified and invested in U S and international companies Management believes its active strategies have added value relative to passive benchmark returns The expected long-term rate of return assumption is based on the mix of assets in the Plan, the long-term earnings expected to be associated with each asset class, and the additional return expected through active management This assumption is periodically benchmarked against peer plans

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

	2013	2012
Real estate investment trust fund	**4%**	–%
Commingled funds	**18**	15
International equities	**6**	10
Domestic equities	**12**	13
Mutual funds – equity	**13**	20
Mutual funds – fixed income	**37**	39
Mutual funds – balanced	**3**	–
Cash and short-term investments	**5**	1
Guaranteed investment contract	**2**	2
Total	**100%**	100%

(Dollars in Thousands)

10. Pension Plans (continued)

The fair value of pension plan assets was determined using the following inputs at December 31, 2013

		Fair Value Measurements Using		
	Fair Value	**Level 1**	**Level 2**	**Level 3**
Real estate investment trust fund	$ 14,007	$	$	$ 14,007
Commingled funds	69,281		69,281	–
International equity	24,556	17,741	6,815	–
Domestic equity	44,842	44,842	–	–
Mutual funds – equity	49,976	49,976	–	–
Mutual funds – fixed income	137,733	137,733	–	–
Mutual funds – balanced	13,000	13,000	–	–
Cash and short-term investments	17,632	17,632	–	–
Guaranteed investment contract	5,858	–	–	5,858
	$ 376,885	$ 280,924	$ 76,096	$ 19,865

Fair value methodologies for Level 1 and Level 2 investments are consistent with the inputs described in Note 4 The fair value of the Level 3 interest in the guaranteed investment contract (GIC) is based on information reported by the issuer of the GIC at year-end The fair value of the Level 3 interest in the real estate investment trust is obtained from secondary market brokers evaluating price and business appraisers applying assumptions to valuation methodologies The trust invests in land and buildings and seeks to improve property-level operations by increasing lease rates, recapitalizing properties, rehabilitating aging/distressed properties, and repositioning properties to attract higher-quality tenants

(Dollars in Thousands)

10. Pension Plans (continued)

The fair value of pension plan assets was determined using the following inputs at December 31, 2012

		Fair Value Measurements Using		
	Fair Value	**Level 1**	**Level 2**	**Level 3**
Commingled fund	$ 49,377	$ –	$ 49,377	$ –
International equity	35,282	29,501	5,781	–
Domestic equity	43,895	43,895	–	–
Mutual funds – equity	67,701	–	67,701	–
Mutual funds – fixed income	129,245	–	129,245	–
Cash and short-term investments	3,428	3,428	–	–
Guaranteed investment contract	6,625	–	–	6,625
	$ 335,553	$ 76,824	$ 252,104	$ 6,625

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

	Financial Assets
Fair value at January 1, 2012	$ 7,518
Purchases, issuances, and settlements	(1,167)
Actual return on plan assets	274
Fair value at December 31, 2012	6,625
Purchases, issuances, and settlements	**12,027**
Actual return on plan assets	**1,213**
Fair value at December 31, 2013	**$ 19,865**

(Dollars in Thousands)

10. Pension Plans (continued)

Estimated future benefit payments	
2014	$ 12,134
2015	13,547
2016	14,893
2017	16,694
2018–2023	134,352

The Corporation expects to contribute $10,000 to its defined benefit pension plan in 2014

Defined Contribution and Other Pension Plans

Eligible employees hired after December 31, 2004, and employees who were active at December 31, 2004, and elected at that time to participate in the defined contribution plan and freeze their benefits in the defined benefit plan participate in the defined contribution plan The accrued liability for the defined contribution pension plan is $13,210 and $12,222 at December 31, 2013 and 2012, respectively, and is recorded as a current liability on the consolidated balance sheets During 2013 and 2012, expense for this plan totaled $13,240 and $12,305, respectively, and is reported as salaries and benefits

Contributions to the tax-sheltered annuity and 401(k) plans are based on a percentage of eligible employee salaries, as defined The contributions for the tax-sheltered annuity and 401(k) plans were $7,355 and $7,104 in 2013 and 2012, respectively, and were reported as salaries and benefits

11. Malpractice Insurance

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

11. Malpractice Insurance (continued)

Malpractice claims for incidents that may give rise to litigation have been asserted against the Corporation by various claimants The claims are in various stages of resolution, and some may ultimately be brought to trial There are also reported incidents that have occurred through December 31, 2013, which may result in the assertion of additional claims There may be other claims from unreported incidents arising from services provided to patients The reserve for medical malpractice includes amounts for claims and related legal expenses for these incurred but not reported incidents This reserve is actuarially determined by combining industry data and the Corporation's historical experience Accrued malpractice losses and insurance recovery receivables have been discounted at 5% in both 2013 and 2012 and, in management's opinion, provide adequate reserve for loss contingencies The Corporation recorded receivable balances to reflect the expected recovery from commercial insurance coverage The Corporation is reporting $347 and $261 in prepaid expenses and other current assets at December 31, 2013 and 2012, respectively, and $994 and $895 in other assets at December 31, 2013 and 2012, respectively The Corporation has recorded $1,703 and $1,475 in accounts payable and accrued expenses as of December 31, 2013 and 2012, respectively, and $5,601 and $5,316 at December 31, 2013 and 2012, respectively, is reported as other liabilities in the consolidated balance sheets

The Corporation established a revocable, restricted trust for claims not covered by commercial insurance for the purpose of setting aside assets based on actuarial funding recommendations Under the trust agreements, the trust assets can only be used for payment of malpractice and general liability losses, related expenses, and the cost of administering the trust The balance of the trust was $4,142 and $4,011 at December 31, 2013 and 2012, respectively The trust is included in Investments – Funds held by trustee in the accompanying consolidated balance sheets

(Dollars in Thousands)

12. Commitments and Contingencies

Certain property and equipment are leased using noncancelable operating and capital lease arrangements Rental expense associated with the operating leases was $22,962 and $23,303 for the years ended December 31, 2013 and 2012, respectively The leases expire in various years through 2020 Future minimum lease payments required under noncancelable operating and capital leases for property and equipment as of December 31, 2013, are as follows

	Operating Leases	Capital Leases
Year ending December 31		
2014	$ 12,491	$ 6,582
2015	10,971	6,468
2016	8,890	2,469
2017	8,465	931
2018	6,513	–
Thereafter	31,002	–
Total minimum lease payments	$ 78,332	16,450
Less amount representing interest		973
Present value of net minimum lease payments		$ 15,477

As of December 31, 2013, PH had a commitment to fund an additional $21 million to a new alternative investment fund which occurred on January 2, 2014

13. Functional Expenses

The Corporation, as an integrated health care delivery system, provides and manages the health care needs of its patients Aggregate direct expenses for these services as a percentage of total expenses were approximately 91% and 90% for the years ended December 31, 2013 and 2012, respectively

14. Indiana Medicaid Disproportionate Share

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

In 2013, PH recognized $4,902 and $6,077 from the Indiana Medicaid Disproportionate Share payment program pertaining to state fiscal years 2012 and 2013, respectively

In 2012, PH recognized no income from Indiana Medicaid Disproportionate Share payments, which pertained to state fiscal year 2012 No change in estimate was recorded by PH in 2012

At December 31, 2013 and 2012, PH recorded State DSH payments receivable of $0 and $480, respectively

15. Indiana Hospital Assessment Fee Program

In May 2012, the Indiana Hospital Assessment Fee program (HAF) was approved by the federal Centers for Medicare & Medicaid Services (CMS) for the period of July 1, 2011 through June 30, 2013 Under HAF, Indiana hospitals receive additional federal Medicaid funds for the state's health care system, administered by the Indiana Family and Social Services Administration HAF includes both a payment to the hospitals from the state and an assessment against the hospitals, which is paid to the state the same year The state of Indiana has approved HAF effective July 2013 through June 2017 As of December 31, 2013, this extension was awaiting approval from the CMS Subsequently, on March 21, 2014, CMS approved the extension of the program another four years

15. Indiana Hospital Assessment Fee Program (continued)

Payments to PH recognized for the six months ended June 30, 2013, totaled $30,319 and assessments against PH for the same period were $19,925 For the period July 1, 2013 to December 31, 2013, no payments to PH have been received or revenue recorded and no assessments against PH paid or expense recorded because the approval by CMS had not been obtained as of December 31, 2013 Because the program was approved mid-year 2012, payments to PH recognized for the year ended December 31, 2012, included payments to PH totaling $28,840 and assessments against PH of $15,581 related to the period July 1, 2011 through December 31, 2011 Payments to PH recognized for the 12-month period covering January 1, 2012 through December 31, 2012, totaled $56,108 and assessments against PH for the same period totaled $31,156 HAF payments to PH are included in net patient service care revenue in the consolidated statements of operations and changes in net assets HAF Assessments against PH are included in other operating expense in the consolidated statement of operations and changes in net assets

16. Subsequent Events

PH evaluated events and transactions occurring subsequent to December 31, 2013 through March 27, 2014, the date the consolidated financial statements were issued During this period, there were no subsequent events that required recognition or disclosure in the consolidated financial statements

Supplementary Information

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Details of Consolidated Balance Sheet
(In Thousands)

December 31, 2013

	Parkview Hospital	Parkview Health System, Inc.	Parkview Huntington Hospital	Parkview Whitley Hospital	Parkview Noble Hospital	Parkview LaGrange Hospital	Managed Care Services	Parkview Occupational Health	Parkview Hospital Foundation	Parkview Whitley Hospital Foundation	Parkview Noble Hospital Foundation	Parkview Huntington Hospital Foundation	Eliminations	Consolidated
Assets														
Current assets														
Cash and cash equivalents	$ (423)	$ 106,076	$ 3	$ –	$ 1	$ 5	$ –	$ (34)	$ 338	$ 37	$ 52	$ 106	$ –	$ 106,161
Short-term investments	–	12,645	–	–	–	–	–	–	–	–	–	–	–	12,645
Patient accounts receivable, net	105,954	34,544	5,884	6,809	7,010	4,008	–	1,271	–	–	–	–	–	165,480
Inventories	12,712	3,230	251	209	216	289	–	–	–	–	–	–	–	16,907
Prepaid expenses and other current assets	(439,506)	490,279	(275)	(33,640)	2,269	(1,319)	8,692	2,422	2,106	(43)	16	(45)	(2,232)	28,724
Estimated third-party payor settlements	1,000	681	496	904	382	930	–	–	–	–	–	–	–	4,393
Collateral from securities lending agreement	–	1,309	–	–	–	–	–	–	–	–	–	–	–	1,309
Total current assets	(320,263)	648,764	6,359	(25,718)	9,878	3,913	8,692	3,659	2,444	(6)	68	61	(2,232)	335,619
Investments														
Board-designated cash and investments	20,452	393,531	31,638	46,035	–	–	–	–	12,965	850	1,663	554	–	507,688
Funds held by trustees	–	24,900	–	–	–	–	–	–	–	–	–	–	–	24,900
Securities pledged	–	2,280	–	–	–	–	–	–	–	–	–	–	–	2,280
Other investments	–	–	–	–	–	–	–	–	–	157	–	–	–	157
	20,452	420,711	31,638	46,035	–	–	–	–	12,965	1,007	1,663	554	–	535,025
Property and equipment														
Cost	1,002,501	472,382	13,760	17,601	16,102	30,303	996	1,600	222	21	18	14	–	1,555,520
Less accumulated depreciation and amortization	349,200	187,104	9,682	11,872	11,635	11,028	696	1,055	188	12	8	6	–	582,486
	653,301	285,278	4,078	5,729	4,467	19,275	300	545	34	9	10	8	–	973,034
Other assets														
Interest rate swaps	–	2,767	–	–	–	–	–	–	–	–	–	–	–	2,767
Deferred financing costs	–	2,498	–	–	–	116	–	–	–	–	–	–	–	2,614
Investment in joint ventures	1,199	1,990	–	–	–	–	–	–	–	–	–	–	–	3,189
Goodwill and intangible assets, net	1,543	74,634	–	–	841	5,011	–	–	–	–	–	–	–	82,029
Other assets	1,834	33,085	40	7	13	1	–	–	–	–	–	–	(8,934)	26,046
	4,576	114,974	40	7	854	5,128	–	–	–	–	–	–	(8,934)	116,645
Total assets	$ 358,066	$ 1,469,727	$ 42,115	$ 26,053	$ 15,199	$ 28,316	$ 8,992	$ 4,204	$ 15,443	$ 1,010	$ 1,741	$ 623	$ (11,166)	$ 1,960,323

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Details of Consolidated Balance Sheet (continued)
(In Thousands)

	Parkview Hospital	Parkview Health System, Inc.	Parkview Huntington Hospital	Parkview Whitley Hospital	Parkview Noble Hospital	Parkview LaGrange Hospital	Managed Care Services	Parkview Occupational Health	Parkview Hospital Foundation	Parkview Whitley Hospital Foundation	Parkview Noble Hospital Foundation	Parkview Huntington Hospital Foundation	Eliminations	Consolidated
Liabilities and net assets														
Current liabilities														
Accounts payable and accrued expenses	$ 26,479	$ 24,693	$ 658	$ 722	$ 437	$ 496	$ 4,024	$ 124	$ –	$ –	$ –	$ –	$ –	$ 57,633
Salaries, wages, and related liabilities	10,926	65,960	679	785	685	459	134	266	–	–	–	–	–	79,894
Accrued interest	–	2,729	–	–	–	11	–	–	–	–	–	–	–	2,740
Estimated third-party payor settlements	3,750	–	–	–	–	–	–	–	–	–	–	–	–	3,750
Payable under securities lending agreement	–	2,324	–	–	–	–	–	–	–	–	–	–	–	2,324
Current portion of long-term debt	2,305	26,421	75	80	70	796	–	–	–	–	–	–	(2,232)	27,515
Total current liabilities	43,460	122,127	1,412	1,587	1,192	1,762	4,158	390	–	–	–	–	(2,232)	173,856
Noncurrent liabilities														
Long-term debt, less current portion	4,046	596,011	175	192	163	20,469	–	–	–	–	–	–	–	621,056
Interest rate swaps	–	48,506	–	–	–	–	–	–	–	–	–	–	–	48,506
Accrued pension obligations	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other	512	15,934	38	450	8	8,596	126	–	9	–	–	–	(8,934)	16,739
	4,558	660,451	213	642	171	29,065	126	–	9	–	–	–	(8,934)	686,301
Net assets														
Parkview Health System, Inc	310,048	667,241	40,490	23,824	13,836	(2,593)	4,708	3,814	7,161	638	1,116	336	–	1,070,619
Noncontrolling interest in subsidiaries	–	19,908	–	–	–	–	–	–	–	–	–	–	–	19,908
Total unrestricted net assets	310,048	687,149	40,490	23,824	13,836	(2,593)	4,708	3,814	7,161	638	1,116	336	–	1,090,527
Temporarily restricted net assets	–	–	–	–	–	82	–	–	7,454	281	625	287	–	8,729
Permanently restricted net assets	–	–	–	–	–	–	–	–	819	91	–	–	–	910
Total net assets	310,048	687,149	40,490	23,824	13,836	(2,511)	4,708	3,814	15,434	1,010	1,741	623	–	1,100,166
	358,066	1,469,727	42,115	26,053	15,199	28,316	8,992	4,204	15,443	1,010	1,741	623	(11,166)	1,960,323
Total liabilities and net assets	$ 358,066	$ 1,469,727	$ 42,115	$ 26,053	$ 15,199	$ 28,316	$ 8,992	$ 4,204	$ 15,443	$ 1,010	$ 1,741	$ 623	$ (11,166)	$ 1,960,323

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Details of Consolidated Balance Sheet
(In Thousands)

December 31, 2012

	Parkview Hospital	Parkview Health System, Inc.	Parkview Huntington Hospital	Parkview Whitley Hospital	Parkview Noble Hospital	Parkview LaGrange Hospital	Managed Care Services	Parkview Occupational Health	Parkview Hospital Foundation	Parkview Whitley Hospital Foundation	Parkview Noble Hospital Foundation	Parkview Huntington Hospital Foundation	Eliminations	Consolidated
Assets														
Current assets														
Cash and cash equivalents	$ (1.465)	$ 67.023	$ 66	$ (92)	$ (67)	$ 8	$ –	$ (40)	$ 324	$ 51	$ 63	$ 109	$ –	$ 65.980
Patient accounts receivable, net	98.950	32.957	6.366	6.559	6.768	3.713	–	1.336	–	–	–	–	–	156.649
Inventories	11.373	3.850	219	146	208	196	–	–	–	–	–	–	–	15.992
Prepaid expenses and other current assets	(452.900)	498.107	2.380	(29.393)	4.205	(352)	5.923	1.727	2.408	34	55	10	(5.051)	27.153
Estimated third-party payor settlements	4.024	59	213	163	227	104	–	–	–	–	–	–	–	4.790
Collateral from securities lending agreement	–	2.028	–	–	–	–	–	–	–	–	–	–	–	2.028
Total current assets	(340.018)	604.024	9.244	(22.617)	11.341	3.669	5.923	3.023	2.732	85	118	119	(5.051)	272.592
Investments														
Board-designated cash and investments	18.751	318.818	29.037	42.205	–	–	–	–	12.940	794	1.608	468	–	424.621
Funds held by trustees	–	24.670	–	–	–	–	–	–	–	–	–	–	–	24.670
Securities pledged	–	3.231	–	–	–	–	–	–	–	–	–	–	–	3.231
Other investments	–	–	–	–	–	–	–	–	–	139	–	–	–	139
	18.751	346.719	29.037	42.205	–	–	–	–	12.940	933	1.608	468	–	452.661
Property and equipment														
Cost	999.145	491.222	14.879	17.523	15.178	30.080	790	1.148	221	22	18	14	–	1.570.240
Less accumulated depreciation and amortization	312.673	203.655	10.471	10.511	10.757	9.431	702	994	181	9	5	3	–	559.392
	686.472	287.567	4.408	7.012	4.421	20.649	88	154	40	13	13	11	–	1.010.848
Other assets														
Interest rate swaps	–	6.447	–	–	–	–	–	–	–	–	–	–	–	6.447
Deferred financing costs	–	2.829	–	–	–	100	–	–	–	–	–	–	–	2.929
Investment in joint ventures	1.296	1.759	–	–	–	–	–	–	–	–	–	–	–	3.055
Goodwill and intangible assets, net	1.543	75.410	–	–	841	5.011	–	–	–	–	–	–	–	82.805
Other assets	1.030	30.223	42	55	19	2	–	–	–	–	–	–	(8.596)	22.775
	3.869	116.668	42	55	860	5.113	–	–	–	–	–	–	(8.596)	118.011
Total assets	$ 369.074	$ 1.354.979	$ 42.731	$ 26.655	$ 16.622	$ 29.431	$ 6.011	$ 3.177	$ 15.712	$ 1.031	$ 1.739	$ 598	$ (13.647)	$ 1.854.113

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

Details of Consolidated Balance Sheet (continued)
(In Thousands)

	Parkview Hospital	Parkview Health System, Inc.	Parkview Huntington Hospital	Parkview Whitley Hospital	Parkview Noble Hospital	Parkview LaGrange Hospital	Managed Care Services	Parkview Occupational Health	Parkview Hospital Foundation	Whitley Hospital Foundation	Noble Hospital Foundation	Huntington Hospital Foundation	Eliminations	Consolidated
Liabilities and net assets														
Current liabilities														
Accounts payable and accrued expenses	$ 28,464	$ 20,796	$ 873	$ 689	$ 314	$ 489	$ 3,840	$ 61	$ 8	$ –	$ –	$ –	$ –	$ 55,534
Salaries, wages, and related liabilities	10,650	57,162	624	804	651	452	117	247	–	–	–	–	–	70,707
Accrued interest	–	2,949	–	–	–	2	–	–	–	–	–	–	–	2,951
Estimated third-party payor settlements	4,646	178	198	38	1,499	146	–	–	–	–	–	–	–	6,705
Payable under securities lending agreement	–	3,275	–	–	–	–	–	–	–	–	–	–	–	3,275
Current portion of long-term debt	2,173	28,422	138	77	67	763	–	–	–	–	–	–	(5,051)	26,589
Total current liabilities	45,933	112,782	1,833	1,608	2,531	1,852	3,957	308	8	–	–	–	(5,051)	165,761
Noncurrent liabilities														
Long-term debt, less current portion	6,236	617,818	320	272	233	21,262	–	–	–	–	–	–	–	646,141
Interest rate swaps	–	87,043	–	–	–	–	–	–	–	–	–	–	–	87,043
Accrued pension obligations	–	57,725	–	–	–	–	–	–	–	–	–	–	–	57,725
Other	473	18,090	41	549	14	8,596	169	–	10	–	–	–	(8,596)	19,347
	6,709	780,677	361	821	247	29,858	169	–	10	–	–	–	(8,596)	810,256
Net assets														
Parkview Health System, Inc	316,432	445,988	40,491	24,226	13,843	(2,279)	1,885	2,869	8,014	684	1,175	361	–	853,689
Noncontrolling interest in subsidiaries	–	15,440	47	–	–	–	–	–	–	–	–	–	–	15,487
Total unrestricted net assets	316,432	461,428	40,538	24,226	13,843	(2,279)	1,885	2,869	8,014	684	1,175	361	–	869,176
Temporarily restricted net assets	–	92	–	–	–	–	–	–	6,862	256	564	237	–	8,011
Permanently restricted net assets	–	–	–	–	–	–	–	–	818	91	–	–	–	909
Total net assets	316,432	461,520	40,538	24,226	13,843	(2,279)	1,885	2,869	15,694	1,031	1,739	598	–	878,096
Total liabilities and net assets	$ 369,074	$ 1,354,979	$ 42,731	$ 26,655	$ 16,622	$ 29,431	$ 6,011	$ 3,177	$ 15,712	$ 1,031	$ 1,739	$ 598	$ (13,647)	$ 1,854,113

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

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

Year Ended December 31, 2013

	Parkview Hospital	Parkview Health System, Inc.	Parkview Huntington Hospital	Parkview Whitley Hospital	Parkview Noble Hospital	Parkview LaGrange Hospital	Managed Care Services	Parkview Occupational Health	Parkview Hospital Foundation	Parkview Whitley Hospital Foundation	Parkview Noble Hospital Foundation	Parkview Huntington Hospital Foundation	Eliminations	Consolidated
Revenues														
Patient care service revenue (net of contractual allowances and discounts)	$ 784,079	$ 278,740	$ 52,576	$ 48,510	$ 55,329	$ 29,676	$ –	$ 7,944	$ –	$ –	$ –	$ –	$ (53,562)	$ 1,203,292
Provision for bad debts	(78,682)	(18,740)	(6,516)	(4,651)	(7,217)	(3,300)	–	(19)	–	–	–	–	–	(119,125)
Net patient care service revenue less provision for bad debts	705,397	260,000	46,060	43,859	48,112	26,376	–	7,925	–	–	–	–	(53,562)	1,084,167
Other revenue	28,035	51,315	3,749	2,871	1,984	1,010	35,793	2,254	1,417	232	217	211	(52,610)	76,478
	733,432	311,315	49,809	46,730	50,096	27,386	35,793	10,179	1,417	232	217	211	(106,172)	1,160,645
Expenses														
Salaries and benefits	248,484	270,438	16,468	17,999	16,869	11,019	3,327	5,755	474	79	96	90	(44,082)	547,016
Supplies	92,410	40,922	3,900	3,454	3,528	1,821	50	519	21	–	1	–	–	146,626
Purchased services	76,220	54,157	6,525	6,766	6,376	4,926	28,972	1,993	186	–	–	–	(49,195)	136,926
Utilities, repairs, and maintenance	18,365	23,903	1,354	1,530	1,562	1,170	70	130	4	1	1	1	(341)	47,750
Depreciation and amortization	46,634	32,055	1,185	1,374	889	1,641	10	65	8	3	3	3	–	83,870
Other	163,685	(122,692)	11,459	12,522	12,445	6,883	541	773	1,398	154	121	115	(12,554)	74,850
	645,798	298,783	40,891	43,645	41,669	27,460	32,970	9,235	2,091	237	222	209	(106,172)	1,037,038
Operating income (loss)	87,634	12,532	8,918	3,085	8,427	(74)	2,823	944	(674)	(5)	(5)	2	–	123,607
Nonoperating income (expense)														
Interest, dividends, and realized gains losses on sales of investments, net	540	10,348	1,013	1,439	(17)	(2)	–	–	–	–	–	–	–	13,321
Unrealized gains on investments, net	1,036	26,176	1,581	2,332	–	–	–	–	–	–	–	–	–	31,125
Interest expense	(361)	(19,204)	(19)	(15)	(13)	(206)	–	–	–	–	–	–	–	(19,819)
Loss on bond refinancing	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Unrealized gains on interest rate swaps	–	34,965	–	–	–	–	–	–	–	–	–	–	–	34,965
Other	(26)	(9,376)	186	19	(1)	(6)	–	1	–	–	–	–	–	(9,203)
Excess (deficit) of revenues over expenses	88,823	55,441	11,679	6,860	8,396	(288)	2,823	945	(674)	(5)	(5)	2	–	173,997
Excess (deficit) of revenues over expenses attributable to														
Noncontrolling interest in subsidiaries	–	22,868	77	–	–	–	–	–	–	–	–	–	–	22,945
Parkview Health System, Inc	88,823	32,573	11,602	6,860	8,396	(288)	2,823	945	(674)	(5)	(5)	2	–	151,052
Other changes in net assets attributable to														
Noncontrolling interest in subsidiaries	–	4,295	126	–	–	–	–	–	–	–	–	–	–	4,421
Parkview Health System, Inc	(95,207)	165,893	(11,853)	(7,262)	(8,403)	56	–	–	414	(16)	7	23	–	43,652
(Decrease) increase in net assets	(6,384)	225,629	(48)	(402)	(7)	(232)	2,823	945	(260)	(21)	2	25	–	222,070
Net assets (liabilities) at beginning of year	316,432	461,520	40,538	24,226	13,843	(2,279)	1,885	2,869	15,694	1,031	1,739	598	–	878,096
Net assets (liabilities) at end of year	$ 310,048	$ 687,149	$ 40,490	$ 23,824	$ 13,836	$ (2,511)	$ 4,708	$ 3,814	$ 15,434	$ 1,010	$ 1,741	$ 623	$ –	$ 1,100,166

Parkview Health System, Inc. and Subsidiaries
d/b/a Parkview Health

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

Year Ended December 31, 2012

	Parkview Hospital	Parkview Health System, Inc.	Parkview Huntington Hospital	Parkview Whitley Hospital	Parkview Noble Hospital	Parkview LaGrange Hospital	Managed Care Services	Parkview Occupational Health	Parkview Hospital Foundation	Parkview Whitley Hospital Foundation	Parkview Noble Hospital Foundation	Parkview Huntington Hospital Foundation	Eliminations	Consolidated
Revenues														
Patient care service revenue (net of contractual allowances and discounts)	$ 753.203	$ 233.849	$ 55.554	$ 53.188	$ 59.626	$ 31.916	$ –	$ 7.195	$ –	$ –	$ –	$ –	$ (48.286)	$ 1.146.244
Provision for bad debts	(69.872)	(12.617)	(6.308)	(4.856)	(7.709)	(3.399)	–	(74)	–	–	–	–	–	(104.835)
Net patient care service revenue less provision for bad debts	683.331	221.232	49.246	48.332	51.917	28.517	–	7.121	–	–	–	–	(48.286)	1.041.409
Other revenue	28.516	45.827	3.718	3.926	2.595	1.014	34.686	2.503	2.374	315	361	283	(48.193)	77.925
	711.847	267.059	52.964	52.258	54.512	29.531	34.686	9.624	2.374	315	361	283	(96.479)	1.119.334
Expenses														
Salaries and benefits	232.667	247.649	15.597	17.741	15.947	10.948	3.110	5.368	437	81	91	88	(39.115)	510.609
Supplies	86.170	36.662	3.570	4.255	3.171	1.773	50	519	28	–	–	–	–	136.198
Purchased services	85.212	35.474	5.926	6.479	6.500	5.376	30.009	1.864	250	–	–	–	(45.143)	131.947
Utilities, repairs, and maintenance	16.239	23.389	1.301	1.480	1.357	1.136	62	101	4	1	1	1	(416)	44.656
Depreciation and amortization	41.846	27.954	946	1.647	1.092	1.807	11	36	31	3	3	3	–	75.379
Other	167.060	(96.233)	11.204	12.940	11.814	6.774	522	755	1.596	93	115	85	(11.805)	104.920
	629.194	274.895	38.544	44.542	39.881	27.814	33.764	8.643	2.346	178	210	177	(96.479)	1.003.709
Operating income (loss)	82.653	(7.837)	14.420	7.716	14.631	1.717	922	981	28	137	151	106	–	115.625
Nonoperating income (expense)														
Interest, dividends, and realized gains losses on sales of investments, net	1.273	18.513	1.940	2.791	–	(1)	–	–	–	–	–	–	–	24.516
Unrealized gains on investments, net	828	16.413	1.263	1.864	–	–	–	–	–	–	–	–	–	20.368
Interest expense	(291)	(15.165)	(23)	(17)	(11)	(256)	–	–	(1)	–	–	–	–	(15.764)
Loss on bond refinancing	–	(6.863)	–	–	–	–	–	–	–	–	–	–	–	(6.863)
Unrealized losses on interest rate swaps	–	(635)	–	–	–	–	–	–	–	–	–	–	–	(635)
Other	(208)	(7.337)	–	(71)	–	2	–	(3)	–	–	–	–	–	(7.617)
Excess (deficit) of revenues over expenses	84.255	(2.911)	17.600	12.283	14.620	1.462	922	978	27	137	151	106	–	129.630
Excess (deficit) of revenues over expenses attributable to														
Noncontrolling interest in subsidiaries	–	14.473	112	–	–	–	–	–	–	–	–	–	–	14.585
Parkview Health System, Inc	84.255	(17.384)	17.488	12.283	14.620	1.462	922	978	27	137	151	106	–	115.045
Other changes in net assets attributable to														
Noncontrolling interest in subsidiaries	–	1.191	32	–	–	–	–	–	–	–	–	–	–	1.223
Parkview Health System, Inc	(81.600)	109.222	(17.594)	(12.981)	(14.592)	(1.458)	–	3	3.425	36	110	14	–	(15.415)
Increase (decrease) in net assets	2.655	107.502	38	(698)	28	4	922	981	3.452	173	261	120	–	115.438
Net assets at beginning of year	313.777	354.018	40.500	24.924	13.815	(2.283)	963	1.888	12.242	858	1.478	478	–	762.658
Net assets at end of year	$ 316.432	$ 461.520	$ 40.538	$ 24.226	$ 13.843	$ (2.279)	$ 1.885	$ 2.869	$ 15.694	$ 1.031	$ 1.739	$ 598	$ –	$ 878.096

EY | Assurance | Tax | Transactions | Advisory

About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over We develop outstanding leaders who team to deliver on our promises to all of our stakeholders In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients For more information about our organization, please visit ey com

ey.com