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|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax | OMB No 1545-0047 |
| | 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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 | 2015 Open to Public Inspection |

| | | | |
|---|---|--|---|
| A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PARKVIEW HOSPITAL INC | | D Employer identification number 35-0868085 |
| | Doing business as | | E Telephone number (260) 373-8429 |
| | Number and street (or P O box if mail is not delivered to street address) 11109 PARKVIEW PLAZA DRIVE | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE, IN 468451701 | | G Gross receipts \$ 958,261,671 |
| F Name and address of principal officer MICHAEL J PACKNETT 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| J Website: ► WWW.PARKVIEW.COM | | H(c) Group exemption number ► | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation 1941 | M State of legal domicile IF |

| Part I Summary | | | |
|---|---|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities PARKVIEW HOSPITAL, 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 18 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 13 | |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 5,178 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 481 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 2,304,230 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b 288,36 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 1,149,784 | Current Year 1,429,15 |
| | 9 Program service revenue (Part VIII, line 2g) | 878,469,491 | 931,028,19 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 202,826 | 471,43 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 11,868,401 | 12,277,36 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 891,690,502 | 945,206,16 |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,368,618 |
| 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) | | 255,628,694 | 271,334,67 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 32,675 | 23,40 |
| b Total fundraising expenses (Part IX, column (D), line 25) 23,400 | | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 495,197,867 | 524,939,04 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 752,227,854 | 799,910,63 |
| 19 Revenue less expenses Subtract line 18 from line 12 | | 139,462,648 | 145,295,52 |
| Net Assets or Fund Balances | | 20 Total assets (Part X, line 16) | Beginning of Current Year 776,291,134 |
| | 21 Total liabilities (Part X, line 26) | 468,617,311 | 483,541,27 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 307,673,823 | 304,337,38 |

| | | | | | |
|---|--|---|------|--|---------------------------------------|
| 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 | <div> <div></div> <div>Signature of officer</div> </div> | | | | <div>2016-11-10</div> <div>Date</div> |
| | <div> <div></div> <div>JEANNE' WICKENS PH SVP & CFO</div> <div>Type or print name and title</div> </div> | | | | |
| Paid Preparer Use Only | Print/Type preparer's name KENNETH J KEBER | Preparer's signature KENNETH J KEBER | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00240883 |
| | Firm's name ▶ CROWE HORWATH LLP | | | Firm's EIN ▶ 35-0921680 | |
| | Firm's address ▶ 330 E JEFFERSON BLVD PO BOX 7 SOUTH BEND, IN 466240007 | | | Phone no (574) 232-3992 | |

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 HOSPITAL, 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 \$ 673,271,429 including grants of \$ 3,613,510) (Revenue \$ 933,437,402) |
| PARKVIEW HOSPITAL, INC IS A 422-BED REGIONAL TERTIARY REFERRAL CENTER, AS WELL AS A 172-BED COMMUNITY HOSPITAL AND A 103-BED BEHAVIORAL HEALTH HOSPITAL, LOCATED IN FORT WAYNE, INDIANA. IT IS THE LARGEST EMPLOYER IN THE REGION AND IS HOME TO NORTHEAST INDIANA'S FIRST VERIFIED LEVEL II ADULT AND LATER A PEDIATRIC TRAUMA CENTER. ADDITIONAL SERVICES INCLUDE THE SAMARITAN FLIGHT AND EMS SERVICES, PARKVIEW HEART INSTITUTE, A CERTIFIED STROKE CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICES CENTER AND COMPREHENSIVE CANCER CENTER. ON OCTOBER 29, 2015, GROUND WAS BROKEN FOR THE NEW PARKVIEW CANCER INSTITUTE ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS. (SEE SCHEDULE O FOR CONTINUATION) | |














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

| | |
|-----------|---|
| 4e | Total program service expenses ▶ 673,271,429 |
|-----------|---|

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 Yes | |
| 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 | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17 Yes | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b Yes | |

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 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 | |

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

Form **990** (2015)

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 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 | 18 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 13 | |
| 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? | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | 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? | | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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 | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 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 | Yes | |
| b | Other officers or key employees of the organization | 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? | 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? | 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, address, and telephone number of the person who possesses the organization's books and records
JEANNE' WICKENS 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 (260) 373-8407

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

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

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

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

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

[illegible]

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 4,224,444 | 4,204,350 | 1,847,274 |

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 ► 146

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

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 | MEDICAL SERVICES | 5,496,560 |
| FOUNDATION SURGERY AFFILIATE OF FORT WAY | MEDICAL SERVICES | 3,097,140 |
| 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 | | |
| ST VINCENT MERCY MEDICAL CENTER | FLIGHT SERVICES | 2,257,092 |
| 2213 CHERRY STREET TOLEDO, OH 43608 | | |
| ALLIED PHYSICIANS INC | PHYSICIANS | 1,871,470 |
| 7956 W JEFFERSON BLVD SUITE 350 FORT WAYNE, IN 46804 | | |
| HOSPITAL LAUNDRY SERVICES INC | LAUNDRY SERVICES | 1,567,434 |
| 3322 CAVALIER DRIVE FORT WAYNE, IN 46808 | | |

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 ▶ 67

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 _____ | 1,429,157 | | | | |
| | b | Membership dues | 1b _____ | | | | | |
| | c | Fundraising events | 1c _____ | | | | | |
| | d | Related organizations | 1d 1,063,137 | | | | | |
| | e | Government grants (contributions) | 1e 144,977 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 221,043 | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 12,096 | | | | | |
| | h | Total. Add lines 1a-1f | ► | | | | | |
| Program Service Revenue | 2a NET PATIENT SERVICE _____ b PHARMACY _____ c LAB SERVICES _____ d INTERUNIT RENT _____ e MDWISE INCENTIVE PAYMENT _____ f All other program service revenue _____ g Total. Add lines 2a-2f | Business Code | | | | | | |
| | | 622000 | 903,508,724 | 903,508,724 | | | | |
| | | 446110 | 11,979,353 | 11,273,277 | 706,076 | | | |
| | | 621500 | 11,581,375 | 11,581,375 | | | | |
| | | 900099 | 1,412,157 | 1,412,157 | | | | |
| | | 900099 | 600,000 | 600,000 | | | | |
| | | | 1,946,589 | 1,627,437 | 319,152 | | | |
| | | | 931,028,198 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | ► | 478,403 | | | 478,403 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | ► | | | | | |
| | 5 | Royalties | ► | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | 2,288,084 | | | 2,288,084 | |
| | | 4,715,939 | | | | | | |
| | | b Less rental expenses | 2,427,855 | | | | | |
| | | c Rental income or (loss) | 2,288,084 | | | | | |
| | d | Net rental income or (loss) | ► | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | -6,965 | | | -6,965 | |
| | | 10,567,088 | 53,603 | | | | | |
| | | b Less cost or other basis and sales expenses | 10,519,012 | | | | | 108,644 |
| | | c Gain or (loss) | 48,076 | | | | | -55,041 |
| | d | Net gain or (loss) | ► | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . | a | | | | | | |
| | | b Less direct expenses | b | | | | | |
| | | c Net income or (loss) from fundraising events . . | ► | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| | | b Less direct expenses | b | | | | | |
| | | c Net income or (loss) from gaming activities . . . | ► | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . . | a | | | | | | |
| | | b Less cost of goods sold | b | | | | | |
| | | c Net income or (loss) from sales of inventory . . | ► | | | | | |
| | Miscellaneous Revenue | | Business Code | | | | | |
| | 11a CAFETERIA & MEALS _____ b ORTHO BILLINGS _____ c ORTHO DEF REV/GN SALE _____ d All other revenue | | 722210 | 4,215,341 | | | 4,215,341 | |
| | | | 541900 | 3,372,807 | 2,112,430 | 1,260,377 | | |
| | | | 900099 | 1,060,508 | | | 1,060,508 | |
| | | | | 1,340,627 | 1,322,002 | 18,625 | | |
| | | e Total. Add lines 11a-11d | ► | 9,989,283 | | | | |
| 12 | Total revenue. See Instructions | ► | 945,206,160 | 933,437,402 | 2,304,230 | 8,035,371 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,613,510 | 3,613,510 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,249,763 | | 3,249,763 | |
| 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 | 205,355,624 | 203,758,514 | 1,597,110 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 62,729,292 | 62,278,726 | 450,566 | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 23,400 | | | 23,400 |
| f | Investment management fees | 65,548 | | 65,548 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 44,834,139 | 38,618,028 | 6,216,111 | |
| 12 | Advertising and promotion | 121,473 | 118,885 | 2,588 | |
| 13 | Office expenses | 26,129,839 | 23,577,093 | 2,552,746 | |
| 14 | Information technology | 129,274 | 116,482 | 12,792 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 15,176,489 | 14,057,860 | 1,118,629 | |
| 17 | Travel | 1,289,296 | 1,187,437 | 101,859 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 357,161 | 296,253 | 60,908 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 43,748,918 | 43,297,076 | 451,842 | |
| 23 | Insurance | 1,154,013 | 721 | 1,153,292 | |
| 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 | MEDICAL SUPPLIES | 133,859,919 | 133,859,919 | | |
| b | CORP SERVICE ALLOCATION | 108,989,377 | | 108,989,377 | |
| c | FEDERAL & STATE INCOME | 174,031 | | 174,031 | |
| d | BAD DEBT | 72,950,898 | 72,950,898 | | |
| e | All other expenses | 75,958,672 | 75,540,027 | 418,645 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 799,910,636 | 673,271,429 | 126,615,807 | 23,400 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X

Balance Sheet

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

| | | | | (A) | | (B) |
|-----------------------------|--|---|--------------------------|-------------------|------------|-------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | 14,494 | 1 | 19,827 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 112,772,753 | 4 | 120,798,728 |
| | 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 | | 939,195 | 7 | 469,654 |
| | 8 | Inventories for sale or use | | 12,371,276 | 8 | 14,750,432 |
| | 9 | Prepaid expenses and deferred charges | | 897,525 | 9 | 1,269,588 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,027,101,274 | | | |
| | b | Less: accumulated depreciation | 10b 428,397,433 | 615,948,530 | 10c | 598,703,841 |
| | 11 | Investments—publicly traded securities | | 21,064,899 | 11 | 20,301,920 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 6,100,239 | 12 | 5,792,700 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 1,543,174 | 14 | 22,491,443 |
| | 15 | Other assets. See Part IV, line 11 | | 4,639,049 | 15 | 3,280,528 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 776,291,134 | 16 | 787,878,661 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 32,589,953 | 17 | 37,000,050 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 8,990,019 | 19 | 7,611,335 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 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 | | 4,395,660 | 23 | 3,113,828 |
| | 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 | | 422,641,679 | 25 | 435,816,064 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 468,617,311 | 26 | 483,541,277 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 307,673,823 | 27 | 304,337,384 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 307,673,823 | 33 | 304,337,384 |
| | 34 | Total liabilities and net assets/fund balances | | 776,291,134 | 34 | 787,878,661 |

Part XI Reconciliation 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 | 945,206,160 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 799,910,636 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 145,295,524 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 307,673,823 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,145,278 |
| 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 | -147,486,685 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 304,337,384 |

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

Additional Data

Software ID:
Software Version:
EIN: 35-0868085
Name: PARKVIEW HOSPITAL 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 | | | |
| BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT | 40 00 1 00 | X | | X | | | | 496,575 | 0 | 77,886 |
| MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO | 1 00 56 00 | X | | X | | | | 0 | 1,472,327 | 673,379 |
| MICHAEL YURKANIN DIRECTOR/PH PHYSICIAN | 8 00 40 00 | X | | | | | | 72,040 | 507,387 | 55,207 |
| JEFFREY NICKEL DIRECTOR | 8 00 0 00 | X | | | | | | 55,670 | 500 | 0 |
| DAVID BOBILYA DIRECTOR | 1 00 0 00 | X | | | | | | 2,750 | 0 | 0 |
| PALERMO GALINDO DIRECTOR | 1 00 0 00 | X | | | | | | 4,000 | 0 | 0 |
| THOMAS KIMBROUGH DIRECTOR/TREASURER | 1 00 1 00 | X | | | | | | 6,750 | 5,250 | 0 |
| DAVID KOHLI DIRECTOR | 1 00 0 00 | X | | | | | | 4,500 | 0 | 0 |
| DAVID MCFADDEN DIRECTOR | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |
| MARK MICHAEL DIRECTOR | 1 00 0 00 | X | | | | | | 3,000 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DAVID MICHEL DIRECTOR | 1 00 1 00 | X | | | | | | 4,250 | 1,000 | 0 |
| SHERRI MILLER DIRECTOR/SECRETARY | 1 00 0 00 | X | | | | | | 4,750 | 0 | 0 |
| MARILYN MORAN-TOWNSEND DIRECTOR/CHAIR | 1 00 1 00 | X | | | | | | 6,291 | 2,250 | 0 |
| GREGG POLLANDER DIRECTOR | 8 00 0 00 | X | | | | | | 50,000 | 100 | 0 |
| WIL SMITH DIRECTOR | 1 00 1 00 | X | | | | | | 4,750 | 1,500 | 0 |
| DAN STARR DIRECTOR/VICE CHAIR | 1 00 0 00 | X | | | | | | 4,593 | 0 | 0 |
| WENDY STEIN DIRECTOR | 1 00 0 00 | X | | | | | | 4,750 | 0 | 0 |
| IRENE WALTERS DIRECTOR | 1 00 0 00 | X | | | | | | 4,500 | 0 | 0 |
| CHARLES CLARK PVHOS PBH COO | 40 00 0 00 | | | X | | | | 269,091 | 0 | 65,520 |
| MICHAEL GERUE PVHOS PHI COO | 40 00 0 00 | | | X | | | | 258,033 | 0 | 72,000 |

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 | | | |
| MARLON WARDLOW PVHOS RANDALLIA COO | 40 00 0 00 | | | X | | | | 234,905 | 0 | 53,521 |
| MICHAEL BROWNING PH SVP & CFO - PARTIAL YEAR | 1 00 56 00 | | | X | | | | 0 | 590,899 | 70,280 |
| STANTON RISSER INTERIM PH CFO | 1 00 56 00 | | | X | | | | 0 | 277,183 | 60,830 |
| GREG JOHNSON PVHOS CMO/PVSYS CCIO | 31 00 9 00 | | | | X | | | 434,736 | 88,566 | 101,630 |
| DANIEL GARMAN PVHOS SVP | 40 00 0 00 | | | | X | | | 323,986 | 0 | 65,090 |
| LORAIN FRANK-LIGHTFOOT PVHOS CNO | 40 00 0 00 | | | | X | | | 248,388 | 15,095 | 53,280 |
| ERIN LACROSS PVHOS VP NURSING | 40 00 0 00 | | | | X | | | 215,624 | 0 | 57,250 |
| MICHAEL MIRRO PVHOS CARO | 29 00 11 00 | | | | | X | | 453,230 | 101,527 | 93,600 |
| ROGER STIENECKER PVHOS MD IP & EP | 40 00 0 00 | | | | | X | | 302,419 | 68,174 | 25,950 |
| YUENIAN ZHANG PVHOS CHIEF PHYSICIST | 40 00 0 00 | | | | | X | | 275,162 | 0 | 36,230 |

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

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

12

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|--|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | |

16a 33 1/3% support test—2015.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—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/> | | |
| b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | Yes | No |
|--|-----|----|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div> | | |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> | | |
| <div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div> | | |
| <div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div> | | |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> | | |
| <div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div> | | |
| <div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div> | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | Current Year | |
|----------------------------------|--|--------------|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. | | | |
| e From 2014. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference

Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

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

| | | |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ _____ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ _____ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ _____ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

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

Part II-A

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table> | | 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 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|---------|---------|---------|---------|-----------|
| Calendar year (or fiscal year beginning in) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | | | |
|-----------|--|-----|-------|
| 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? | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | No | |
| i | Other activities? | Yes | 27,77 |
| j | Total Add lines 1c through 1i | | 27,77 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | |

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

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--|
| PART II-B, LINE 1 | REPRESENTS THE PORTION OF THE DUES PAID TO INDIANA HOSPITAL AND HEALTH ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, INDIANA ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC AND AMERICAN ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC USED FOR LOBBYING ACTIVITIES |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | |
|---|---|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II Conservation Easements.

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

| | | |
|---|---|----|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> | |
| 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 | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ | |
| 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | | |
|------|--|------|
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | |
| (i) | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) | Assets included in Form 990, Part X | ▶ \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| a | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| b | Assets included in Form 990, Part X | ▶ \$ |

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

| | 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 625,781 | 636,041 | 652,686 | 592,705 | 569,364 |
| b Contributions | 535 | 689 | 151 | 7,161 | 75 |
| c Net investment earnings, gains, and losses | 27,888 | 27,585 | -16,796 | 60,181 | 23,266 |
| d Grants or scholarships | 11,399 | 38,534 | 0 | 7,361 | 0 |
| e Other expenditures for facilities and programs | 0 | 0 | 0 | 0 | 0 |
| f Administrative expenses | 0 | 0 | 0 | 0 | 0 |
| g End of year balance | 642,805 | 625,781 | 636,041 | 652,686 | 592,705 |

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 81 850 %

c Temporarily restricted endowment ▶ 18 150 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i) Yes No

3a(ii) Yes

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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) | Accumulated (c)depreciation | (d)Book value |
|--|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land | | 6,760,319 | | 6,760,319 |
| b Buildings | | 513,211,979 | 202,476,458 | 310,735,521 |
| c Leasehold improvements | | 9,508,702 | 5,477,048 | 4,031,654 |
| d Equipment | | 433,404,362 | 202,279,043 | 231,125,319 |
| e Other | | 64,215,912 | 18,164,884 | 46,051,028 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ | | | | 598,703,841 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | ENDOWMENT FUNDS ARE USED FOR CHAPLAINCY SERVICES |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
35-0868085

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 CANDACE SCHULER 4723 KENTLEY DRIVE FORT WAYNE, IN 46845 | GRANT WRITING | | No | 0 | 23,400 | -23,400 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | | 23,400 | -23,400 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IN

Part II Fundraising Events.

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

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

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

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

| Return Reference | Explanation |
|--|--|
| SCHEDULE G, PART I, LINE 2B, COLUMN IV | THE GROSS RECEIPTS ASSOCIATED WITH THE ACTIVITIES OF THE PROFESSIONAL FUNDRAISER ARE NOT READILY ASCERTAINABLE AS THEY WERE NOT DIRECTLY CONNECTED WITH SPECIFIC FUNDRAISING ACTIVITIES THE PROFESSIONAL FUNDRAISING SERVICES WERE FOR GRANT WRITING AS SUCH, NO AMOUNTS HAVE BEEN DISCLOSED IN PART I, LINE 2B, COLUMN IV |

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | | |
|--|---|-----|-----|----|
| | | Yes | No | |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," was it a written policy? | 1b | Yes | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a | Yes | |
| b | Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b | | No |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| 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) | | | 9,953,868 | | 9,953,868 | 1 370 % |
| b Medicaid (from Worksheet 3, column a) | | | 67,711,978 | 36,405,886 | 31,306,092 | 4 310 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 37,305,378 | 38,045,093 | -739,715 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 114,971,224 | 74,450,979 | 40,520,245 | 5 680 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 3,337,727 | 88,330 | 3,249,397 | 0 450 % |
| f Health professions education (from Worksheet 5) | | | 4,697,867 | 1,856,863 | 2,841,004 | 0 390 % |
| g Subsidized health services (from Worksheet 6) | | | 715,758 | 102,704 | 613,054 | 0 080 % |
| h Research (from Worksheet 7) | | | 290,709 | 107,323 | 183,386 | 0 030 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 3,382,782 | | 3,382,782 | 0 470 % |
| j Total. Other Benefits | | | 12,424,843 | 2,155,220 | 10,269,623 | 1 420 % |
| k Total. Add lines 7d and 7j | | | 127,396,067 | 76,606,199 | 50,789,868 | 7 100 % |

Part IICommunity 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 | | 30,000 | | 30,000 | 0 % |
| 2 | Economic development | | | | | |
| 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 | | 361,286 | | 361,286 | 0 050 % |
| 9 | Other | | | | | |
| 10 | Total | | 391,286 | | 391,286 | 0 050 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

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

72,950,898

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

4,089,908

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

150,154,611

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

147,850,881

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

2,303,730

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

No

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

No

Part IVManagement 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 | | | | |
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| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1

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

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

PARKVIEW HOSPITAL INC

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

| | | Yes | No |
|--|---|------------|-----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) | 3 | Yes |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | Yes |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u> b <input type="checkbox"/> Other website (list url) _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) | 7 | Yes |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes |
| a | If "Yes" (list url) <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | No |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | | |
|---|--|-----------------------|-----|----|
| Name of hospital facility or letter of facility reporting group | | PARKVIEW HOSPITAL INC | | |
| | | Yes | No | |
| 13 | 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a | <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of % | | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c | <input type="checkbox"/> Asset level | | | |
| d | <input type="checkbox"/> Medical indigency | | | |
| e | <input type="checkbox"/> Insurance status | | | |
| f | <input type="checkbox"/> Underinsurance discount | | | |
| g | <input type="checkbox"/> Residency | | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | | No |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes | |
| a | <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes | |
| a | <input type="checkbox"/> The FAP was widely available on a website (list url) | | | |
| b | <input type="checkbox"/> The FAP application form was widely available on a website (list url) | | | |
| c | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) | | | |
| d | <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | | |
| Billing and Collections | | | | |
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| e | <input type="checkbox"/> None of these actions or other similar actions were permitted | | | |

Part V

Facility Information (continued)

PARKVIEW HOSPITAL INC

| Name of hospital facility or letter of facility reporting group | | | Yes | No |
|---|---|----|-----|----|
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) | 19 | | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | | |
| Policy Relating to Emergency Medical Care | | | | |
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | 21 | Yes | |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) | | | | |
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in Section C) | | | |
| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C | 23 | | No |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C | 24 | | No |

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| | |
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| | |

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? 27

| 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 HOSPITAL, INC PROVIDES DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7 | <p>PART I, LINE 7A PARKVIEW HOSPITAL, INC IS COMMITTED TO PROVIDING CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS IT IS FURTHERMORE THE POLICY OF PARKVIEW HOSPITAL, INC NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL INABILITY TO PAY HIS/HER MEDICAL EXPENSES THE CHARITY CARE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE CHARITY CARE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7B PARKVIEW HOSPITAL, INC ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7C PARKVIEW HOSPITAL, INC ACCEPTS ALL CERTAIN MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7E AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE PART I, LINE 7F AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE 7H AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO SUPPORT THE RESEARCH CONDUCTED BY THE PARKVIEW RESEARCH CENTER SPEND IS BASED ON THE OPERATING EXPENSES ASSOCIATED WITH RESEARCH ACTIVITIES OVER AND ABOVE GRANTS AND OTHER REVENUE RECEIVED BY THE CENTER PART I, LINE 7I IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HOSPITAL, INC CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7G | SUBSIDIZED HEALTH SERVICES COSTS ASSOCIATED WITH THE MOBILE MAMMOGRAPHY PROGRAM AND THE ASSESSMENTS AND REFERRALS OF INDIVIDUALS THROUGH THE PARKVIEW BEHAVIORAL HEALTH ACCESS CENTER WHERE INCLUDED AS SUBSIDIZED HEALTH SERVICES |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LN 7 COL(F) | PERCENT OF TOTAL EXPENSE PARKVIEW HOSPITAL, INC EXCLUDED \$72,950,898 OF BAD DEBT EXPENSE |

| Form and Line Reference | Explanation |
|--|---|
| PART II, COMMUNITY BUILDING ACTIVITIES | <p>DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES PARKVIEW HOSPITAL, INC HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITY PHYSICAL IMPROVEMENTS SUPPORT FOR THE FOLLOWING PROJECTS IS PART OF A MULTIPLE-YEAR PLAN FOR URBAN REVITALIZATION AND THE PROMOTION OF ECONOMIC DEVELOPMENT IN NORTHEAST INDIANA PARKVIEW HOSPITAL, INC HAS PLAYED A SIGNIFICANT ROLE IN THESE EFFORTS THE HOSPITAL PARTNERED WITH A LOCAL UNIVERSITY, AND WUNDERKAMMER COMPANY AND PROVIDED SPONSORSHIP OF THE "EMERGE FROM CREATIVITY TO INNOVATIVE ECONOMY", A TWO-DAY CONFERENCE HIGHLIGHTING NORTHEAST INDIANA'S POSITION RELATED TO DEVELOPING ITS CREATIVE ECONOMY THE WUNDERKAMMER COMPANY REVITALIZES COMMUNITIES THROUGH VOLUNTEERISM AND THE CREATION OF CONTEMPORARY ART IN URBAN AREAS RIVERFRONT FORT WAYNE UNVEILED DESIGN PLANS FOR THE RIVERFRONT REVITALIZATION PROJECT WITH CONSTRUCTION TO BEGIN IN 2017 PARKVIEW HOSPITAL, INC PROVIDED SUPPORT TOWARD THIS PROJECT WORKFORCE DEVELOPMENT IN ADDITION, PARKVIEW HOSPITAL, INC PROMOTES CAREERS IN HEALTHCARE THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS DESIGNED FOR HIGH SCHOOL AND COLLEGE 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</p> |

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

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 3 | <p>COSTING METHODOLOGY USED UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF PARKVIEW HOSPITAL, INC. HOWEVER, DURING THE COLLECTION PROCESS THERE IS A CONTINUOUS EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. THEREFORE, ONCE AN UNCOLLECTIBLE ACCOUNT HAS BEEN CHARGED OFF AND IT IS DETERMINED THROUGH THE COLLECTION PROCESS THAT THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE UNCOLLECTIBLE ACCOUNT IS RECLASSIFIED TO CHARITY CARE AND ALL COLLECTION EFFORTS CEASE. PATIENTS ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME, INCLUDING PATIENTS WHOSE ACCOUNTS HAVE BEEN PLACED IN A BAD DEBT AGENCY. THE AMOUNT REFLECTED ON LINE 3 WAS CALCULATED BY TOTALING THE ACCOUNTS PREVIOUSLY WRITTEN OFF TO BAD DEBT AND PLACED WITH A COLLECTION AGENCY, BUT SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE DURING THE TAX YEAR. THE ACCOUNTS WERE RECLASSIFIED AS CHARITY CARE DUE TO THE FACT THAT PATIENTS APPLIED FOR, AND WERE APPROVED FOR, FINANCIAL ASSISTANCE AFTER THE ACCOUNTS WERE PLACED WITH A BAD DEBT AGENCY.</p> |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4 | BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTSTEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS PAGE 14 OF ATTACHED FINANCIAL STATEMENTS |

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 8 | <p>COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS</p> <p>SUBSTANTIAL 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</p> <p>PARKVIEW HOSPITAL, INC ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS</p> <p>INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT</p> <p>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</p> <p>HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT "</p> <p>IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL</p> <p>AS A RESULT, PARKVIEW HOSPITAL, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT</p> <p>PARKVIEW HOSPITAL, INC RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS</p> <p>AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION</p> |

| Form and Line Reference | Explanation |
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| PART III, LINE 9B | COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR CHARITY CARE THE 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 |
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| PART VI, LINE 2 | <p>DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAs REPORTED IN PART V, SECTION B</p> <p>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 (CHNA) FOR THE FIVE COUNTIES (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS</p> <p>ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH THE INDIANA UNIVERSITY/PURDUE UNIVERSITY OF FORT WAYNE'S (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. OUR SURVEY 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 HEALTHCARE PROFESSIONALS, SOCIAL SERVICE 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 USED 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 HOSPITAL, INC. REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT OUR COMMUNITIES AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF OUR COMMUNITIES. HEALTH ISSUES IDENTIFIED IN THE SURVEY INCLUDED OBESITY, TOBACCO USE, CHLAMYDIA INFECTIONS, TEEN BIRTHS, INFANT MORTALITY, PRENATAL CARE, EXCESSIVE ALCOHOL USE, POOR MENTAL HEALTH AND PRIMARY CARE PHYSICIANS (HEALTHCARE ACCESS) THROUGH A PRIORITIZATION PROCESS USING SPECIFIC CRITERIA. THREE HEALTH PRIORITIES WERE SELECTED. THESE PRIORITIES ARE: 1) OBESITY - HEALTHY LIFESTYLE BEHAVIORS PROMOTION AND EDUCATION, 2) PRENATAL CARE - PROVIDING VARIOUS INTERVENTIONS TO ENSURE EARLY AND QUALITY PRENATAL CARE AND 3) MENTAL HEALTH - USING A MENTAL HEALTH SCREENING TOOL AND IMPROVING ACCESS TO MENTAL HEALTHCARE THROUGH CARE NAVIGATION SERVICES.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 3 | <p>DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY -AT POINT OF REGISTRATION OR SCHEDULING, IF A PATIENT EXPRESSES THEIR INABILITY TO PAY, THE REGISTRAR OR SCHEDULER WILL REFER THE PATIENT TO A FINANCIAL COUNSELOR OR WILL PROVIDE FINANCIAL COUNSELING CONTACT INFORMATION IN THE FORM OF A BUSINESS CARD TO THE PATIENT OUTSIDE OF NORMAL BUSINESS HOURS -SIGNAGE IN THE EMERGENCY DEPARTMENT AND CASHIER AREAS INFORMS THE PATIENT OF THEIR RIGHT TO RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY AND TELLS THEM THEY MAY BE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE -THE PATIENT'S INITIAL STATEMENT INSTRUCTS THE PATIENT TO CALL THE PATIENT ACCOUNTING DEPARTMENT IF THEY CANNOT PAY IN FULL THE PATIENT ACCOUNTING CALL CENTER COLLECTORS SCREEN AND OFFER FREE CARE APPLICATIONS TO PATIENTS WHO CANNOT AFFORD TO PAY THEIR BILLS -THE ONLINE ACCOUNT MANAGER OF PARKVIEW HOSPITAL, INC 'S WEBSITE (WWW.PARKVIEW.COM) CONTAINS INFORMATION ON HOW TO CONTACT THE PATIENT ACCOUNTING DEPARTMENT FOR PAYMENT OPTIONS OR FREE CARE ELIGIBILITY -ALL UNINSURED OR UNDERINSURED PATIENTS WHO ARE INPATIENT OR OBSERVATION STATUS ARE VISITED BY FINANCIAL COUNSELORS THE FINANCIAL COUNSELORS PROVIDE PAYMENT OPTIONS INCLUDING SCREENING FOR FREE CARE AND PROVIDE THE PATIENT WITH FREE CARE APPLICATIONS - OUTBOUND PHONE CALLS ARE MADE TO PATIENTS TO SET UP PAYMENT ARRANGEMENTS IF A PATIENT CANNOT MAKE PAYMENT ON THEIR ACCOUNT, THE PATIENT WILL BE SCREENED FOR FREE CARE AND PROVIDED WITH AN APPLICATION TO APPLY FOR FREE CARE -IF A PATIENT'S ACCOUNT IS PLACED WITH A COLLECTION AGENCY, THE AGENCY IS INSTRUCTED TO SCREEN FOR FREE CARE IF THE PATIENT EXPRESSES THEIR INABILITY TO PAY</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES THE FACILITIES OF PARKVIEW HOSPITAL, INC , CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND PARKVIEW BEHAVIORAL HEALTH ARE LOCATED IN FORT WAYNE, THE PRIMARY URBAN AREA THAT RESIDES IN THE HEALTH SYSTEM'S SERVICE AREA ACCORDING TO STATS INDIANA 2015, FORT WAYNE REPORTED A POPULATION OF 260,326 AND COMPRISES 70 7 PERCENT OF THE TOTAL ALLEN COUNTY POPULATION NEW HAVEN, THE LARGEST TOWN IN THE COUNTY, ACCOUNTS FOR 4 3 PERCENT OF THE COUNTY POPULATION PARKVIEW HOSPITAL, INC WAS THE REGION'S FIRST LEVEL II TRAUMA CENTER AND SERVES THE SURROUNDING COMMUNITIES THE TOTAL POPULATION IN ALLEN COUNTY IS 368,450, A 3 5 PERCENT INCREASE SINCE THE 2010 CENSUS IN 2014, APPROXIMATELY 15 2 PERCENT OF THE POPULATION IN ALLEN COUNTY WAS REPORTED TO BE BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$25,485 AND THE MEDIAN HOUSEHOLD INCOME WAS \$49,124 AS OF FEBRUARY 2016, THE UNEMPLOYMENT RATE WAS 4 6 PERCENT 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, NEIGHBORHOOD HEALTH CLINIC IN 2014, PARKVIEW AND THE NEIGHBORHOOD HEALTH CLINIC OPENED A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE THIS FACILITY IS NAMED THE PARKVIEW NEIGHBORHOOD HEALTH CLINIC IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING SOUTHEAST THAT PROVIDES HEALTH PREVENTION EDUCATION TO THE LOCAL UNDERSERVED POPULATION ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2015, 20 PERCENT OF ALLEN COUNTY RESIDENTS WERE ENROLLED IN MEDICAID AND 6 9 PERCENT WERE UNINSURED FOR PARKVIEW HOSPITAL, INC FACILITIES IN ALLEN COUNTY, 21 6 PERCENT OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 4 7 PERCENT WERE SELF-PAY FOR OUTPATIENT PROCEDURES, 26 PERCENT WERE MEDICAID PATIENTS AND 11 1 PERCENT WERE SELF-PAY</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC)IN AN EFFORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC. ADDITIONALLY, THE MEDICAL CONTINUING EDUCATION DEPARTMENT'S MEDICAL SYMPOSIUMS HELD THROUGHOUT THE YEAR ARE OPEN TO ALL AREA HEALTHCARE PROFESSIONALS. THE PARKVIEW HOSPITAL, INC. BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN PVHOS'S PRIMARY SERVICE AREA. AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF OUR COMMUNITIES, PARKVIEW HOSPITAL, INC. OPENED THE PARKVIEW REGIONAL MEDICAL CENTER ON THE NORTH-FORT WAYNE CAMPUS IN MARCH 2012. THE CENTER OFFERS THE LATEST IN CARE DESIGN AND STATE-OF-THE-ART EQUIPMENT AND CLINICAL CAPABILITIES. IT BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE WHILE PROVIDING INCREASED ACCESS TO HEALTHCARE FOR PATIENTS. PARKVIEW HOSPITAL, INC. HAS PROVIDED CLINICAL RESEARCH SERVICES TO PARKVIEW HEALTH SYSTEM, INC. PHYSICIANS, AND HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE OVER THE PAST 25 YEARS. FACILITY CONSTRUCTION ON THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION ON OUR NORTH CAMPUS CAME TO A CONCLUSION IN LATE 2014. THE CENTER STUDIES DISEASE MANAGEMENT IN A MULTI-PROFESSIONAL SETTING BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND OTHER HEALTHCARE STAFF. THE NEW CENTER CREATES PROMISE OF SIGNIFICANT ADVANCEMENTS IN CLINICAL RESEARCH AND TRAINING. THROUGH A PARTNERSHIP WITH REGIONAL ACADEMIC INSTITUTIONS, THE CENTER IS POISED TO BECOME AN INNOVATOR IN HEALTHCARE SCIENCES FOR THE REGION. ALSO PART OF PARKVIEW HOSPITAL, INC., THE HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH-CENTRAL FORT WAYNE (PARKVIEW HOSPITAL RANDALLIA), IS UNDERGOING RENOVATIONS AND REMAINS A VITAL PART OF THE LOCAL NEIGHBORHOOD. THROUGH 2014, RENOVATIONS TO THE HOSPITAL ON THE RANDALLIA CAMPUS INCLUDED THE ADDITION OF THE CENTER FOR WOUND HEALING, THE OUTPATIENT INFUSION CENTER AND A NEW GIFT SHOP. WHILE THIS FACILITY CONTINUES TO PROVIDE COMMUNITY-CENTRIC HEALTH CARE SERVICES, PARKVIEW HOSPITAL, INC. 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 CONSORTIUM. THE CONSORTIUM WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION SERVICES AND SENIOR CARE. DURING 2015, RENOVATIONS INCLUDED WINDOW REPLACEMENT, UPDATES TO THE NURSE CALL SYSTEM AND COMPLETION OF AN ALL NEW FAMILY BIRTHING CENTER AND STATE-OF-THE-ART INTENSIVE CARE UNIT AT THE PARKVIEW RANDALLIA LOCATION. PARKVIEW HOSPITAL, INC. PROVIDES EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR BECAUSE THE FIRST HOUR AFTER AN EMERGENCY IS THE MOST CRITICAL, THE HOSPITAL ESTABLISHED THE SAMARITAN FLIGHT PROGRAM FOR RAPID AIR TRANSPORT. THE TWO SAMARITAN EMERGENCY RESPONSE HELICOPTERS ARE AVAILABLE FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TRAINED CREW AND ADVANCED ON-BOARD TRAUMA TECHNOLOGY. THE EMERGENCY DEPARTMENT IS STAFFED WITH SPECIALLY TRAINED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS EXCEPTIONALLY TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY. PARKVIEW HOSPITAL, INC.'S EMERGENCY DEPARTMENT ALSO CONNECTS CRITICALLY ILL OR INJURED PATIENTS WITH THE SPECIALIZED CARE THEY NEED THROUGH ACCESS TO THE REGION'S FIRST VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, THE PARKVIEW HEART INSTITUTE AND HOSPITAL, AND THE CERTIFIED PARKVIEW STANLEY WISSMAN STROKE CENTER. PATIENTS RECEIVING EMERGENCY CARE AT PARKVIEW HOSPITAL, INC. MAY ALSO SEE SPECIALISTS IN ORTHOPEDICS, NEUROSURGERY, PLASTIC SURGERY AND OTHER SPECIALTY AREAS. DATA OBTAINED THROUGH COMMUNITY HEALTH NEEDS ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN THE ORGANIZATION'S STRATEGIC PLANNING PROCESS BY IDENTIFYING COMMUNITY HEALTH NEEDS. AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, THE HOSPITAL HAS ESTABLISHED SEVERAL PRIORITY AREAS. THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HOSPITAL, INC.'S MISSION, VISION, AND GOALS AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HOSPITAL UNDERTAKES. PRIORITY AREAS INCLUDE THE FOLLOWING: PRIMARY HEALTHCARE/ACCESS TO HEALTHCARE -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. ADDITIONAL RECRUITMENT EFFORTS FOR PRIMARY CARE PHYSICIANS TO SERVE THE NEIGHBORHOOD SURROUNDING THE RANDALLIA CAMPUS - EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIAN S GROUP OFFICES TO ACCOMMODATE SAME-DAY APPOINTMENTS -CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED INCLUDING FINANCIAL SUPPORT TO MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH AND DENTAL CLINICS AND COMMUNITY TRANSPORTATION NETWORK -PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THESE SERVICES AVAILABLE TO THE COMMUNITY -PRO MOTION OF CAREERS IN HEALTHCARE, PARTICULARLY THOSE FUNCTIONS IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTHCARE PROFESSIONALS INCLUDING SCHOLARSHIP AND INTERNSHIP PROGRAMS FOR STUDENTS IN A PATIENT CARE FIELD OF STUDY -SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH BRIGHTPOINT COVERING KIDS AND FAMILIES AND OTHER GROUPS THAT PROVIDE ENROLLMENT ELIGIBILITY SERVICES - INCREASE EFFORTS TO REDUCE INFANT MORTALITY THROUGH EARLY PRENATAL CARE INTERVENTION, IMPROVED PRENATAL CARE, CLINICAL PROTOCOLS AND INCREASED BREASTFEEDING HEALTH SCREENING AND PREVENTION -HEALTHY LIFESTYLE BEHAVIOR PROMOTION AND EDUCATION -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 ILLNESS-TRAUMA AND ORTHOPEDIC AILMENTS-WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON EARLY PRENATAL CARE AND CHILDREN'S ASTHMA-DIABETES AND OBESITY HEALTH INNOVATION, EDUCATION AND RESEARCH AND DEVELOPMENT -ENHANCING HEALTHCARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRUCTION OF THE PARKVIEW MIRROR CENTER FOR RESEARCH AND INNOVATION ON THE NORTH-FORT WAYNE CAMPUS AND DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN PARKVIEW, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY AND INCLUDES DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY THIS EFFORT FULFILLS A SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEEDED IN THE COMMUNITY -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 A POPULATION HEALTH MANAGEMENT MODEL PARKVIEW CARE PARTNERS IS A PHYSICIAN-LED CARE MANAGEMENT ORGANIZATION COLLABORATING ON A CLINICALLY INTEGRATED (CI) APPROACH TO HEALTHCARE DELIVERY ACROSS THE CONTINUUM OF CARE CLINICAL INTEGRATION WORKS TO ACHIEVE GOALS IN FOUR OVERARCHING AREAS REFERRED TO AS THE QUADRUPLE AIM THE FOUR AREAS INCLUDE QUALITY OF CARE, THE PATIENT EXPERIENCE, VALUE (IN TERMS OF REDUCED WASTE IN HEALTHCARE) AND IMPROVING THE CARE PROVIDER EXPERIENCE PARKVIEW HOSPITAL, INC. ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT EFFORTS THROUGH A COMMITMENT OF UP TO 10 PERCENT OF ITS OPERATING INCOME THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS THESE FUNDS ARE ALSO USED TO SUPPORT A PORTION OF PARKVIEW'S 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 (CONTINUED BELOW)</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 6 | <p>IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , PARKVIEW WABASH HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, INC , AND HUNTINGTON MEMORIAL HOSPITAL, INC , AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND SUPPORTING LOCAL BUSINESSES AND ACTIVITIES PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFIT 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 HEALTHY LIFESTYLE PROMOTION AND EDUCATION INCLUDING GOOD NUTRITION, ACCESS TO AND CONSUMPTION OF HEALTHY FOODS AND ACTIVE LIFESTYLE WAS SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW 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 AND VISION IS AS FOLLOWS AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 7, REPORTS FILED WITH STATES | IN |

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

| Form and Line Reference | Explanation |
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| PART VI, SUPPLEMENTAL INFORMATION, ITEM 5 | <p>CONTINUED FROM ABOVE PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC) THE HOSPITAL PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR OTHER PARKVIEW HOSPITAL, INC OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, MATERNAL/INFANT INTERVENTION PROGRAMS, NUTRITION AND ACTIVE LIFESTYLE CURRICULUMS, BEHAVIORAL HEALTH CARE NAVIGATOR PROGRAM AND INJURY PREVENTION EDUCATION SEVERAL LOCAL HEALTH PARTNERS ASSIST IN ADDRESSING ACCESS TO HEALTHCARE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, NORTHEAST INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE), SUPER SHOT IMMUNIZATION CLINIC AND BRIGHTPOINT COVERING KIDS AND FAMILIES ARE JUST A FEW OF OUR PARTNER ORGANIZATIONS IN ADDITION, PVHOS PROVIDES FUNDING TO COMMUNITY TRANSPORTATION NETWORK AS THEY MAY PROVIDE MEDICAL TRANSPORTATION THROUGHOUT THE COMMUNITY A COMMITTEE OF COMMUNITY LEADERS, MEMBERS OF THE PARKVIEW HOSPITAL, INC BOARD OF DIRECTORS AND HOSPITAL MANAGEMENT MEET REGULARLY TO ESTABLISH OR AFFIRM FUNDING PRIORITIES FOR HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT PROGRAM PARKVIEW HOSPITAL, INC PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS IN DEVELOPING AND IMPLEMENTING HEALTH INITIATIVES TO MEET IDENTIFIED COMMUNITY HEALTH NEEDS PARKVIEW HOSPITAL IS DEDICATED TO THE INVESTMENT OF TIME AND RESOURCES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY OUR GOAL IS TO UTILIZE BEST PRACTICES AND INNOVATIVE METHODS TO IMPROVE HEALTH STATUS, PARTICULARLY FOR THE UNDERSERVED</p> |

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

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

Section A. Hospital Facilities

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

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

1

Name, address, primary website address,
and state license number

| | | | | | | | | | | |
|---|--|---|---|--|---|--|---|---|--|--|
| 1 | PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 WWW.PARKVIEW.COM 14-005020-1 | X | X | | X | | X | X | | |
|---|--|---|---|--|---|--|---|---|--|--|

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address | Type of Facility (describe) |
|--|-------------------------------------|
| 1 1 - PARKVIEW REGIONAL CANCER CENTER 11141 PARKVIEW PLAZA DR FORT WAYNE,IN 46845 | ONCOLOGY CENTER |
| 1 2 - OUPATIENT SERVICE CENTER OSC 11141 PARKVIEW PLAZA DR SUITE 100 FORT WAYNE,IN 46845 | OP AMBULATORY |
| 2 3 - PARKVIEW BEHAVIORAL HEALTH 1720 BEACON STREET FORT WAYNE,IN 46805 | IP & OP BEHAVIORAL |
| 3 4 - NEW VISION LAB & AMBULATORY 3909 NEW VISION DRIVE FORT WAYNE,IN 46845 | IMAGING AND LAB DRAW |
| 4 5 - PARKVIEW HOME HEALTHCARE 1900 CAREW STREET SUITE 6 FORT WAYNE,IN 46805 | HOME HEALTH & HOSPICE |
| 5 6 - PARKVIEW MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE,IN 46845 | OP PHARMACY |
| 6 7 - PARKVIEW HOME INFUSION SERVICES 1900 CAREW STREET SUITE 4 FORT WAYNE,IN 46805 | OP INFUSION |
| 7 8 - PARKVIEW OUTPATIENT CENTER AT INVERNESS 8028 CARNEGIE BLVD SUITE 160 FORT WAYNE,IN 46804 | IMAGING AND LAB DRAW |
| 8 9 - OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE SUITE 050 FORT WAYNE,IN 46845 | OP THERAPY |
| 9 10 - PARKVIEW NEW HAVEN AMBULATORY SITE 1331 MINNICH RD NEW HAVEN,IN 46774 | OP AMBULATORY, IMAGING AND LAB DRAW |
| 10 11 - LIBERTY MILLS LAB 8911 LIBERTY MILLS ROAD FORT WAYNE,IN 46804 | IMAGING AND LAB DRAW |
| 11 12 - CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE,IN 46805 | LAB DRAW |
| 12 13 - PARKVIEW CHILDRENS REHAB CLINIC 3439 HOBSON ROAD FORT WAYNE,IN 46805 | OP REHAB SERVICES |
| 13 14 - LAKE AVE 1 LAB 2710 LAKE AVE FORT WAYNE,IN 46805 | LAB DRAW |
| 14 15 - PARKVIEW WOODLAND PLAZA AMBULATORY SITE 1234 DUPONT RD FORT WAYNE,IN 46845 | LAB DRAW |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 16 16 - HOBSON LAB 1515 HOBSON ROAD FORT WAYNE, IN 46805 | LAB DRAW |
| 1 17 - PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845 | LAB DRAW |
| 2 18 - WARSAW DUBOIS LAB 2300 DUBOIS AVE WARSAW, IN 46580 | LAB DRAW |
| 3 19 - PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 | CLINICAL RESEARCH |
| 4 20 - GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741 | LAB DRAW |
| 5 21 - WAYNE DALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE, IN 46809 | LAB DRAW |
| 6 22 - NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825 | LAB DRAW |
| 7 23 - CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805 | LAB DRAW |
| 8 24 - TRIER 2 LAB 6130 TRIER RD FORT WAYNE, IN 46815 | LAB DRAW |
| 9 25 - PRMC MOB11 LAB 11104 PARKVIEW CIRCLE FORT WAYNE, IN 46845 | LAB DRAW |
| 10 26 - PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805 | HEALTH FITNESS |
| 11 27 - PARKVIEW CENTER FOR HEALTHY LIVING 11123 PARKVIEW PLAZA DR FORT WAYNE, IN 46845 | HEALTH AND WELLNESS |

2015

35-0868085

☒ Yes ☐ No

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of 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: 35-0868085
Name: PARKVIEW HOSPITAL INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| YMCA OF GREATER FORT WAYNE 347 WEST BERRY STREET STE 500 FORT WAYNE, IN 46802 | 35-0886850 | 501(C)3 | 1,525,000 | | | | CAPITAL CAMPAIGN AND DIABETES PREVENTION PROGRAM |
| EARLY CHILDHOOD ALLIANCE 3320 FAIRFIELD FORT WAYNE, IN 46807 | 35-0953465 | 501(C)3 | 416,782 | | | | PROGRAMS TO IMPROVE THE EDUCATIONAL, HEALTH & EMOTIONAL WELL-BEING OF YOUNG CHILDREN |
| MATTHEW 25 HEALTH CLINIC 413 E JEFFERSON BLVD FORT WAYNE, IN 46802 | 35-1484951 | 501(C)3 | 305,650 | | | | HEALTHCARE AND DENTAL SERVICES PROVIDED TO THE INDIGENT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YWCA 1610 SPY RUN AVENUE FORT WAYNE, IN 46805 | 35-0868220 | 501(C)3 | 256,250 | | | | CAPITAL CAMPAIGN AND VIOLENCE PREVENTION PROGRAMS |
| EAST ALLEN COUNTY SCHOOLS 1240 INDIANA 930 EAST NEW HAVEN, IN 46774 | 35-1097344 | GOVT ORG | 254,566 | | | | SCHOOL NURSE SERVICES |
| NEIGHBORHOOD HEALTH CLINIC INC 1717 SOUTH CALHOUN STREET FORT WAYNE, IN 46802 | 35-1922483 | 501(C)3 | 130,000 | | | | HEALTHCARE AND DENTAL SERVICES FOR UNINSURED PATIENTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| IHA HOSPITAL ASSISTANCE FOUNDATION INC 1 AMERICAN SQUARE SUITE 1900 INDIANAPOLIS,IN 46282 | 45-5573749 | 501(C)3 | 74,326 | | | | PROMOTE A STABLE AND DIVERSE HOSPITAL INFRASTRUCTURE THROUGHOUT INDIANA |
| IPFW 2101 EAST COLISEUM BLVD FORT WAYNE,IN 46805 | 35-6033698 | 501(C)3 | 60,500 | | | | ACADEMIC PROGRAMS |
| SAINT JOSEPH COMMUNITY HEALTH FOUNDATION 347 W BERRY STREET STE 101 FORT WAYNE,IN 46802 | 31-1016570 | 501(C)3 | 54,623 | | | | HEALTH EATING ACTIVE LIVING INITIATIVE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FORT WAYNE RESCUE MISSION MINISTRIES FOUNDATION INC 301 WEST SUPERIOUR STREET FORT WAYNE, IN 46802 | 35-2086417 | 501(C)3 | 50,000 | | | | ASSISTANCE FOR WOMEN AND CHILDREN EXPERIENCING A HOMELESS CRISIS |
| FORENSIC NURSING SPECIALTIES INC 2270 LAKE AVENUE STE 201 FORT WAYNE, IN 46805 | 35-1943648 | 501(C)3 | 50,000 | | | | MEDICAL FORENSIC CARE PROGRAM FOR THOSE VICTIMIZED BY SEXUAL ASSAULT AND ABUSE |
| MIDWEST ALLIANCE FOR HEALTH EDUCATION 1819 CAREW FORT WAYNE, IN 46805 | 35-1637515 | 501(C)3 | 37,500 | | | | STUDENT MEDICAL RESEARCH PROGRAM, HEALTH PREVENTION EDUCATION & SCREENING PROGRAMS FOR THE COMMUNITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| TURNSTONE CENTER FOR DISABLED CHILDREN AND ADULTS 3320 N CLINTON FORT WAYNE, IN 46805 | 35-0913541 | 501(C)3 | 37,500 | | | | THERAPY AND WELLNESS PROGRAMS FOR DISABLED CHILDREN & ADULTS |
| COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL ROAD FORT WAYNE, IN 46825 | 35-2109955 | 501(C)3 | 37,500 | | | | MEDICAL TRANSPORTATION PROGRAM |
| CANCER SERVICES OF NORTHEAST INDIANA 6316 MUTUAL DRIVE FORT WAYNE, IN 46825 | 35-0965609 | 501(C)3 | 37,500 | | | | CANCER PATIENT ADVOCATE PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COMMUNITY ACTION OF NORTHEAST INDIANA 227 E WASHINGTON BLVD FORT WAYNE, IN 46802 | 35-1097344 | 501(C)3 | 30,250 | | | | HEALTH INSURANCE ENROLLMENT PROGRAM |
| UNITED WAY OF ALLEN COUNTY 334 EAST BERRY STREET FORT WAYNE, IN 46802 | 35-0867932 | 501(C)3 | 25,000 | | | | LET'S TALK LANGUAGE DEVELOPMENT PROGRAM FOR INFANTS & TODDLERS |
| JOSHUA HAND INC 4202 HESSEN CASSEL FORT WAYNE, IN 46806 | 45-4723576 | 501(C)3 | 25,000 | | | | HOME OWNERSHIP PREPARATION PROGRAM FOR HOMELESS YOUNG ADULTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY OF FORT WAYNE ONE EAST MAIN STREET FORT WAYNE, IN 46802 | | GOVT ORG | 20,000 | | | | RIVERFRONT DEVELOPMENT PROJECT |
| MARCH OF DIMES 303 STABLE DRIVE FORT WAYNE, IN 46825 | 13-1846366 | 501(C)3 | 20,000 | | | | RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY |
| NORTHEAST INDIANA POSITIVE RESOURCE 525 OXFORD STREET FORT WAYNE, IN 46806 | 31-1191147 | 501(C)3 | 10,500 | | | | CASE MANAGEMENT SERVICES FOR INDIGENT AIDS PATIENTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| WUNDERKAMMER COMPANY 12012 TONKEL ROAD FORT WAYNE,IN 46845 | 26-1329112 | 501(C)3 | 10,000 | | | | PROGRAMS TO REVITALIZE COMMUNITIES THROUGH CONTEMPORARY ART |
| THE HISPANIC LEADERSHIP COALITION OF NORTHEAST INDIANA 235 WEST CREIGHTON AVENUE FORT WAYNE,IN 46807 | 20-4336796 | 501(C)3 | 10,000 | | | | PROGRAMS TO DEVELOP AND EMPOWER THE HISPANIC/LATINO COMMUNITY IN NE INDIANA |
| A HOPE CENTER PREGNANCY AND RELATIONSHIP RESOURCES 3630 HOBSON ROAD FORT WAYNE,IN 46805 | 31-1113254 | 501(C)3 | 9,288 | | | | STD TESTING PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PERRY HILL ELEMENTARY SCHOOL 13121 COLDWATER ROAD FORT WAYNE, IN 46845 | 35-1796806 | 501(C)3 | 8,426 | | | | ETHICS PROGRAM TRAINING AND IMPLEMENTATION |
| HEALTH AND HOSPITAL CORPORATION 3835 NORTH RURAL STREET INDIANAPOLIS, IN 46205 | 35-6005697 | 501(C)3 | 7,250 | | | | HEALTH INSURANCE ENROLLMENT SERVICES FOR THE UNDERSERVED |
| BOYS & GIRLS CULB OF FORT WAYNE 2609 FAIRFIELD AVENUE FORT WAYNE, IN 46807 | 35-1778767 | 501(C)3 | 6,600 | | | | PROGRAMS PROVIDING EDUCATIONAL EXPERIENCES FOR LOW-INCOME CHILDREN |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TAYLOR UNIV BROADCASTING INC 1115 WEST RUDISILL BLVD FORT WAYNE, IN 46807 | 35-1975367 | 501(C)3 | 6,500 | | | | HEALTHY & FIT PRESENTATION |
| FORT WAYNE BALLET 300 EAST MAIN STREET FORT WAYNE, IN 46802 | 35-6006394 | 501(C)3 | 6,000 | | | | COMMUNITY ENGAGEMENT PROGRAMS |

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I Questions Regarding Compensation

| | Yes | No |
|---|--|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> | | |
| 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4a Yes 4b Yes 4c No | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5a No 5b No | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6a No 6b No | |
| 7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 No | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 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 | TRAVEL FOR COMPANIONS - TAXABLE EXPENSE REIMBURSEMENT FOR FAMILY MEMBER PAID TO BENJAMIN MILES \$184, MARILYN MORAN-TOWNSEND \$41, DAN STARR \$93 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - GIFT CERTIFICATE PAID TO DANIEL GARMAN \$7, MICHAEL GERUE \$16, GREG JOHNSON \$7, MARCELINE ROGERS \$20 |
| PART I, LINE 3 | RELATED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF PARKVIEW HOSPITAL, INC 'S CEO/EXECUTIVE DIRECTOR COMPENSATION COMMITTEE (BOARD OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC) INDEPENDENT COMPENSATION CONSULTANT FORM 990 OF OTHER ORGANIZATIONS COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE (BOARD OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC) |
| PART I, LINES 4A-B | SEVERANCE PAYMENT LORAIN FRANK-LIGHTFOOT \$26,205 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER \$46,718, CHARLES CLARK \$20,280, DANIEL GARMAN \$11,093, MICHAEL GERUE \$8,802, RAY GONTERMAN \$9,218, BENJAMIN MILES \$13,250, MICHAEL MIRRO \$22,446 PARTICIPANTS DEFERRED - THE FOLLOWING INDIVIDUALS HAVE AN AMOUNT INCLUDED IN SCHEDULE J, PART II, COLUMN (C) FOR AN AMOUNT EARNED BUT NOT YET VESTED UNDER ONE OF PARKVIEW'S DEFERRED COMPENSATION PLANS BENEFITS EARNED UNDER THE PLANS WILL FUND THE EMPLOYEES' EVENTUAL RETIREMENT BENEFIT THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR ALL OF THE EMPLOYEES' YEARS OF SERVICE TO THE ORGANIZATION, AND THE COST OF THE BENEFITS MAY VARY FROM YEAR TO YEAR THE AMOUNTS ARE AT RISK AND WILL NOT BE PAID UNLESS AND UNTIL EACH EMPLOYEE HAS PROVIDED SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION BENEFITS UNDER THE PLANS VEST AT THE TIME SET FORTH IN THE PLAN DOCUMENTS AND ARE FORFEITED IF THE EMPLOYEES TERMINATE EMPLOYMENT BEFORE SATISFYING THOSE PLAN CONDITIONS JUDITH BOERGER \$33,174, MICHAEL BROWNING \$36,138, CHARLES CLARK \$21,000, SUZANNE EHINGER \$53,100, LORAIN FRANK-LIGHTFOOT \$28,910, DANIEL GARMAN \$25,119, MICHAEL GERUE \$19,477, RAE GONTERMAN \$19,261, GREG JOHNSON \$44,362, ERIN LACROSS \$17,628, BENJAMIN MILES \$36,462, MICHAEL MIRRO \$45,666, MICHAEL PACKNETT \$629,563, STANTON RISSER \$20,060, MARCELINE ROGERS \$20,914, MARLON WARDLOW \$21,830 |
| PART I, LINE 7 | MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) AND PHYSICIAN AND PROVIDER INCENTIVE COMPENSATION PLAN (PICP) ARE ANNUAL INCENTIVE PROGRAMS SYSTEM GOALS ARE APPROVED BY THE BOARD 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: 35-0868085

Name: PARKVIEW HOSPITAL INC

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT | (i) | 366,608 | 115,874 | 14,093 | 49,712 | 28,174 | 574,461 | 13,250 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 962,128 | 485,625 | 24,574 | 648,113 | - | - | 0 |
| 2 MICHAEL YURKANIN DIRECTOR/PH PHYSICIAN | (i) | 72,040 | 0 | 0 | 3,624 | 3,240 | 78,904 | 0 |
| | (ii) | 454,182 | 31,756 | 21,449 | 25,526 | - | - | 0 |
| 3 CHARLES CLARK PVHOS PBH COO | (i) | 179,513 | 66,739 | 22,839 | 48,080 | 17,449 | 334,620 | 20,280 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 MICHAEL GERUE PVHOS PHI COO | (i) | 186,124 | 61,898 | 10,011 | 46,162 | 25,840 | 330,035 | 8,802 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 5 MARLON WARDLOW PVHOS RANDALLIA COO | (i) | 177,549 | 38,774 | 18,582 | 24,737 | 28,790 | 288,432 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 6 MICHAEL BROWNING PH SVP & CFO - PARTIAL YEAR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 298,622 | 196,875 | 95,402 | 44,088 | - | - | 0 |
| 7 STANTON RISSE INTERIM PH CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 179,022 | 96,738 | 1,423 | 37,424 | - | - | 0 |
| 8 GREG JOHNSON PVHOS CMO/PVSYS CCIO | (i) | 292,030 | 140,981 | 1,725 | 61,070 | 23,364 | 519,170 | 0 |
| | (ii) | 88,566 | 0 | 0 | 12,442 | - | - | 0 |
| 9 DANIEL GARMANPVHOS SVP | (i) | 224,608 | 83,670 | 15,708 | 41,019 | 24,077 | 389,082 | 11,093 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 10 LORAIN FRANK-LIGHTFOOT PVHOS CNO | (i) | 221,289 | 0 | 27,099 | 28,901 | 21,334 | 298,623 | 0 |
| | (ii) | 0 | 0 | 15,095 | 1,756 | - | - | 0 |
| 11 ERIN LACROSS PVHOS VP NURSING | (i) | 169,286 | 44,817 | 1,521 | 33,960 | 23,299 | 272,883 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 12 MICHAEL MIRRO PVHOS CARO | (i) | 260,867 | 143,535 | 48,828 | 61,124 | 15,351 | 529,705 | 22,446 |
| | (ii) | 101,527 | 0 | 0 | 13,692 | - | - | 0 |
| 13 ROGER STIENECKER PVHOS MD IP & EP | (i) | 282,901 | 0 | 19,518 | 10,813 | 10,371 | 323,603 | 0 |
| | (ii) | 0 | 68,174 | 0 | 2,437 | - | - | 0 |
| 14 YUENIAN ZHANG PVHOS CHIEF PHYSICIST | (i) | 223,448 | 50,441 | 1,273 | 13,250 | 22,986 | 311,398 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 15 RAE GONTERMAN PVHOS VP OPS-CI | (i) | 164,432 | 61,211 | 12,792 | 29,835 | 17,185 | 285,455 | 9,218 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 16 MARCELINE ROGERS PVHOS VP S & A SERVICE | (i) | 192,808 | 44,649 | 809 | 42,469 | 17,809 | 298,544 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 17 SUZANNE EHINGER FORMER OFFICER/CURRENT PH CHIEF EXP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 437,320 | 168,750 | 20,945 | 84,900 | - | - | 0 |
| 18 JUDITH BOERGER FORMER KE/CURRENT PVSYS CNE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 285,053 | 105,424 | 55,100 | 51,724 | - | - | 46,718 |
| | | | | | | 19,035 | 516,336 | |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
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2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

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

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|---|---|----|
| | | | | Yes | No |
| (1) HEATHER HURSEY | FAMILY MEMBER OF KEY EMPLOYEE ERIN LACROSS | 81,194 | EMPLOYEE HEATHER HURSEY RECEIVED COMPENSATION FROM PARKVIEW HOSPITAL, INC | | No |
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Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART III, LINE 4A | <p>CONTINUED FROM PAGE 2 CONSTRUCTION OF PARKVIEW WARSAW, AN OUTPATIENT SERVICES FACILITY SHARING MANAGEMENT WITH PARKVIEW WHITLEY HOSPITAL, CONTINUED THROUGH 2015 AND WAS COMPLETED IN FEBRUARY 2016 SERVICES INCLUDE PHY S I C I A N OFFICES, A FULL-SERVICE ER, LAB AND IMAGING, AS WELL AS THE PARKVIEW CENTER FOR HEALTHY LIVING, LOCATED WITHIN THE PARKVIEW WARSAW YMCA AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, WE TAKE OUR MISSION TO HEART PARKVIEW HOSPITAL, INC IS DEDICATED TO IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF OUR COMMUNITIES PARKVIEW HOSPITAL, INC GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, RESEARCH, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED HEALTHCARE, VOLUNTEERISM AND SO MUCH MORE SINCE THE 2012 OPENING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HAS INVESTED APPROXIMATELY \$27 MILLION AT PARKVIEW HOSPITAL RANDALLIA IN NEW SERVICES AND CAPITAL INVESTMENTS LOCATED IN NORTH- CENTRAL FORT WAYNE SINCE 1953, MANY RESIDENTS CONTINUE TO CHOOSE THIS LOCATION AS THEIR PREFERRED SOURCE OF HEALTHCARE WHEN THE CURRENT RENOVATION PROJECT OF PARKVIEW HOSPITAL RANDALLIA IS COMPLETED IN THREE TO FOUR YEARS, A PROJECTED TOTAL OF \$55 MILLION WILL HAVE BEEN INVESTED IN STRUCTURAL IMPROVEMENTS AND RENOVATIONS ALLOWING FOR NEW AND EXPANDED INPATIENT AND OUTPATIENT SERVICES THROUGH THE PARKVIEW HOSPITAL, INC COMMUNITY HEALTH IMPROVEMENT FUND, THE HOSPITAL WORKS WITH COMMUNITY PARTNERS IN TAKING A PROACTIVE APPROACH TO IMPROVING SPECIFIC HEALTH-RELATED OUTCOMES AREAS OF FOCUS INCLUDE PROVIDING INCREASED ACCESS TO HEALTHCARE, HEALTH SCREENINGS AND PREVENTION PROGRAMS, DISEASE MANAGEMENT, HEALTHCARE INNOVATION THROUGH RESEARCH AND DEVELOPMENT PARKVIEW HOSPITAL, INC , IN CONJUNCTION WITH PARKVIEW HEALTH SYSTEM, INC , COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN THE FIVE-COUNTY (ALLEN, HUNTINGTON, LA GRANGE, NOBLE AND WHITLEY COUNTIES) AREA DURING 2013 PARKVIEW PARTNERED WITH THE FORT WAYNE/ALLEN COUNTY HEALTH DEPARTMENT AND OTHER AREA NOT-FOR-PROFIT ORGANIZATIONS THAT HAVE A VESTED INTEREST IN COMMUNITY HEALTH TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT WHEN COLLECTING PRIMARY DATA, STEPS WERE TAKEN TO STRATIFY THE SAMPLE SO THAT POPULATION SUBSETS WERE ACCURATELY REPRESENTED PARKVIEW ALSO OBTAINED INPUT FROM LOCAL ADVOCACY ORGANIZATIONS THAT SPECIALIZE IN AIDING OUR AREA'S MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS SEVERAL SECONDARY DATA SOURCES WERE ALSO USED TO ASSIST IN IDENTIFYING HEALTH CONCERNS THESE CONCERNS WERE PRIORITIZED USING EIGHT CRITERIA THE TOP THREE HEALTH PRIORITIES FOR PARKVIEW HOSPITAL, INC INCLUDE THE FOLLOWING 1) OBESITY , 2) PRENATAL CARE AND 3) MENTAL HEALTH ALL FIVE HOSPITALS WILL FOCUS ON OBESITY THROUGH COMMUNITY COLLABORATIONS PROMOTING HEALTHY LIFESTYLE CHOICES IN 2015, PARKVIEW BEGAN WORKING ON THE 2016 CHNA THE FOLLOWING ARE SOME OF THE WAYS PARKVIEW HOSPITAL, INC IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER FINANCIAL ASSISTANCE PARKVIEW HOSPITAL, INC 'S MISSION INCLUDES CARING FOR PATIENTS WHO DO NOT HAVE THE MEANS TO MEET THEIR FINANCIAL OBLIGATIONS THE HOSPITAL PLACES ITS PRIORITY ON PROVIDING THE NECESSARY CARE, NOT ON THE PATIENT'S FINANCIAL ABILITY TO PAY FOR THEIR MEDICAL EXPENSES COMMUNITY HEALTH IMPROVEMENT PROGRAM THE PURPOSE OF PARKVIEW HOSPITAL, INC 'S COMMUNITY HEALTH IMPROVEMENT PROGRAM IS TO FUND COMMUNITY HEALTH IMPROVEMENT EFFORTS WITHIN ALLEN COUNTY WHERE PARKVIEW HOSPITAL, INC RESIDES THE HOSPITAL PROVIDES FUNDING UP TO 10 PERCENT OF ITS NET INCOME FOR COMMUNITY HEALTH INITIATIVES AND COMMUNITY PARTNER ORGANIZATIONS TO ADDRESS IDENTIFIED HEALTH NEEDS AND TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF ALLEN COUNTY SEVERAL INITIATIVES AND PROGRAMS ARE HIGHLIGHTED BELOW COMMUNITY NURSING INITIATIVE BELIEVING THAT THE KNOWLEDGE AND SKILL OF DEDICATED NURSES HAS GREAT BENEFIT OUTSIDE THE HOSPITAL WALLS, PARKVIEW HOSPITAL, INC HAS, SINCE 1998, FUNDED A PROGRAM THAT PLACES PARKVIEW NURSES IN STRATEGIC POSITIONS THROUGHOUT THE COMMUNITY FUNDING SUPPORTS NURSES IN PUBLIC SCHOOLS DEMONSTRATING THE GREATEST HEALTH NEEDS PARKVIEW NURSES ALSO PROVIDE HEALTHCARE MANAGEMENT EXPERTISE WORKING WITH FAMILIES IN NEED OF HEALTH RESOURCES AT BRIGHTPOINT (FORMERLY COMMUNITY ACTION OF NORTHEAST INDIANA, STOP CHILD ABUSE AND NEGLECT, INC (SCAN) AND THE COURTYARD, A PROGRAM FOR ADOLESCENTS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM IN ADDITION, PARKVIEW HOSPITAL, INC PROVIDES A REGISTERED DIETICIAN AND AN ASTHMA SPECIALTY NURSE AND A RESPIRATORY THERAPIST TO IMPROVE THE HEALTH OF CHILDREN IN FORT WAYNE COMMUNITY SCHOOLS, EAST ALLEN COUNTY SCHOOLS AND NORTHWEST ALLEN COUNTY SCHOOLS, AS WELL AS, THE AFOREMENTIONED COMMUNITY PARTNER ORGANIZATIONS PARKVIEW HOSPITAL, INC FUNDED SPECIALIZED TRAINING TO EQUIP THESE COMMUNITY OUTREACH STAFF MEMBERS TO TEACH TOBACCO CESSATION CLASSES AND A CERTIFIED LACTATION SPECIALIST NURSE TO PROVIDE BREASTFEEDING SUPPORT THROUGHOUT THE COMMUNITY THIS YEAR PARKVIEW HOSPITAL, INC PROVIDES TWO REGISTERED NURSES IN THE HEART OF OUR LOCAL HOMELESS POPULATION, I E , AT THE RESCUE MISSION, VINCENT VILLAGE AND CHARIS HOUSE THROUGH STRONG COMMUNITY PARTNERSHIPS, OUR REACH INTO THE COMMUNITY IS EXTENDED TO ASSIST MORE OF THOSE THAT HAVE THE GREATEST NEED OF HEALTH-RELATED INTERVENTIONS THIS SPECIALIZED GROUP OF REGISTERED NURSES, REGISTERED DIETICIAN AND REGISTERED RESPIRATORY THERAPIST WORK WITH CHURCHES, PUBLIC LIBRARIES AND COMMUNITY AGENCIES TO PROVIDE FREE HEART HEALTH EVENTS FREE GLUCOSE, CHOLESTEROL AND BLOOD PRESSURE SCREENINGS ARE PROVIDED SEVERAL TIMES PER MONTH IN VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY THE HEALTH AND WELL-BEING OF FAMILIES THE PARKVIEW HEALTHY LIVING PROGRAM IS A WELL-BEING INITIATIVE THAT SUPPORTS HEALTHIER LIFESTYLES FOR INDIVIDUALS AND FAMILIES THROUGHOUT THE REGION THE INITIATIVE OFFERS WELL-BEING AND PREVENTIVE CARE RESOURCES, EDUCATIONAL PROGRAMS AND TOOLS FOR THE COMMUNITY TO PRACTICE IMPORTANT HEALTHY BEHAVIORS AT EACH STAGE OF LIFE MUCH OF THE EDUCATION REVOLVES AROUND EIGHT TOP, EVIDENCED-BASED HEALTH HABITS TO ENGAGE IN TO PROMOTE WELL-BEING THE INITIATIVE CARRIES OUT ITS WORK WITH OUR COMMUNITY IN A VARIETY OF AVENUES, FROM THE PARKVIEW CENTERS FOR HEALTHY LIVING TO OUR PHY S I C I A N PRACTICES, TO SCHOOLS AND EARLY CHILDHOOD EDUCATION AND TO THE YMCAS AND THE LOCAL PARKS AND RECREATION DEPARTMENT AS WELL AS OTHER PARTNERS FRANCINE'S FRIENDS MOBILE MAMMOGRAPHY PROGRAM IN PARTNERSHIP WITH FRANCINE'S FRIENDS AND THE BREAST DIAGNOSTIC CENTER, PARKVIEW'S COMPREHENSIVE CANCER CENTER ADMINISTERS A MOBILE MAMMOGRAPHY PROGRAM IN ALLEN COUNTY AND THE SURROUNDING AREA THIS INITIATIVE BEGAN IN DECEMBER OF 2005 AND CONTINUES TO INCREASE THE NUMBER OF MAMMOGRAMS GIVEN TO WOMEN AGE 40 AND OVER IN ADDITION, THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO DO NOT HAVE THE MEANS TO PAY FOR A MAMMOGRAM AS WELL AS ANY DIAGNOSTICS THESE WOMEN MAY NEED COMMUNITY HEALTH NEEDS ASSESSMENTS SUBSEQUENT TO THE CREATION OF THIS PROGRAM REVEALED A SIGNIFICANT INCREASE IN SCREENINGS FOR ALLEN COUNTY MEDICATION ASSISTANCE PROGRAM PARKVIEW HOSPITAL, INC 'S MEDICATION ASSISTANCE PROGRAM HELPS LOW-INCOME PATIENTS OBTAIN PRESCRIPTION MEDICATIONS UPON DISCHARGE AT REDUCED RATES, AND COMPLEMENTS OTHER LONG-TERM PHARMA CEUTICAL ASSISTANCE PROGRAMS TO MEET PATIENTS' HEALTH MAINTENANCE NEEDS THE PROGRAM ALSO SERVES PATIENTS REFERRED BY PHY S I C I A N OFFICES BY PROVIDING ASSISTANCE WITH ENROLLING IN PHARMA CEUTICAL ASSISTANCE PROGRAMS</p> |

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART III, LINE 4A | <p>PRIMARY HEALTHCARE ACCESS IN ADDITION TO PROVIDING A FINANCIAL ASSISTANCE PROGRAM TO THOSE THAT QUALIFY, PARKVIEW HOSPITAL, INC REACHES OUT TO THE UNDERINSURED, UNINSURED, AND SPECIAL AT-RISK POPULATIONS BY PROVIDING FUNDING FOR LOCAL CLINICS AND SUPPORTING MEDICAL TRANSPORTATION PROGRAMS AS FOLLOWS MATTHEW 25 HEALTH & DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINICS PARKVIEW HOSPITAL, INC PROVIDES OPERATIONAL SUPPORT FOR MATTHEW 25 HEALTH AND DENTAL CLINIC AND PROVIDES FUNDING FOR LABORATORY SERVICES FOR THEIR PATIENTS THE HOSPITAL ALSO PROVIDES SUPPORT FOR SERVICES TO THE UNINSURED AND UNDERINSURED AT NEIGHBORHOOD HEALTH CLINICS, INCLUDING THE CLINIC'S DIABETES MANAGEMENT PROGRAM AND IN-KIND STAFF FOR RADIOGRAPHIC IMAGING SERVICES IN ADDITION, THE HOSPITAL PROVIDES FUNDING FOR MEDICATION ASSISTANCE PROGRAMS AT EACH OF THE AFOREMENTIONED CLINICS IN MARCH OF 2014, THE PARKVIEW NEIGHBORHOOD HEALTH CENTER OPENED ON THE SOUTHEAST SIDE OF FORT WAYNE THIS CLINIC SERVES AS A SATELLITE CLINIC FOR NEIGHBORHOOD HEALTH CLINICS, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) THE AREA SURROUNDING THE NEW CLINIC SATELLITE SITE IS DESIGNATED AS A MEDICALLY UNDERSERVED POPULATION AREA (MUP) THE PARKVIEW CENTER FOR HEALTHY LIVING OCCUPIES A PORTION OF THE FACILITY AND OFFERS COMMUNITY EDUCATIONAL CLASSES COVERING VARIOUS HEALTH TOPICS SUCH AS SAFE SLEEP PRACTICES, DIABETES MANAGEMENT, ASTHMA EDUCATION, NUTRITION/FOOD DEMONSTRATIONS, BREASTFEEDING SUPPORT, MEDITATION AND CPR/FIRST AID TRAINING PARKVIEW SUPER SHOT CLINIC IN ADDITION TO CASH DONATIONS FOR OPERATIONAL SUPPORT, PARKVIEW HOSPITAL, INC PROVIDES SPACE, UTILITIES, AND BUILDING MAINTENANCE FOR THE PARKVIEW SUPER SHOT CLINIC (CHILDREN'S IMMUNIZATION CLINIC) LOCATED AT THE PARKVIEW CHILDREN'S SPECIALTY CLINICS WITHIN THE PARKVIEW REGIONAL MEDICAL CENTER COMMUNITY TRANSPORTATION NETWORK THE HOSPITAL HAS A WORKING RELATIONSHIP WITH, AND PROVIDES FINANCIAL SUPPORT TO, THE COMMUNITY TRANSPORTATION NETWORK (CTN), A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES AND COORDINATES MEDICAL TRANSPORTATION FOR SENIORS, PERSONS WITH DISABILITIES, LOW-INCOME FAMILIES, YOUTH, AND CHILDREN PASSENGER ASSISTANCE IS PROVIDED IN A "DOOR-THROUGH-DOOR, ARM-IN-ARM, AND HAND-TO-HAND" FASHION CTN ADDRESSES TRANSPORTATION ISSUES AS THEY RELATE TO ACCESSING HEALTHCARE FOR OBTAINING AND MAINTAINING GOOD COMMUNITY HEALTH</p> |

| Return Reference | Explanation |
|---|--|
| FORM 990, PART V, LINES 1A AND 2A | PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION, PARKVIEW HOSPITAL, INC , EIN 35-0868085 THEREFORE, ALL APPLICABLE IRS TAX FILINGS, INCLUDING FORMS 1099, 1096, W-2 AND W-3 ARE REPORTED AND FILED BY PH THE TOTAL NUMBER REPORTED IN BOX 3 OF FORM 1096 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2015 WAS 540 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2015 WAS 11,190 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR THE PARKVIEW HOSPITAL, INC WAS 174 AND 5,178 RESPECTIVELY |

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | DIRECTORS JEFFREY NICKEL AND GREGG POLLANDER HAVE A BUSINESS RELATIONSHIP |

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 6 | THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, PARKVIEW HEALTH SYSTEM, INC EIN 35-1972384 IS THE SOLE MEMBER OF PARKVIEW HOSPITAL, INC WITH CERTAIN RESERVED POWERS |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | <p>THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE CHIEF OPERATING OFFICER OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFILIATES AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) UPON RECOMMENDATIONS OF THE CORPORATION, THE CORPORATE MEMBER SHALL APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS BY THE CORPORATION AND ITS AFFILIATES, AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILIATES, (F) APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION AND ITS AFFILIATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRANGEMENTS, OR BUDGETS ANY ASSET TRANSFER OR CAPITAL CONTRIBUTION FROM THE CORPORATION SHALL BE SUBJECT TO ANY AND ALL RESTRICTIONS SET FORTH IN EXHIBIT A-1 OF THE BYLAWS (G) REQUIRE AND DIRECT TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY SUCH RIGHT BY THE CORPORATE MEMBER TO DIRECT THE TRANSFER OF ASSETS SHALL NOT INCLUDE ANY TRANSFER WHICH WOULD CAUSE THE CORPORATION TO BE PUT INTO A FINANCIALLY VULNERABLE POSITION AS AN ONGOING CONCERN, NOR SHALL ANY SUCH TRANSFER CAUSE THE CORPORATION TO VIOLATE THE TERMS AND CONDITIONS OF ANY GIFTS, BEQUESTS, BOND COVENANTS, OR RESTRICTIONS SET FORTH IN THIS LIST FURTHER, FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS, OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICES PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATION, (K) APPROVE ANY ACTION OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPORATION OR THE SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS LIST WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW</p> |

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

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11 | PURSUANT TO PARKVIEW HEALTH SYSTEM INC 'S BYLAWS, THE SYSTEM AUDIT COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION TO PROVIDE REVIEW OF THE CORPORATION AND ITS SUBSIDIARY CORPORATIONS' FORM 990 FILINGS PARKVIEW HOSPITAL, INC IS A SUBSIDIARY CORPORATION OF PARKVIEW HEALTH SYSTEM, INC AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY , PRIOR TO FILING WITH THE IRS ON OCTOBER 12, 2016, 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 | <p>AS DESCRIBED IN ARTICLE IX SECTION 6, OF THE PARKVIEW HEALTH SYSTEM, INC (PH) BYLAWS, PH ADOPTED PH'S COMPLIANCE POLICY FOR THE ORGANIZATION AND ITS NOT-FOR-PROFIT RELATED ORGANIZATIONS (AND AS LIKEWISE NOTED IN THEIR BYLAWS) WHEN ADDRESSING CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST THIS COMPLIANCE POLICY (COMPLIANCE POLICY #14) REQUIRES THAT EACH BOARD MEMBER, BOARD COMMITTEE MEMBER, AND KEY MANAGEMENT PERSONNEL MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM THIS INFORMATION IS PROVIDED TO THE CHAIRMAN OF THE BOARD (FOR BOARD AND BOARD COMMITTEE MEMBERS) AND TO SENIOR MANAGEMENT (FOR KEY MANAGEMENT PERSONNEL) IN ADDITION, AS TO THE CONDUCT OF BOARD MEETINGS, THE FOLLOWING PROCESS IS FOLLOWED "WHENEVER A PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE IS CONSIDERING A TRANSACTION OR ARRANGEMENT WITH AN ORGANIZATION, ENTITY OR INDIVIDUAL IN WHICH A PERSON COVERED BY THIS POLICY HAS A FINANCIAL OR CONFLICTING INTEREST, THE FOLLOWING SHALL OCCUR 1 THE INTERESTED PERSON MUST DISCLOSE THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS TO THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE, 2 THE INTERESTED PERSON WITH THAT FINANCIAL OR CONFLICTING INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING REGARDING THE TRANSACTION OR ARRANGEMENT HOWEVER, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE FINANCIAL OR CONFLICTING INTEREST, AND 3 THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE MUST APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE BOARD MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE INTERESTED PERSON THE INTERESTED PERSON MAY NOT VOTE ON THE MATTER A UPON THE REQUEST OF PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE, THE MATTER MAY BE DELEGATED TO THE PH COMPLIANCE COMMITTEE FOR EVALUATION, RECOMMENDATION AND/OR DETERMINATION 4 WHENEVER A FINANCIAL OR CONFLICTING INTEREST IS ADDRESSED BY A PH OR PH AFFILIATE BOARD, NOTICE SHALL BE GIVEN TO THE PH COMPLIANCE OFFICER / GENERAL COUNSEL "</p> |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>REGARDING LINES 15A AND 15B, TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABOVE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES. THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISOR, REVIEW, AND APPROVAL BY THE GOVERNING BODY, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. IN 2015, THE BOARD OF PARKVIEW HEALTH SYSTEM, INC. REVIEWED AND APPROVED ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2015 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) AND THE PHYSICIAN AND PROVIDER INCENTIVE COMPENSATION PLAN (PICP). OFFICES OR POSITIONS REVIEWED AT THE 2015 MEETING: PRESIDENT AND CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT, CHIEF PHYSICIAN OFFICER, PRESIDENT COMMUNITY HOSPITAL, PHYSICIAN EXECUTIVE OFFICER, PARKVIEW PHYSICIANS GROUP, SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT, CHIEF EXPERIENCE OFFICER, SENIOR VICE PRESIDENT, CHIEF INFORMATION OFFICER, SENIOR VICE PRESIDENT, CHIEF NURSING EXECUTIVE, SENIOR VICE PRESIDENT, COO, PARKVIEW HEALTH, SENIOR VICE PRESIDENT, COO, PARKVIEW PHYSICIANS GROUP, SENIOR VICE PRESIDENT, COO, PARKVIEW REGIONAL MEDICAL CENTER AND AFFILIATES, 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, HEALTH & WELL-BEING, SENIOR VICE PRESIDENT, HUMAN RESOURCES, SENIOR VICE PRESIDENT, REVENUE CYCLE MANAGEMENT, SENIOR VICE PRESIDENT, SERVICE LINE LEADER, SENIOR VICE PRESIDENT, STRATEGIC INITIATIVES, VICE PRESIDENT, CONSTRUCTION, VICE PRESIDENT, FINANCE, VICE PRESIDENT, MKTG/COMM/COMMUNITY RELATIONS, 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, RANDALLIA, OPERATIONS, 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, INTEGRATION AND DEVELOPMENT, MEDICAL DIRECTOR OF VALUE-BASED SERVICES, MEDICAL OFFICER, PARKVIEW PHYSICIANS GROUP, CHIEF ACADEMIC AND RESEARCH OFFICER, CHIEF MEDICAL INFORMATICS OFFICER, CHIEF MEDICAL OFFICER, PRMC AND AFFILIATES, CHIEF NURSING OFFICER, PRMC AND AFFILIATES, CHIEF QUALITY OFFICER AND SAFETY OFFICER, EXECUTIVE DIRECTOR, EMPLOYER STRATEGIES.</p> |

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

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART XI, LINE 9 | ASSET TRANSFERS/ADJUSTMENTS -137,674 CURRENT YEAR EARNINGS TRANSFERRED TO PARENT -147,131,310 INCOME (LOSS) FROM HOSPITAL LAUNDRY SERVICE, INC -80,522 INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC -238,363 100% OWNERSHIP PURCHASE OF PREMIER SURGERY CENTER, LLC -67,060 BOOK/TAX DIFFERENCES K-1'S 168,244 |

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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) PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2147600 | MEDICAL SERVICES | IN | 0 | 0 | PARKVIEW HOSPITAL INC |
| | | | | | |
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| | | | | | |

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 | No |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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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) Disproporionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823 | ORTHO HOSPITAL | IN | N/A | N/A | | | | No | | | No | |
| FOUNDATION SURGERY AFFILIATE OF (2) FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120 | SURGICAL SERVICES | IN | N/A | N/A | | | | No | | | No | |
| (3) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535 | HEALTH PLAN ADMIN | IN | N/A | N/A | | | | No | | | No | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| PARKVIEW PROFESSIONAL (1)PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888 | REFERENCE LAB | IN | PARKVIEW HOSPITAL INC | C | 4,220,931 | 4,693,555 | 100 000 % | | No |
| MIDWEST COMMUNITY (2)HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870 | PHYSICIANS | OH | N/A | C | | | | | No |
| CAREW MEDICAL PARK PROPERTY OWNERS (3)ASSOCIATION INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1858650 | CONDO MANAGEMENT | IN | N/A | C | | | | | No |
| (4) WOODLAND PLAZA MEDICAL PARK CONDO ASSOC INC 202 W BERRY ST SUITE 800 FORT WAYNE, IN 46802 35-2058340 | CONDO MANAGEMENT | IN | N/A | C | | | | | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | Yes | |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | Yes | |
| | | |
| 1k | Yes | |
| 1l | Yes | |
| | | |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| | | |
| 1p | Yes | |
| 1q | Yes | |
| | | |
| 1r | Yes | |
| 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 |
|---------------------------------------|----------------------------------|------------------------|--|
| (1)PARKVIEW FOUNDATION INC | A | 4,210 | PART VII SUPPLEMENTAL INFORMATION |
| (2)PARKVIEW FOUNDATION INC | C | 1,055,937 | PART VII SUPPLEMENTAL INFORMATION |
| (3)PARKVIEW PROFESSIONAL PROGRAMS INC | Q | 3,899,534 | PART VII SUPPLEMENTAL INFORMATION |
| | | | |
| | | | |
| | | | |

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

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 35-0868085
Name: PARKVIEW HOSPITAL 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 |
| PARKVIEW HEALTH SYSTEM INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384 | HEALTH CARE | IN | 501(C)(3) | LINE 11C, III-FI | N/A | | No |
| PARKVIEW FOUNDATION INC 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 23-7220589 | FUND MGMT | IN | 501(C)(3) | LINE 11A, I | PARKVIEW HOSPITAL INC | Yes | |
| 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 | | No |
| 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 | | No |
| COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676 | HOSPITAL CARE | IN | 501(C)(3) | LINE 3 | PARKVIEW HEALTH SYSTEM INC | | No |
| WHITLEY MEMORIAL HOSPITAL INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665 | HOSPITAL CARE | IN | 501(C)(3) | LINE 3 | PARKVIEW HEALTH SYSTEM INC | | No |
| HUNTINGTON MEMORIAL HOSPITAL INC 2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706 | HOSPITAL CARE | IN | 501(C)(3) | LINE 3 | PARKVIEW HEALTH SYSTEM INC | | No |
| PARKVIEW WABASH HOSPITAL INC 710 N EAST ST WABASH, IN 46992 47-1753440 | HOSPITAL CARE | IN | 501(C)(3) | LINE 3 | PARKVIEW HEALTH SYSTEM INC | | No |