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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PARKVIEW HEALTH SYSTEM INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10501 CORPORATE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
FORT WAYNE, IN 46845

D Employer identification number
35-1972384

E Telephone number
(260) 373-8429

G Gross receipts $ 790,902,976

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? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PARKVIEW COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PARKVIEW HEALTH SYSTEM, INC WORKS TO IMPROVE THE HEALTH OF OUR COMMUNITIES AND PROVIDES QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3,651
6	Total number of volunteers (estimate if necessary)	**6**	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,782,832
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	109,948	4,783,421
9	Program service revenue (Part VIII, line 2g)	419,436,851	458,016,686
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,706,056	22,853,010
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	605,483	1,568,879
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,858,338	487,221,996
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,074,796	5,620,130
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)	256,588,300	335,044,551
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	170,526,333	177,244,017
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	434,189,429	517,908,698
19	Revenue less expenses Subtract line 18 from line 12	12,668,909	-30,686,702

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,502,964,818	1,678,705,064
21	Total liabilities (Part X, line 26)	766,048,098	781,624,096
22	Net assets or fund balances Subtract line 21 from line 20	736,916,720	897,080,968

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2016-11-10

JEANNE' WICKENS PH SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
KENNETH J KEBER	KENNETH J KEBER			P00240883

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 493,087,877 including grants of $ 5,620,130) (Revenue $ 454,229,684)

PARKVIEW HEALTH SYSTEM, INC SUPPORTS THE FOLLOWING HOSPITALS PARKVIEW HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , PARKVIEW WABASH HOSPITAL, INC , AND WHITLEY MEMORIAL HOSPITAL, INC IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A 60 PERCENT OWNER IN THE PARTNERSHIP OF THE ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY IS A FUNDAMENTAL PART OF PARKVIEW HEALTH SYSTEM, INC 'S MISSION AS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC REINVESTS ITS FUNDS AND OTHER RESOURCES IN COMMUNITY SERVICES AND HOSPITAL (SEE SCHEDULE O FOR CONTINUATION)PROGRAMS DESIGNED TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF RESIDENTS IN THE AREAS WHERE PARKVIEW HEALTH SYSTEM, INC HOSPITALS ARE LOCATED TO GUIDE US IN THIS ENDEAVOR, PARKVIEW HEALTH SYSTEM, INC SPONSORS A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT IN ADDITION, PARKVIEW HEALTH SYSTEM, INC REVIEWS TREND AND TREATMENT ANALYSIS DATA ON AN ONGOING BASIS DATA OBTAINED FROM THESE STUDIES ARE USED IN PARKVIEW HEALTH SYSTEM, INC 'S STRATEGIC PLANNING PROCESS TO IDENTIFY AND SET PRIORITIES FOR CRITICAL HEALTH INITIATIVES IN THE COMMUNITIES PARKVIEW HEALTH SYSTEM, INC SERVES PARKVIEW HEALTH SYSTEM, INC EMPLOYS 377 PRIMARY AND SPECIALTY CARE PHYSICIANS AS PART OF PARKVIEW PHYSICIANS GROUP THESE PHYSICIANS, ALONG WITH 150 ADVANCED PRACTICE PROVIDERS, PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA AND NORTHWEST OHIO REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES PARKVIEW HEALTH EMPLOYS THREE FULL-TIME PHYSICIAN RECRUITERS AND ONE FULL-TIME ADVANCED PRACTICE PROVIDER RECRUITER WHOSE TIME IS DEVOTED SOLELY TO RECRUITING PHYSICIANS AND ADVANCED PRACTICE PROVIDERS A PROVIDER ONBOARDING SPECIALIST WAS ADDED TO THIS TEAM ALL PHYSICIAN RECRUITMENT ACTIVITY IS BASED ON A PHYSICIAN NEEDS ASSESSMENT AND THE OVERSIGHT OF THE COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS TO ENSURE THAT WE FOLLOW THE GUIDELINES SET FORTH BY THE FEDERAL GOVERNMENT FIFTY NEW PHYSICIANS AND 66 ADVANCED PRACTICE PROVIDERS WERE RECRUITED IN 2015, SIGNIFICANTLY INCREASING THE SYSTEM'S ABILITY TO MEET LOCAL HEALTH NEEDS PARKVIEW HEALTH SYSTEM, INC PROVIDES SIGNIFICANT FUNDING TO LOCAL UNIVERSITIES TO PROMOTE AND SUPPORT THEIR NURSING PROGRAMS FOR THE EDUCATION AND DEVELOPMENT OF STUDENTS FOR THE NURSING PROFESSION PARKVIEW HEALTH SYSTEM, INC HAS PARTNERSHIPS WITH THE NURSING DEPARTMENTS AT INDIANA UNIVERSITY/PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS TO PROVIDE FINANCIAL ASSISTANCE FOR SCHOLARSHIPS AS WELL AS OPERATIONAL, CAPITAL, AND MARKETING SUPPORT IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A SIGNIFICANT CONTRIBUTOR TO THE NORTHEAST INDIANA ECONOMIC DEVELOPMENT COUNCIL IN ORDER TO PROMOTE THE ECONOMIC VITALITY OF THIS REGION PARKVIEW HEALTH SYSTEM, INC HAS PLAYED A KEY ROLE IN THE REGION'S VISION 2020 INITIATIVE, WHICH FOCUSES ON THE DEVELOPMENT OF STRATEGIES IMPERATIVE TO THE REGION'S FUTURE ECONOMIC GROWTH AND VITALITY

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 493,087,877

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	298		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,651		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CH , DA , SW , IT , GR , PO , BR , NO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, 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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								19,873,957	444,969	2,747,799

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 ▶ 479

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOYDEN & YOUNGBLUTT 120 WEST SUPERIOR ST FORT WAYNE, IN 46802	ADVERTISING	4,149,168
UNITED AUDIT SYSTEMS INC 2245 GILBERT AVENUE ST 205 CINCINNATI, OH 45206	REMOTE CODING	2,859,065
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	PHYSICIANS	1,609,924
REVSPRING INC 26988 NETWORK PLACE CHICAGO, IL 60673	CONSULTANTS	892,706
HIMS CONSULTING GROUP INC PO BOX 1370 DENVER, CO 80217	CONSULTANTS	765,922

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 ▶ 80

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 4,783,421				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,783,421			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE 621110	157,412,116	157,412,116		
	b	CORP SERVICE ALLOCATION 561000	141,193,818	141,193,818		
	c	PH SUBSIDY 561499	87,208,608	87,208,608		
	d	ORTHOPAEDIC HOSPITAL AT PARKVIEW 621110	38,454,842	38,454,842		
	e	INTERUNIT RENT 532000	11,124,517	11,124,517		
	f	All other program service revenue	22,622,785	18,839,953	3,782,832	
	g	**Total.** Add lines 2a–2f . . . . . ▶	458,016,686			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	11,524,759			11,524,759
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 6,781,314				
	b	Less rental expenses 5,924,324				
	c	Rental income or (loss) 856,990				
	d	Net rental income or (loss) . . . . . ▶	856,990			856,990
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 297,964,062 / 11,120,845				
	b	Less cost or other basis and sales expenses 296,608,425 / 1,148,231				
	c	Gain or (loss) 1,355,637 / 9,972,614				
	d	Net gain or (loss) . . . . . ▶	11,328,251			11,328,251
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA REVENUE 722100	711,889			711,889
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	711,889			
	12	**Total revenue.** See Instructions . . . . . ▶	487,221,996	454,233,854	3,782,832	24,421,889

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	5,620,130	5,620,130		
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	16,497,088		16,497,088	
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	252,971,309	252,971,309		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,181,464	32,181,464		
10 Payroll taxes	33,394,690	33,394,690		
11 Fees for services (non-employees)				
a Management				
b Legal	1,119,988	1,055,528	64,460	
c Accounting	456,624		456,624	
d Lobbying	80,780		80,780	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,848,289		1,848,289	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,295,523	25,620,880	3,674,643	
12 Advertising and promotion	3,390,124	3,373,854	16,270	
13 Office expenses	9,668,504	8,899,815	768,689	
14 Information technology	30,342,332	30,342,332		
15 Royalties				
16 Occupancy	14,125,493	14,078,917	46,576	
17 Travel	1,681,035	1,395,978	285,057	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	836,746	698,131	138,615	
20 Interest	24,667,151	24,667,151		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,598,860	29,587,588	11,272	
23 Insurance	4,603,732	4,086,996	516,736	
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	8,774,495	8,774,495		
b BAD DEBT	8,725,999	8,725,999		
c PHYSICIAN ALLOWANCE	2,056,704	2,054,382	2,322	
d RECRUITING	1,188,241	1,188,241		
e All other expenses	4,783,397	4,369,997	413,400	
25 **Total functional expenses.** Add lines 1 through 24e	517,908,698	493,087,877	24,820,821	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	26,376	1	19,740
	2	Savings and temporary cash investments	86,614,057	2	148,399,531
	3	Pledges and grants receivable, net		3	1,455,170
	4	Accounts receivable, net	16,090,712	4	14,898,207
	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	373,789	7	183,779
	8	Inventories for sale or use	3,211,090	8	4,123,462
	9	Prepaid expenses and deferred charges	12,885,610	9	16,964,666
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 540,388,281			
	b	Less accumulated depreciation — 10b: 215,233,938	318,975,042	10c	325,154,343
	11	Investments—publicly traded securities	388,789,304	11	427,347,080
	12	Investments—other securities See Part IV, line 11	219,649,757	12	233,144,754
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	29,999,030	14	29,919,153
	15	Other assets See Part IV, line 11	426,350,051	15	477,095,179
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,502,964,818	16	1,678,705,064
Liabilities	17	Accounts payable and accrued expenses	75,205,618	17	95,363,832
	18	Grants payable		18	
	19	Deferred revenue	975,444	19	1,051,800
	20	Tax-exempt bond liabilities	540,411,831	20	526,530,506
	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	39,785,470	23	33,897,204
	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	109,669,735	25	124,780,754
	26	**Total liabilities.** Add lines 17 through 25	766,048,098	26	781,624,096
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	736,916,720	27	897,080,968
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	736,916,720	33	897,080,968
	34	Total liabilities and net assets/fund balances	1,502,964,818	34	1,678,705,064

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	487,221,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	517,908,698
3	Revenue less expenses Subtract line 2 from line 1	3	-30,686,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	736,916,720
5	Net unrealized gains (losses) on investments	5	-27,264,618
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	218,115,568
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	897,080,968

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	40 00 17 00	X		X				1,472,327	0	673,379
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CPE & EVP	40 00 0 00	X						936,860	0	136,881
ROBERT GODLEY DIRECTOR/PH PHYSICIAN	40 00 0 00	X						702,344	0	56,913
JOSHUA KLINE DIRECTOR/PH PHYSICIAN	40 00 0 00	X						461,936	0	44,223
ALAN MCGEE DIRECTOR/PH SVR LINE LEADER - ORTHO	10 00 0 00	X						406,000	0	0
MICHAEL AXEL DIRECTOR/TREASURER	1 00 1 00	X						5,500	2,750	0
MARGARET BROOKS DIRECTOR	1 00 0 00	X						5,500	0	0
VICKY CARWEIN DIRECTOR	1 00 0 00	X						6,000	0	0
JANET CHRZAN DIRECTOR/SECRETARY	1 00 0 00	X						8,750	0	0
ROGER CROMER DIRECTOR	1 00 2 00	X						2,000	5,000	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			
BRIAN EMERICK DIRECTOR	1 00 1 00	X						6,550	4,750	0
TIM GRISSOM DIRECTOR	1 00 1 00	X						5,550	12,000	0
DAVID HAIST DIRECTOR/CHAIR	1 00 1 00	X						14,370	750	0
THOMAS KARST DIRECTOR	1 00 1 00	X						3,050	7,291	0
THOMAS KIMBROUGH DIRECTOR	1 00 1 00	X						5,250	6,750	0
KEVIN LAMBRIGHT DIRECTOR	1 00 1 00	X						2,250	6,750	0
MICHAEL LEE DIRECTOR	1 00 0 00	X						5,750	0	0
MARILYN MORAN-TOWNSEND DIRECTOR	1 00 1 00	X						2,250	6,291	0
WENDY ROBINSON DIRECTOR	1 00 1 00	X						2,320	2,250	0
LARRY ROWLAND DIRECTOR	41 00 5 00	X						307,750	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			
KEN SCHUMAN DIRECTOR	1 00 1 00	X						1,500	5,750	0
THOMAS WALSH DIRECTOR	1 00 0 00	X						11,620	0	0
LUTHER WHITFIELD DIRECTOR	1 00 0 00	X						7,250	0	0
MICHAEL BROWNING PH SVP & CFO - PARTIAL YEAR	40 00 17 00			X				590,899	0	70,288
RICK HENVEY PH SVP & COO	40 00 1 00			X				686,017	0	89,027
STANTON RISSER INTERIM PH CFO	40 00 17 00			X				277,183	0	60,834
SUZANNE EHINGER PH CHIEF EXPERIENCE OFFICER	40 00 0 00				X			627,015	0	107,485
MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER - PPG	40 00 0 00				X			558,673	0	98,578
RONALD DOUBLE PH SVP & CHIEF INFORMATION OFFICER	40 00 0 00				X			555,722	0	79,774
DAVID STOREY PH SVP GENERAL COUNSEL	40 00 0 00				X			454,973	0	79,382

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			
JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	40 00 0 00				X			445,577	0	70,759
JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY HOSPITALS	10 00 30 00				X			135,652	307,820	69,731
THOMAS BOND PH CHIEF MEDICAL OFFICER - PPG	40 00 0 00				X			423,431	0	86,472
MARK PIERCE PH CHIEF MED INFORMATICS OFFICER	40 00 0 00				X			423,400	0	75,411
BARBARA CLAYTON PH SVP REVENUE CYCLE & PATIENT SVR	40 00 0 00				X			397,342	0	77,845
MARK KADLEC PH SVP & COO - PPG	40 00 0 00				X			397,028	0	65,659
JILL OSTREM PH SVP HEALTH & WELL-BEING	40 00 0 00				X			395,769	0	75,365
JAMES HAUGUEL PH SVP SVR LINE LEADER - PPG	40 00 0 00				X			379,279	0	5,803
JAMES STAPEL PH MEDICAL DIR - PPG	32 00 0 00				X			366,276	0	79,425
JAMES WITMER PH SVP FACILITY DESIGN & OVERSIGHT	40 00 0 00				X			313,690	0	58,209

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			
RICHARD ROBINSON PH SVP STRATEGIC INITIATIVES	28 00 0 00				X			308,328	0	59,494
DENA JACQUAY PH SVP & CHIEF HR OFFICER	40 00 0 00				X			306,906	0	73,508
JOHN MEISTER PH SVP DELIVERY SYSTEM INTEGRATION	40 00 0 00				X			292,132	0	67,650
DONNA VAN VLERAH PH SVP SUPPORT DIVISION	40 00 0 00				X			261,620	0	58,589
PATRICIA BRAHE PH SVP SVR LINE LEADER	40 00 0 00				X			259,760	0	46,960
SCOTT JAMES PH SVP & COO SVR LINE LEADER	40 00 0 00				X			258,450	0	48,983
GREGORY SCHEIBLE PH PHYSICIAN	40 00 0 00					X		1,425,174	0	58,222
DAVID CLARK PH PHYSICIAN	40 00 0 00					X		1,327,596	0	53,074
TAHIRA SAIFUDDIN PH PHYSICIAN	40 00 0 00					X		1,294,516	0	41,605
RONNIE SLOAN PH PHYSICIAN	47 00 1 00					X		931,717	7,921	50,926

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			
NEIL SHARMA PH PHYSICIAN	40 00 1 00					X		866,092	68,896	27,345
CATERINE WILCOX FORMER KEY EMPLOYEE	0 00 0 00						X	531,063	0	0

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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 HEALTH SYSTEM INC

Employer identification number
35-1972384

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 331/3% 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 331/3% 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 6

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total6					139,548,818	

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** ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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? *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*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		No
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? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
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? *If "Yes," provide detail in* ***Part VI.***	9b		No
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? *If "Yes," provide detail in* ***Part VI.***	9c		No
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)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
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?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☑ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b	Yes	

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) ☐

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3	EXHIBIT A-1 OF PARKVIEW HOSPITAL, INC 'S GOVERNING DOCUMENTS STATE THE FOLLOWING REQUIRED FINANCIAL RATIOS PARKVIEW HEALTH SYSTEM, INC IN CONNECTION WITH, AND AS PART OF, THE NET WORK AFFILIATION AGREEMENT ENTERED INTO BY AND BETWEEN PARKVIEW HEALTH SYSTEM, INC AND PA RKVIEW HOSPITAL, INC , PARKVIEW HOSPITAL, INC (AND ANY OTHER ORGANIZATION WHICH BECOMES A MEMBER OF THE OBLIGATED GROUP, AS DEFINED IN THE MASTER TRUST INDENTURE) HAS AGREED TO MA INTAIN CERTAIN FINANCIAL RATIOS, AS LISTED BELOW, AT A LEVEL NOT BELOW THAT OF THE MEDIAN VALUE OF STANDARD & POOR'S A+ RATED HOSPITALS AND, FOR THE LONG-TERM DEBT TO ASSETS, RATIO AT A LEVEL NOT TO EXCEED 50% THE MAINTENANCE OF EACH OF THESE FINANCIAL RATIOS IS BEING REQUIRED TO PROVIDE A LEVEL OF ASSURANCE THAT THE FINANCIAL VIABILITY OF PARKVIEW HOSPITAL , INC IS NOT JEOPARDIZED THROUGH THE TRANSFER OF INVESTMENT ASSETS (FROM PARKVIEW HOSPITA L, INC TO PARKVIEW HEALTH SYSTEM, INC) WHICH MAY BE REQUIRED TO CAPITALIZE THE OPERATION S AND OTHER FINANCIAL NEEDS OF PARKVIEW HEALTH SYSTEM, INC THESE REQUIRED FINANCIAL RATIO S SHALL BE ANNUALLY CALCULATED BASED UPON THE AUDITED FINANCIAL STATEMENTS OF PARKVIEW HEA LTH SYSTEM, INC , AS PRESENTED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES , AND SHALL BE COMPARED TO THE MEDIAN VALUE OF STANDARD & POOR'S A+ RATED HOSPITALS (OR SU CH OTHER RATING AFFORDED PARKVIEW HEALTH SYSTEM, INC BY STANDARD & POOR'S) FOR THE LATEST YEAR IN WHICH SUCH INFORMATION IS AVAILABLE AS PROVIDED BY THE CENTER FOR HEALTHCARE INDU STRY PERFORMANCE STUDIES, HEALTH CARE INVESTMENT ANALYSTS, INC OR SUCH OTHER SIMILAR OUTS IDE REPORTING SERVICE THE REQUIRED FINANCIAL RATIOS ARE DEFINED AS FOLLOWS INDICATOR & M ATHEMATICAL DEFINITION DAYS CASH ON HAND CASH AND CASH EQUIVALENTS PLUS BOARD DESIGNATED FUNDS PLUS INVESTMENTS(TOTAL EXPENSES LESS DEPRECIATION)/365 "CUSHION RATIO" CASH AND CAS H EQUIVALENTS PLUS BOARD DESIGNATED FUNDS PLUS INVESTMENTS MAXIMUM ANNUAL DEBT SERVICE ON FIXED RATE DEBT LONG-TERM DEBT TO ASSETS TOTAL LONG-TERM DEBT (EXCLUDING CURRENT PORTION) LESS PRINCIPAL AMOUNT OF THE VARIABLE RATE DEBT UNRESTRICTED NET ASSETS DEBT SERVICE COVER AGE NET INCOME PLUS DEPRECIATION AND AMORTIZATION PLUS INTEREST EXPENSE PRINCIPAL PAYMENT S (EXCLUDING ANY EARLY REDEMPTION OF PRINCIPAL) PLUS INTEREST EXPENSE THE LONG-TERM DEBT T O ASSETS RATIO HAS BEEN ESTABLISHED AT NOT TO EXCEED 50% INSTEAD OF COMPARISON TO STANDARD & POOR'S A+ RATING ANNUALLY (BUT NO LATER THAN 60 DAYS AFTER THE COMPLETION OF THE ANNUA L AUDIT BUT NO LATER THAN 150 DAYS AFTER THE CLOSE OF THE FISCAL YEAR), THE CHIEF FINANCIA L OFFICER (OR SUCH OTHER DESIGNEE) OF PARKVIEW HOSPITAL, INC SHALL CERTIFY THAT THE REQUI RED FINANCIAL RATIOS, AS INDICATED ABOVE, HAVE BEEN MET FOR THE LATEST FISCAL YEAR THEN EN DED, ALL IN A LETTER SUBSTANTIALLY SIMILAR TO THE FORM ATTACHED HERETO THIS ANNUAL TEST D OES NOT RELIEVE PH FROM THE REQUIREMENT OF REPORTING A NON-COMPLIANCE WITH ANY OF THE RATI OS AS SOON AS SUCH A CONDITION

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PART IV, SECTION D, LINE 3	IS KNOWN HOWEVER, IN THE EVENT THAT ANY ONE OF THE FINANCIAL RATIOS FALLS BELOW THE ESTA BLISHED STANDARD, PH SHALL INITIATE ANY CORRECTIVE ACTION AS MAY BE REQUIRED TO MEET ANY S UCH REQUIRED FINANCIAL RATIO BASED ON THE REPORT OF AN INDEPENDENT CONSULTANT WHO HAS BEEN SO ENGAGED TO PROVIDE RECOMMENDATIONS ON SUCH ACTIONS PH WILL BE CONSIDERED IN DEFAULT O F MEETING ITS OBLIGATIONS UNDER THIS COVENANT IF IT FAILS TO INITIATE CORRECTIVE ACTIONS I N THE TIMEFRAME AND SCOPE SPECIFIED BY THE CONSULTANT IN THE CASE OF AN UNCURED DEFAULT, PVH WILL HAVE THE OPTION TO REMOVE ALL OR A PORTION OF ALL PH AUTHORITY OVER HOSPITAL ASSE TS AND TO RECLAIM ANY ASSETS UNDER PH CONTROL THAT HAD ORIGINALLY BEEN FUNDED BY PARKVIEW HOSPITAL IT SHOULD BE NOTED THAT THE RATING PROCESS TAKES INTO ACCOUNT SEVERAL QUALITATIV E FACTORS SUCH AS COMPETITION, INSTITUTIONAL CHARACTERISTICS AND ECONOMIC TRENDS, AND THAT THE BASIS OF THE COMPUTATION OR THE RELATIVE VALUE OF THE RATIOS COULD CHANGE ACCORDINGL Y, THE RELATIONSHIP BETWEEN THE REQUIRED FINANCIAL RATIOS FOR PARKVIEW HOSPITAL, INC AND OTHER HEALTH CARE PROVIDERS MAY NOT ALWAYS BE OBVIOUS, AND THE BASIS OF COMPARISON COULD R EQUIRE CHANGE IN THE FUTURE IN THE EVENT THAT THE STANDARD & POOR'S RATING CATEGORIES ARE CHANGED, OR SOME OTHER EVENT OCCURS WHICH IS NOW NOT CONTEMPLATED

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PART IV, SECTION E, LINE 3A	PARKVIEW HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE ORGANIZATION'S SUPPORTED ORGANIZATI ONS PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPIT AL OF NOBLE COUNTY, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, I NC , AND PARKVIEW WABASH HOSPITAL, INC THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESE RVED POWERS FOR PARKVIEW HOSPITAL, INC AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT D IRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE AN Y DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATI ONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (I NCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND THE CHIEF OPERATING OFFICE OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOM MENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APP ROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY IN DIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DE EMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFIL IATES 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 INCU RRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS BY THE COR PORATION 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, INC LUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INT ANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIA TIVES, ARRANGEMENTS, OR BUDGETS ANY ASSET TRANSFER OR CAPITAL CONTRIBUTION FROM THE CORPO RATION 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 O F 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 CORPORA TION 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, BEQ UESTS, BOND COVENANTS, OR RESTRICTIONS SET FORTH IN THIS LIST FURTHER, FOR PURPOSES OF TH IS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDEN TURE, POOLED FINANCING OR ANY

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PART IV, SECTION E, LINE 3A	OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) AP PROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS, OR ACQUISITI ONS 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 ARRA NGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CA RE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL ST AFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CO RPORATION 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 COMMU NITY 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 CR EATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISAB LE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT STAT US, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIA L EFFECTS TO THE CORPORATION OR THE SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE R ESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS LIST WITHOUT THE CONSENT OF THE CORP ORATION THE CORPORATE MEMBER SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVE D POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW THE CORPORAT E MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR COMMUNITY HOSPITAL OF LAGRANGE COUNT Y, INC AND COMMUNITY HOSPITAL OF NOBLE COUNTY, INC AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD SUBJECT TO THE COMPOSI TION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SET FORTH IN ARTICLE V, SECTION 2, (B) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AND VICE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (C) APPROVE AND/OR REQUIRE THE ADOPTION OF AM ENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY O R AFFILIATE OF THE CORPORATION, (D) APPROVE AND/OR REQUIRE THE ESTABLISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (E) APPROVE AND ADOPT THE STRATEGIC PLAN AND ANY AMENDMENTS THERETO F OR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (F) APPROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF ANY BONDS, PROPOSED BY THE C ORPORATION OR ANY SUBSIDIARY O

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PART IV, SECTION E, LINE 3A	R AFFILIATE OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORAT E MEMBER, (G) APPROVE AND/OR REQUIRE THE APPROVAL OF CONTRACTS OR LOANS OBLIGATING THE COR PORATION TO EXPEND OR REPAY AN AMOUNT IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE C ORPORATE MEMBER, (H) APPROVE AND/OR REQUIRE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, T RANSFER, ENCUMBRANCE OR OTHER DISPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXC ESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (I) APPROVE AND ADOPT THE C APITAL BUDGET, OPERATING BUDGET, FINANCIAL PLANS AND ANY AMENDMENTS THERETO FOR THE CORPOR ATION AND ANY SUBSIDIARY OR AFFILIATE TO THE CORPORATION, (J) APPROVE AND/OR REQUIRE THE A DOPTION OF A MANAGED CARE POLICY FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF TH E CORPORATION, INCLUDING NETWORK PARTICIPATION, PARTICIPATION IN ANY MANAGED CARE AGREEMEN T AND PARTICIPATION IN ANY OTHER HEALTH CARE SERVICE ARRANGEMENTS, (K) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTHER PROFESSIONAL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (L) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDI CAL STAFF QUALITY ASSURANCE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AN D PROCEDURES FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (M) A PPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE CORPORATION'S CURRENT LOCATION, (N) APPROVE EACH ANNUAL LIST OF PROPOSED DONEES AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN TH E ANNUAL BUDGET, AND MAKE PROPOSALS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, AND (O) APPROVE AND/OR REQUIRE TH E ADOPTION OF ANY ACTION THAT IS INCONSISTENT WITH THE POLICY OF THE CORPORATE MEMBER

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PART IV, SECTION E, LINE 3A CONT'D	THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR HUNTINGTON MEMORIAL HOSP ITAL, INC AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTME NTS 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 SU CH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING S UCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN F OR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENT S, 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 COMPLI ANCE WITH SUCH PLANS, INITIATIVES, AND ARRANGEMENTS, (D) APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF AN Y DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS, BY THE CORPORATION AN D 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 TRANS FERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSE TS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRAN GEMENTS OR BUDGETS, (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR IT S AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVE S A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVEN T THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST IND ENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIG ATING CORPORATION'S ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL O PTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, P ARTNERSHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIAT ES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEA LTH CARE SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIR E ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CR ITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORP ORATION, (K) APPROVE ANY ACTIO

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PART IV, SECTION E, LINE 3A CONT'D	N OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COM MUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR T HE 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 ADVIS ABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT ST ATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANC IAL EFFECTS TO THE CORPORATION OR SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RES ERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS LIST OR THE REQUIREMENT THAT APPOINTED DIRECTORS CAN BE REPRESENTATIVES OF HUNTINGTON COUNTY, AS DESCRIBED IN ARTICLE V, SECTION S 2 AND 10 OF BYLAWS WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DE VELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICI ES REGARDING MATTERS SUBJECT TO REVIEW THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESE RVED POWERS FOR WHITLEY MEMORIAL HOSPITAL, INC AS DEFINED IN THE NETWORK AGREEMENT (A) A PPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND R EMOVE ANY DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECO MMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) AP POINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE P RESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO REC OMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) A PPROVE 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 AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) APPROVE AND ADO PT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE TH E 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 A ND ITS AFFILIATES, (F) APPROVE THOSE TRANSFERS OF ASSETS BY THE CORPORATION AND ITS AFFILI ATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIB LE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLAN S, INITIATIVES, ARRANGEMENTS, OR BUDGETS, (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED I F THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPO RATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMU NITY FURTHER, THE CORPORATE M

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PART IV, SECTION E, LINE 3A CONT'D	EMBER COVENANTS NOT TO DIRECT THE TRANSFER OF THE CORPORATION'S REAL ESTATE AND IMPROVEMEN TS TRANSFERRED TO THE CORPORATION PURSUANT TO, OR OTHERWISE COVERED BY, THE JOINT ACTION O F THE BOARD OF DIRECTORS OF THE PARKVIEW WHITLEY HOSPITAL, THE WHITLEY COUNTY COMMISSIONER S, AND THE WHITLEY COUNTY COUNCIL WITHOUT THE CONSENT OF THE CORPORATION'S BOARD AND THE C OUNTY COMMISSIONERS FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FO R PARTICIPATION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT IN STRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWOR KS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTIC IPATION 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 OP TIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICE PURCHASING ARRANGEMENTS AND REQUIRED P ARTICIPATION 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 AFFI LIATES 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 CL OSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORA TION OF THE CORPORATION, AND THE ARTICLE AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQ UIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICA NT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN ME DICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPOR ATION OR SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SE CTIONS (G) AND (K) OF THIS EXHIBIT A OR THE REQUIREMENT THAT ELECTED DIRECTORS BE REPRESEN TATIVE OF WHITLEY COUNTY, AS DESCRIBED IN ARTICLE V, SECTIONS 2 AND 10 OF THESE BYLAWS WIT HOUT THE CONSENT OF THE CORPORATION, AND THERE CAN BE NO AMENDMENT TO ARTICLE XI, SECTION 3(E) OF THE BYLAWS WITHOUT THE CONSENT OF THE COUNTY COMMISSIONERS THE CORPORATE MEMBER S HALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	HAT IS INCONSISTENT WITH THE POLICY OF THE CORPORATE MEMBER

990 Schedule A, Supplemental Information

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

Additional Data

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

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) PARKVIEW HOSPITAL INC	350868085		Yes		108,989,377	0
(A) HUNTINGTON MEMORIAL HOSPITAL INC	351970706		Yes		7,620,000	0
(B) WHITLEY MEMORIAL HOSPITAL INC	351967665		Yes		7,071,000	0
(C) COMMUNITY HOSPITAL OF NOBLE COUNTY INC	352089183		Yes		7,795,000	0
(D) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	202401676		Yes		5,000,000	0
(E) PARKVIEW WABASH HOSPITAL INC	471753440		Yes		3,073,441	0

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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	Employer identification number
PARKVIEW HEALTH SYSTEM INC	35-1972384

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		80,780
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		9,759
j	Total Add lines 1c through 1i			90,539
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY - BOSE PUBLIC AFFAIRS GROUP, LLC $72,447 AND THE CORYDON GROUP, LLC $8,333 OTHER ACTIVITIES - REPRESENTS THE PORTION OF DUES PAID TO REGIONAL CHAMBER OF NORTHEAST INDIANA, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN COLLEGE OF SURGEONS, AMERICAN MEDICAL ASSOCIATION, AMERICAN COLLEGE OF CARDIOLOGY, AMERICAN OSTEOPATIC ASSOCIATION, AMERICAN UROLOGICAL ASSOCIATION, INDIANA OSTEOPATIC INSTITUTE, INDIANA STATE MEDICAL ASSOCIATION, AND INDIANA PODIATRIC MEDICAL ASSOCIATION USED FOR LOBBYING ACTIVITIES

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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 HEALTH SYSTEM INC

Employer identification number
35-1972384

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☑ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a 2
b	Total acreage restricted by conservation easements	2b 5 83
c	Number of conservation easements on a certified historic structure included in (a)	2c 0
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 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 0 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 49,100

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	15,740,603	39,319,357		55,059,960
b Buildings		241,982,981	70,842,916	171,140,065
c Leasehold improvements		9,500,520	5,872,974	3,627,546
d Equipment		212,500,429	128,893,939	83,606,490
e Other		21,344,391	9,624,109	11,720,282
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				325,154,343

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	158,998,421	C
(2) Closely-held equity interests		
(3) Other (A) INVESTMENTS IN JVS, MCHA & WRPLX	74,146,333	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	233,144,754	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DUE TO/FROM INTERUNIT	453,158,871
(2) PREPAID FINANCING COSTS	1,938,859
(3) MISCELLANEOUS	1,446,658
(4) NOTE RECEIVABLE FROM LGHOS	6,596,241
(5) NOTE RECEIVABLE FROM WMHOS	6,893,500
(6) NOTE RECEIVABLE FROM MCHA	7,061,050
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	477,095,179

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ACC RETIREMENTS COST	110,877,104
RESERVE FOR SIGNATURE CARE	6,755,605
RESERVE FOR MALPRACTICE	6,462,659
KOSCIUSKO YMCA	600,000
MISCELLANEOUS	85,386
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	124,780,754

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEM ENTS TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE LI ABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) PAGE 16 OF ATTACHED FINANCIAL STATEMENTS INCOME TAXES THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE CORPORATION AND CERTAIN AFFILIATED ENTITIES ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED IN SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE CERTAIN SUBSIDIARIES OF THE CORPORATION ARE TAXABLE ENTITI ES, THE TAX EXPENSE AND LIABILITIES OF WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIA L STATEMENTS THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TA XING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX P OSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH EN TITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILIT Y OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATE D BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS FORMS 990 AND 99 0T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE SUBJECT TO EXAMINAT ION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH R ETURN FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEAR 2011 AND PRIOR

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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 HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
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)			82,501		82,501	0 020 %
b Medicaid (from Worksheet 3, column a)			1,104,121	366,130	737,991	0 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,664,927	1,054,668	610,259	0 120 %
d **Total** Financial Assistance and Means-Tested Government Programs			2,851,549	1,420,798	1,430,751	0 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,832,551	113,200	1,719,351	0 340 %
f Health professions education (from Worksheet 5)			829,870		829,870	0 160 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,072,992		4,072,992	0 800 %
j **Total.** Other Benefits			6,735,413	113,200	6,622,213	1 300 %
k **Total.** Add lines 7d and 7j			9,586,962	1,533,998	8,052,964	1 580 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			496,534		496,534	0 100 %
2	Economic development			628,750		628,750	0 120 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members			35,900		35,900	0 010 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			827,595		827,595	0 160 %
9	Other						
10	**Total**			1,988,779		1,988,779	0 390 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,720,699		
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	67,199		
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	7,671,171
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,198,596
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,527,425
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 IMAGING SERVICES HOLDING COMPANY LLC	HOLDING COMPANY	50 000 %		50 000 %
2	2 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	ORTHOPAEDIC HOSPITAL	60 000 %		40 000 %
3	3 PREMIER SURGERY CENTER LLC	SURGERY CENTER	50 000 %		50 000 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW PARKVIEW COM/LOCALHEALTHNEEDS			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW PARKVIEW COM/LOCALHEALTHNEEDS			
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 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

			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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) _____			
b	☐ The FAP application form was widely available on a website (list url) _____			
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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

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? **78**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	ELIGIBILITY CRITERIA FOR FREE OR DISCOUNTED CAREPARKVIEW HEALTH SYSTEM, INC PROVIDES DISCOUNTED CARE TO UNINSURED PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IF THE PATIENT ULTIMATELY QUALIFIES FOR CHARITY CARE USING THE 200% FPG, THE REMAINING BALANCE AFTER THE DISCOUNT IS WRITTEN OFF TO CHARITY

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

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES PARKVIEW HEALTH SYSTEM, INC INCLUDED NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSEPARKVIEW HEALTH SYSTEM, INC EXCLUDED $8,725,999 OF BAD DEBT EXPENSE

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES PARKVIEW HEALTH SYSTEM, 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 PHYSICIAN RECRUITMENT PARKVIEW HEALTH SYSTEM, INC SUPPORTS PHYSICIAN RECRUITMENT ACTIVITIES TO ASSIST IN TIMELY RESPONSE TO PATIENT CARE NEEDS IN THE COMMUNITY RECRUITMENT ACTIVITIES ARE BASED ON THE RESULTS OF A PERIODIC PHYSICIAN NEEDS ASSESSMENT PARKVIEW HEALTH SYSTEM, INC DEVELOPS A PHYSICIAN RECRUITMENT PLAN TO ADDRESS POTENTIAL GAPS IN PATIENT COVERAGE PARKVIEW HEALTH SYSTEM, INC STRIVES TO BRING THE BEST INTEGRATED, QUALITY, AND COST EFFECTIVE CARE AND INNOVATIVE TECHNOLOGY AVAILABLE TO OUR COMMUNITIES IN DOING SO, WE FOCUS OUR EFFORTS ON RECRUITING AN EXCEPTIONAL TEAM OF PHYSICIANS EACH MEMBER OF PARKVIEW HEALTH SYSTEM, INC 'S HEALTHCARE TEAM IS RESPONSIBLE FOR NURTURING AN ENVIRONMENT OF EXCELLENCE CREATING THE BEST PLACE FOR CO-WORKERS TO WORK, PHYSICIANS TO PRACTICE MEDICINE, AND PATIENTS TO RECEIVE CARE WE ARE COMMITTED TO PROVIDING EXCELLENT CUSTOMER SERVICE TO ALL PEOPLE PARKVIEW'S EMPLOYED PHYSICIANS DO NOT DISCRIMINATE BASED ON PATIENT PAYER SOURCE WE KNOW HOW IMPORTANT CLINICAL, SERVICE AND OPERATIONAL EXCELLENCE IS TO THE SUCCESS OF PARKVIEW HEALTH SYSTEM, INC , AND WE RECOGNIZE HOW IMPORTANT OUR SUCCESS IS TO THE COMMUNITY PRIMARY HEALTHCARE ACCESS HAS BEEN IMPROVED THROUGH THE USE OF MID-LEVEL PROVIDERS AND OPENING NINE WALK-IN CLINICS THROUGHOUT NORTHEAST INDIANA AND NORTHWEST OHIO TO PROVIDE PATIENTS WITH SAME-DAY ACCESS TO A PARKVIEW PHYSICIAN GROUP PROVIDER WITHOUT AN APPOINTMENT PHYSICAL IMPROVEMENTS THE PARKVIEW FAMILY PARK IS A RECREATIONAL PARK AREA OPEN TO THE PUBLIC AND LOCATED ON THE NORTH CAMPUS, WHICH IS THE HOME OF THE PARKVIEW REGIONAL MEDICAL CENTER PARKVIEW HEALTH SYSTEM, INC MAKES THE PARK AVAILABLE TO THE GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND PROMOTE PHYSICAL ACTIVITY ECONOMIC DEVELOPMENT PARKVIEW HEALTH SYSTEM, INC FOSTERS ECONOMIC DEVELOPMENT IN SEVERAL WAYS PARKVIEW HEALTH SYSTEM, INC HAS PLAYED A KEY ROLE IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2020, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT PARKVIEW HEALTH SYSTEM, INC MADE A MULTI-YEAR PLEDGE TO THIS INNOVATIVE CAMPAIGN MIKE PACKNETT, PRESIDENT AND CEO OF PARKVIEW HEALTH, HAS BEEN INSTRUMENTAL IN LEADING THIS GROUP OF COMMUNITY REPRESENTATIVES FROM BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE ELEVEN-COUNTY NORTHEAST INDIANA REGION VISION 2020'S PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA PARKVIEW ALSO PLAYED A SIGNIFICANT ROLE IN THE DEVELOPMENT OF GREATER FORT WAYNE, INC , A MERGER OF THE GREATER FORT WAYNE CHAMBER OF COMMERCE AND THE FORT WAYNE-ALLEN COUNTY ECONOMIC DEVELOPMENT ALLIANCE SO AS TO ALIGN AND SYNCHRONIZE LOCAL ECONOMIC GROWTH EFFORTS IN ADDITION, PARKVIEW HEALTH SYSTEM, INC CONTINUES TO SUPPORT THE REGIONAL CHAMBER OF NORTHEAST INDIANA MULTI-YEAR SUPPORT IS PROVIDED TO THE FORT WAYNE REDEVELOPMENT COMMISSION FOR THE LOCAL BASEBALL STADIUM LOCATED IN DOWNTOWN FORT WAYNE AS PART OF AN EFFORT TO BRING RENEWED ECONOMIC VITALITY TO THE DOWNTOWN AREA THEREBY ENHANCING THE COMMUNITY AS A WHOLE THE BASEBALL FIELD IS THE CENTERPIECE OF OTHER SIGNIFICANT PROJECTS TOWARD THE GOAL OF DOWNTOWN REVITALIZATION IN ADDITION, IT SERVES AS A VENUE FOR PROVIDING PREVENTATIVE HEALTH AND SAFETY EDUCATION AND SCREENINGS TO THE COMMUNITY WORKFORCE DEVELOPMENT PARKVIEW HEALTH SYSTEM, INC PROMOTES CAREERS IN HEALTHCARE THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS DESIGNED FOR HIGH SCHOOL STUDENTS THESE JOB SHADOWING AND INTERNSHIP PROGRAMS ARE COORDINATED BY EDUCATIONAL SERVICES AND TAKE PLACE THROUGHOUT THE ORGANIZATION, OFFERING STUDENTS A VARIETY OF LEARNING EXPERIENCE OPTIONS

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

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	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTSSUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT PARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT " IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL AS A RESULT, PARKVIEW HEALTH SYSTEM, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT PARKVIEW HEALTH SYSTEM, INC RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR CHARITY CARETHE LAST PARAGRAPH OF THE PAYMENT POLICY STATES "FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL THOSE OPTIONS ARE WELFARE ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL CHARITY PROGRAM (SEE CHARITY CARE POLICY) PATIENTS WILL BE INSTRUCTED TO CONTACT A COUNSELOR TO DISCUSS THE AVAILABLE OPTIONS "ADDITIONALLY, THERE IS AN ONGOING EFFORT THROUGHOUT THE COLLECTION PROCESS TO SCREEN FOR MEDICAID ELIGIBILITY AND THE NEED FOR PROVIDING CHARITY CARE APPLICATIONS TO PATIENTS IF A PATIENT MAY BE ELIGIBLE FOR MEDICAID, THE HOSPITAL PROVIDES A SERVICE TO OUR PATIENTS THAT HELPS THEM APPLY FOR MEDICAID WITH THE STATE IN WHICH THEY RESIDE IF A PATIENT IS APPROVED FOR CHARITY CARE, THEIR ACCOUNT IS WRITTEN OFF AND COLLECTION EFFORTS CEASE

Form and Line Reference	Explanation
PART VI, LINE 2	DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES PARKVIEW HEALTH SYSTEM, INC AND PARKVIEW HOSPITAL, INC IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT AND OTHERS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTIES (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC PARTNERED WITH INDIANA UNIVERSITY/PURDUE UNIVERSITY FORT WAYNE (IPFW) SOCIAL RESEARCH DEPARTMENT AND PURDUE UNIVERSITY HEALTHCARE ADVISORS TO COMPLETE MUCH OF THE FIELD WORK IPFW CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS IT INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES PURDUE UNIVERSITY ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, SOCIAL SERVICE ADVOCACY AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES PURDUE ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES SEVERAL SECONDARY DATA SOURCES WERE UTILIZED TO DETERMINE HEALTH ISSUES FOR THE FIVE-COUNTY AREA THESE RESOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION WINNABLE BATTLES, THE INDIANA STATE HEALTH IMPROVEMENT PLAN AND THE INDIANA HEALTH DEPARTMENT DISTRICT 3 HEALTH ASSESSMENTS IN THE FOURTH QUARTER OF 2013, EACH OF THE FIVE HOSPITALS' BOARD OF DIRECTORS ADOPTED THEIR RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS PARKVIEW HEALTH SYSTEM, INC REPRESENTATIVES MAINTAIN ONGOING RELATIONSHIPS WITH NUMEROUS HEALTH-RELATED ORGANIZATIONS THROUGHOUT OUR COMMUNITIES PARKVIEW REPRESENTATIVES MEET REGULARLY WITH ORGANIZATIONS THAT SHARE OUR MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITIES HEALTH ISSUES IDENTIFIED BY THE SURVEY INCLUDED OBESITY, TOBACCO USE, CHLAMYDIA INFECTIONS, TEEN BIRTHS, INFANT MORTALITY, PRENATAL CARE, EXCESSIVE ALCOHOL USE, POOR MENTAL HEALTH AND PRIMARY CARE PHYSICIANS (HEALTHCARE ACCESS) THROUGH A PRIORITIZATION PROCESS, OBESITY (HEALTHY LIFESTYLE BEHAVIORS PROMOTION AND EDUCATION) WAS SELECTED AS THE TOP HEALTH PRIORITY TO BE ADDRESSED BY ALL HOSPITALS OF PARKVIEW HEALTH SYSTEM, INC IN 2015, PARKVIEW BEGAN WORK ON THE 2016 CHNA

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

Form and Line Reference	Explanation
PART VI, LINE 4	DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES PARKVIEW HEALTH SYSTEM, INC SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS NORTHWEST OHIO THE TOTAL POPULATION OF OUR SERVICE AREA IS OVER 880,000 THE SYSTEM OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES ALLEN COUNTY IS CONSIDERED THE URBAN AREA AMONGST THE OTHER RURAL COUNTIES AND REPRESENTS 66 PERCENT OF THE TOTAL POPULATION OF THE SIX-COUNTY AREA EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE SIX-COUNTY AREA WHERE HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS BASED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, COMMUNITY RESOURCES, ETC IN ORDER TO BEST IMPROVE THE POPULATION HEALTH IN THE COMMUNITIES THAT WE SERVE, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PROVIDED PRIMARILY TO THE LOCAL COMMUNITIES IN EACH OF THE SIX COUNTIES 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) AND ONE SATELLITE OFFICE IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINICS THERE IS ALSO A MUA IN THE MIDDLE OF KOSCIUSKO COUNTY THE POPULATION OF THE SEVEN-COUNTY AREA ACCORDING TO 2014 STATISTICS IS 632,897 THE AVERAGE PERCENTAGE OF THOSE BELOW THE FEDERAL POVERTY LEVEL IS 13 3 PERCENT FOR THE SEVEN-COUNTY AREA THE MEDIAN HOUSEHOLD INCOME RANGES FROM $45,286 (LAGRANGE) TO $51,914 (WHITLEY) THE UNEMPLOYMENT RATE RANGES FROM 3 2 PERCENT (LAGRANGE COUNTY) TO 4 2 PERCENT (WABASH COUNTY) AS OF MAY 2016 ACCORDING TO WWW HOOSIERDATA IN GOV

Form and Line Reference	Explanation
PART VI, LINE 5	PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACI LITIES 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) PA RKVIEW HEALTH SYSTEM, INC 'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMB ERS WHO RESIDE IN PARKVIEW HEALTH SYSTEM, INC 'S PRIMARY SERVICE AREA PARKVIEW HEALTH SYS TEM, INC , AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL ENTITIES AND PHYSICIAN PRACTICES, SE RVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM EACH OF OU R HEALTHCARE FACILITIES IS EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINIST RATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION PARKVIEW HEALTH SYSTEM, INC SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY CONDUCTING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT OF THE REGION AND OFFERING THE SE RVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF THE COMMUNITIES WE SERVE, PARKVIEW HEALTH SYSTEM, INC OPENED THE NEW PA RKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH 2012 THIS FACILITY BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE AND PROVIDES GREAT ER ACCESS TO HEALTHCARE FOR THE ENTIRE REGION OUR HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH-CENTRAL FORT WAYNE (PARKVIEW HOSPITAL RANDALLIA) IS UNDERGOING RENOVATIONS AND REMA INS A VITAL PART OF THE LOCAL NEIGHBORHOOD WHILE THIS FACILITY CONTINUES TO PROVIDE COMMU NITY-CENTRIC HEALTHCARE SERVICES, PARKVIEW IS REPOSITIONING THE RANDALLIA CAMPUS AS PART O F A FUTURE USES PLAN PROCESS AS A PART OF THESE EFFORTS, PARKVIEW HOSPITAL, INC IS PARTN ERING WITH TRINE AND HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CENTER THE CENTER WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REH ABILITATION SERVICES AND SENIOR CARE THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATIO N WAS COMPLETED IN EARLY 2015 THE CENTER HAS IMPLICATIONS FOR ADVANCEMENTS IN CLINICAL RE SEARCH AND EDUCATIONAL OPPORTUNITIES IT WILL HAVE THE CAPABILITY TO LOOK AT DISEASE MANAG EMENT IN A MULTI-PROFESSIONAL SETTING, BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES A ND HEALTHCARE STAFF THOUGH PARKVIEW HAS CONDUCTED CLINICAL RESEARCH IN THE FIELDS OF CARD IOLOGY, NEUROSCIENCES AND ONCOLOGY OVER THE LAST 25 YEARS, THE NEW CENTER WILL ALLOW FORT WAYNE TO BECOME AN INNOVATOR IN THE HEALTHCARE SCIENCES IN PARTNERSHIP WITH REGIONAL AND N ATIONAL ACADEMIC INSTITUTIONS SIMULATION LABS ARE OPEN TO HEALTHCARE PROFESSIONALS THROUG HOUT THE REGION FOR TRAINING DATA OBTAINED THROUGH TRIENNIAL COMMUNITY HEALTH ASSESSMENTS , PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN PARKVIEW HEALTH SYSTE M, INC 'S STRATEGIC PLANNING PROCESS IN IDENTIFYING COMMUNITY HEALTH NEEDS AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, PARKVIEW HEALTH SYSTEM, INC HAS ESTABLISHED SEVERAL PRI ORITY AREAS THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HEALTH SYSTEM, INC 'S MISSION, VISION AND GOALS, AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HEALTH SYSTEM UNDERTAKES PRIORITY AREAS INCLUDE THE FOLLOWING PRIMARY HEALTHCARE/ACCESS TO HEALTHCARE - ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY INCLUDIN G THE ADDITION OF FAMILY PRACTICE PHYSICIANS AT OUR LIBERTY MILLS AND NEW VISION DRIVE LOC ATIONS - EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIANS GROUP OFFICES TO ACCO MMODATE SAME-DAY APPOINTMENTS - CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO TH E UNINSURED INCLUDING FINANCIAL SUPPORT TO MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHO OD HEALTH CLINICS AND COMMUNITY TRANSPORTATION NETWORK - PROGRAMS TO INCREASE DISTRIBUTIO N OF FREE MEDICATIONS TO THE POOR EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THE SERVICES AVAILABLE TO THE COMMUNITY - PROMOTION OF HEALTH CAREERS, PARTICULA RLY THOSE IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTHCARE PROFESSI ONALS, INCLUDING PROGRAM FUNDING AND SCHOLARSHIPS FOR INDIANA/PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS - SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDAB ILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH BR IGHTPOINT COVERING KIDS AND FAMILIES THAT PROVIDES ELIGIBILITY AND ENROLLMENT SERVICES HEA LTH SCREENING AND PREVENTION - CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROST ATE SCREENING- TOBACCO CESSATION PROGRAMS ESPECIALLY FOR WOMEN OF CHILDBEARING AGE- INJURY PREVENTION FOR CHILDREN, YOUTH AND SENIORS- DIABETES EDUCATION AND SCREENING- CARDIOVASCU LAR DISEASE EDUCATION AND SCREENING- PROGRAMS TO REDUCE DANGEROUS DRIVING- MENTAL HEALTH S CREENING- EARLY CHILDHOOD DEVELOPMENTDISEASE MANAG

Form and Line Reference	Explanation
PART VI, LINE 5	EMENT - CARDIOVASCULAR DISEASE - CANCER- MENTAL ILLNESSES- TRAUMA AND ORTHOPAEDIC AILMENTS - WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON EARLY PRENATAL CARE AND CHILDREN'S A STHMA- DIABETES AND OBESITY HEALTH INNOVATION, EDUCATION, AND RESEARCH AND DEVELOPMENT - E NHANCING HEALTHCARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRUCTION OF THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN PARKVIEW, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY DOCTOR AL PROGRAMS IN PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE HOUSED ON THE RANDALLIA CAMPU S THIS EFFORT FULFILLS A SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEED IN THE COMMUNITY - PROMOTING ECONOMIC DEVELOPMENT IN THE COMMUNITY BY PROVIDING HIGH-LEVEL LEADE RSHIP TO DEVELOP PARTNERSHIPS WITH REGIONAL PARTNER ORGANIZATIONS THAT SHARE COMMON GOALS - DEVELOPMENT OF A CUSTOMIZED POPULATION HEALTH MANAGEMENT MODEL CONTINUES PARKVIEW CARE PARTNERS IS A PHYSICIAN-LED CARE MANAGEMENT ORGANIZATION COLLABORATING ON A CLINICALLY IN TEGRATED (CI) APPROACH TO HEALTHCARE DELIVERY ACROSS THE CONTINUUM OF CARE CLINICAL INTEG RATION 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 HEALTH SYSTEM, INC , AS THE PARENT ORGANIZATION, AND THROUGH ITS MEMBER HOSPITALS, ANNUALLY FUNDS LOCAL C OMMUNITY HEALTH IMPROVEMENT EFFORTS THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMU NITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS FUNDS ARE ALSO USED TO SUPPORT COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE, WHICH ALIGNS WITH OUR ESTABLISHED MISSION PARKVIEW HEALTH SYSTEM, INC , THROUGH THE HOSPITALS OF PARKVIEW HOSP ITAL, INC , PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR IN SCHOOL SYSTEMS THROUGHOUT THE RE GION OTHER PARKVIEW HOSPITAL, INC OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBIL E MAMMOGRAPHY, MATERNAL/INFANT HEALTH INTERVENTION PROGRAMS, NUTRITION AND ACTIVE LIFESTYL E CURRICULUMS, BEHAVIORAL HEALTH CARE NAVIGATOR PROGRAM AND INJURY PREVENTION EDUCATION

Form and Line Reference	Explanation
PART VI, LINE 6	IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW HEALTH), 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 , WHITLEY MEMORIAL HOSPITAL, INC , PARKVIEW WABASH 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 IS GUIDED BY A MISSION TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITIES IT SERVES PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFICIENTLY OPERATING ITS FACILITIES, DELIVERING HIGH QUALITY HEALTHCARE SERVICES TO ITS PATIENTS, AND PROVIDING SUPPORT TO LOCAL BUSINESSES AND ACTIVITIES PARKVIEW HEALTH SYSTEM, INC SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFITS ITS PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES AFFILIATE HOSPITALS WORK TOGETHER, AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED FROM THE LIST OF HEALTH ISSUES IN THE SIX-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY OR PROMOTING HEALTHY LIFESTYLES INCLUDING GOOD NUTRITION AND PHYSICAL ACTIVITY WAS SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW HEALTH SYSTEM, INC PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES, OTHER HEALTHCARE PROFESSIONALS AND SUPPORT 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 AND 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

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

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

Additional Data

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

Form 990 Schedule H, Part V Section 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	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 11119 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 46845 WWW PARKVIEW COM 14-005845-1	X	X		X						

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - PARKVIEW PHYSICIANS GROUP 11108 PARKVIEW CIRCLE FORT WAYNE,IN 46845	PHYSICIAN OFFICE
1	2 - PARKVIEW PHYSICIANS GROUP 11109 PARKVIEW PLAZA DR FORT WAYNE,IN 46845	PHYSICIAN OFFICE
2	3 - PARKVIEW PHYSICIANS GROUP 1818 CAREW STREET FORT WAYNE,IN 46805	PHYSICIAN OFFICE
3	4 - PARKVIEW PHYSICIANS GROUP 3909 NEW VISION DRIVE FORT WAYNE,IN 46845	PHYSICIAN OFFICE
4	5 - PARKVIEW PHYSICIANS GROUP 11123 PARKVIEW PLAZA DR FORT WAYNE,IN 46845	PHYSICIAN OFFICE
5	6 - PARKVIEW PHYSICIANS GROUP 11141 PARKVIEW PLAZA DR FORT WAYNE,IN 46845	PHYSICIAN OFFICE
6	7 - PARKVIEW PHYSICIANS GROUP 1270 EAST STATE ROAD 205 COLUMBIA CITY,IN 46725	PHYSICIAN OFFICE
7	8 - PARKVIEW PHYSICIANS GROUP 2003 STULTS ROAD HUNTINGTON,IN 46750	PHYSICIAN OFFICE
8	9 - PARKVIEW PHYSICIANS GROUP 11104 PARKVIEW CIRCLE DR FORT WAYNE,IN 46845	PHYSICIAN OFFICE
9	10 - PARKVIEW PHYSICIANS GROUP 1515 HOBSON ROAD FORT WAYNE,IN 46805	PHYSICIAN OFFICE
10	11 - PARKVIEW PHYSICIANS GROUP 1331 MINNICH ROAD NEW HAVEN,IN 46774	PHYSICIAN OFFICE
11	12 - PARKVIEW PHYSICIANS GROUP 2708 GUILFORD STREET HUNTINGTON,IN 46750	PHYSICIAN OFFICE
12	13 - PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD FORT WAYNE,IN 46804	PHYSICIAN OFFICE
13	14 - PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA,IN 46710	PHYSICIAN OFFICE
14	15 - PARKVIEW PHYSICIANS GROUP 306 E MAUMEE ST ANGOLA,IN 46703	PHYSICIAN OFFICE

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

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

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

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

_____

	Name and address	Type of Facility (describe)
16	16 - PARKVIEW PHYSICIANS GROUP 8028 CARENGIE BLVD FORT WAYNE,IN 46804	PHYSICIAN OFFICE
1	17 - PARKVIEW PHYSICIANS GROUP 2710 LAKE AVENUE FORT WAYNE,IN 46805	PHYSICIAN OFFICE
2	18 - PARKVIEW PHYSICIANS GROUP 2300 DUBOIS DR WARSAW,IN 46580	PHYSICIAN OFFICE
3	19 - PARKVIEW PHYSICIANS GROUP 2231 CAREW ST FORT WAYNE,IN 46805	PHYSICIAN OFFICE
4	20 - PARKVIEW PHYSICIANS GROUP 326 SAWYER ROAD KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
5	21 - PARKVIEW PHYSICIANS GROUP 6130 TRIER ROAD FORT WAYNE,IN 46815	PHYSICIAN OFFICE
6	22 - PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS ROAD FORT WAYNE,IN 46814	PHYSICIAN OFFICE
7	23 - PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY SUITE 120 FORT WAYNE,IN 46804	PHYSICIAN OFFICE
8	24 - PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA DRIVE FORT WAYNE,IN 46805	PHYSICIAN OFFICE
9	25 - PARKVIEW PHYSICIANS GROUP 11115 PARKVIEW PLAZA DR FORT WAYNE,IN 46845	PHYSICIAN OFFICE
10	26 - PARKVIEW PHYSICIANS GROUP 512 N PROFESSIONAL WAY KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
11	27 - PARKVIEW PHYSICIANS GROUP 5104 N CLINTON FORT WAYNE,IN 46825	PHYSICIAN OFFICE
12	28 - PARKVIEW PHYSICIANS GROUP 885 WEST CONNEXION WAY SUITE 200A COLUMBIA CITY,IN 46725	PHYSICIAN OFFICE
13	29 - PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST ROAD FORT WAYNE,IN 46835	PHYSICIAN OFFICE
14	30 - PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER,IN 46767	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - PARKVIEW PHYSICIANS GROUP 1104 N WAYNE ST NORTH MANCHESTER,IN 46962	PHYSICIAN OFFICE
1	32 - PARKVIEW PHYSICIANS GROUP 1314 EAST 7TH STREET SUITE 103 AUBURN,IN 46706	PHYSICIAN OFFICE
2	33 - PARKVIEW PHYSICIANS GROUP 2402 LAKE AVENUE FORT WAYNE,IN 46805	PHYSICIAN OFFICE
3	34 - PARKVIEW PHYSICIANS GROUP 4665 STATE ROAD 5 SOUTH WHITLEY,IN 46787	PHYSICIAN OFFICE
4	35 - PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DR FORT WAYNE,IN 46809	PHYSICIAN OFFICE
5	36 - PARKVIEW PHYSICIANS GROUP 207 N TOWNLINE ROAD LAGRANGE,IN 46761	PHYSICIAN OFFICE
6	37 - PARKVIEW PHYSICIANS GROUP 2814 THEATER AVENUE HUNTINGTON,IN 46750	PHYSICIAN OFFICE
7	38 - PARKVIEW PHYSICIANS GROUP 13430 MAIN ST GRABILL,IN 46741	PHYSICIAN OFFICE
8	39 - PARKVIEW PHYSICIANS GROUP 4084 NORTH US HWY 33 CHURUBUSCO,IN 46723	PHYSICIAN OFFICE
9	40 - PARKVIEW ORTHO CENTER LLC 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE,IN 46845	SURGERY CENTER
10	41 - PARKVIEW PHYSICIANS GROUP 620 W NORTH STREET COLUMBIA CITY,IN 46725	PHYSICIAN OFFICE
11	42 - PARKVIEW PHYSICIANS GROUP 8175 WEST US 20 SHIPSHEWANA,IN 46565	PHYSICIAN OFFICE
12	43 - PARKVIEW PHYSICIANS GROUP 710 N EAST STREET WABASH,IN 46992	PHYSICIAN OFFICE
13	44 - PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE ROAD ALBION,IN 46701	PHYSICIAN OFFICE
14	45 - PARKVIEW PHYSICIANS GROUP 2600 N DETROIT ST SR 9 LAGRANGE,IN 46761	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - PARKVIEW PHYSICIANS GROUP 1025 N MANCHESTER AVE WABASH,IN 46992	PHYSICIAN OFFICE
1	47 - PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA RD HUNTERTOWN,IN 46748	PHYSICIAN OFFICE
2	48 - IMAGING SYSTEMS HOLDINGS LLC 3707 NEW VISION DRIVE FORT WAYNE,IN 46845	IMAGING SERVICES
3	49 - PARKVIEW PHYSICIANS GROUP 420 SAWYER ROAD PO BOX 99 KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
4	50 - PARKVIEW PHYSICIANS GROUP 577 GEIGER DRIVE SUITE C ROANOKE,IN 46783	PHYSICIAN OFFICE
5	51 - PARKVIEW PHYSICIANS GROUP 112 S MAIN ST MILFORD,IN 46542	PHYSICIAN OFFICE
6	52 - PARKVIEW PHYSICIANS GROUP 401 SAWYER ROAD KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
7	53 - PARKVIEW PHYSICIANS GROUP 410 SAWYER ROAD KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
8	54 - PARKVIEW PHYSICIANS GROUP US HWY 30 WEST 5 MATCHETT DRIVE PIERCETON,IN 46562	PHYSICIAN OFFICE
9	55 - PARKVIEW PHYSICIANS GROUP 1655 N CASS STREET WABASH,IN 46992	PHYSICIAN OFFICE
10	56 - PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA,IN 46703	PHYSICIAN OFFICE
11	57 - PARKVIEW PHYSICIANS GROUP 3303 TRIER ROAD SUITE 1 FORT WAYNE,IN 46815	PHYSICIAN OFFICE
12	58 - PARKVIEW PHYSICIANS GROUP 2500 E BELLEFONTAINE RD HAMILTON,IN 46742	PHYSICIAN OFFICE
13	59 - PARKVIEW PHYSICIANS GROUP 2001 STULTS ROAD HUNTINGTON,IN 46750	PHYSICIAN OFFICE
14	60 - PARKVIEW PHYSICIANS GROUP 3828 NEW VISION DRIVE FORT WAYNE,IN 46845	PHYSICIAN OFFICE

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

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

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

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

_____

	Name and address	Type of Facility (describe)
61	61 - PARKVIEW PHYSICIANS GROUP 1234 EAST DUPONT ROAD SUITE 5 FORT WAYNE,IN 46825	PHYSICIAN OFFICE
1	62 - FOUNDATION SURGERY AFF OF FT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE,IN 46804	SURGERY CENTER
2	63 - PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE,IN 46845	SURGERY CENTER
3	64 - PARKVIEW PHYSICIANS GROUP 3816 NEW VISION DRIVE BUILDING D FORT WAYNE,IN 46845	PHYSICIAN OFFICE
4	65 - PARKVIEW PHYSICIANS GROUP 344 N MAIN STREET COLUMBIA CITY,IN 46725	PHYSICIAN OFFICE
5	66 - PARKVIEW PHYSICIANS GROUP 1316 EAST SEVENTH STREET AUBURN,IN 46706	PHYSICIAN OFFICE
6	67 - PARKVIEW PHYSICIANS GROUP 412 SAWYER ROAD KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
7	68 - PARKVIEW PHYSICIANS GROUP 410 EAST MITCHELL STREET KENDALLVILLE,IN 46755	PHYSICIAN OFFICE
8	69 - PARKVIEW PHYSICIANS GROUP 1129 FIRST ST HUNTINGTON,IN 46750	PHYSICIAN OFFICE
9	70 - PARKVIEW PHYSICIANS GROUP 7030 POINTE INVERNESS WAY SUITE 335 FORT WAYNE,IN 46804	PHYSICIAN OFFICE
10	71 - NORTHEAST INDIANA CANCER CENTER LLC 516 E MAUMEE STREET ANGOLA,IN 46703	MEDICAL SERVICES
11	72 - PARKVIEW PHYSICIANS GROUP 4666 W JEFFERSON BLVD FORT WAYNE,IN 46804	PHYSICIAN OFFICE
12	73 - PARKVIEW PHYSICIANS GROUP 2820 PROVIDENT COURT STE D WARSAW,IN 46580	PHYSICIAN OFFICE
13	74 - PARKVIEW PHYSICIANS GROUP 276 MANCHESTER AVE WABASH,IN 46992	PHYSICIAN OFFICE
14	75 - PARKVIEW PHYSICIANS GROUP 1391 N BALDWIN AVE MARION,IN 46952	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
76	76 - PARKVIEW PHYSICIANS GROUP 2280 PROVIDENT COURT WARSAW,IN 46580	PHYSICIAN OFFICE
1	77 - PARKVIEW PHYSICIANS GROUP 1758 WEST 100 SOUTH PORTLAND,IN 47371	PHYSICIAN OFFICE
2	78 - PARKVIEW PHYSICIANS GROUP 3810 NEW VISION DRIVE FORT WAYNE,IN 46845	PHYSICIAN OFFICE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 79

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Return Reference	Explanation
PART I, LINE 2	COMMUNITY HEALTH IMPROVEMENT FUNDING PARTNER ORGANIZATIONS ARE REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT RELATED TO PROGRAM FUNDING PARTNER ORGANIZATIONS ARE REQUIRED TO RE-APPLY FOR FUNDING ON AN ANNUAL BASIS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER FORT WAYNE 555 E WAYNE STREET FORT WAYNE,IN 46802	35-1119450	501(C)3	1,050,000				RIVERFRONT PROJECT & COMMUNITY HEALTH EDUCATION PROGRAMS
RESCUE MISSION 301 W SUPERIOR STREET FORT WAYNE,IN 46802	35-1054670	501(C)3	1,000,000				CAPITAL CAMPAIGN
PARKVIEW FOUNDATION INC 10622 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 46848	23-7220589	501(C)3	488,099				PPG INNOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINE UNIVERSITY INC 1 UNIVERSITY AVENUE ANGOLA,IN 46703	35-0715530	501 (C) 3	271,000				CAPITAL CAMPAIGN AND STUDENT SCHOLARSHIP PROGRAM
FORT WAYNE ZOOLOGICAL SOCIETY 3411 SHERMAN BLVD FORT WAYNE,IN 46808	35-6068234	501 (C) 3	202,200				PAVILION CAPITAL PROJECT
IPFW 2101 EAST COLISEUM BLVD FORT WAYNE,IN 46805	35-6033698	501 (C) 3	158,000				SCHOOL OF NURSING 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
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVENUE FORT WAYNE,IN 46807	35-1778767	501 (C) 3	157,000				AFTER-SCHOOL AND SUMMER PROGRAMS THAT PROVIDE POSITIVE, EDUCATIONAL EXPERIENCES FOR LOW-INCOME CHILDREN
UNIVERSITY OF SAINT FRANCIS 2701 SPRING STREET FORT WAYNE,IN 46808	35-0886846	501 (C) 3	155,000				SCHOOL OF NURSING PROGRAM
CITY OF FORT WAYNE ONE EAST MAIN STREET FORT WAYNE,IN 46802		GOVT ORG	150,000				CAPITAL MAINTENANCE & IMPROVEMENT FUND FOR PARKVIEW FIELD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF DEKALB COUNTY 533 NORTHE STREET AUBURN,IN 46706	35-0868958	501 (C) 3	132,500				CAPITAL CAMPAIGN
EMERGENCY MEDICINE EDUCATIONAL FOUNDATION 3640 NEW VISION DRIVE FORT WAYNE,IN 46845	46-5584998	501 (C) 3	120,000				SUPPORT OF EMERGENCY MEDICINE PROVIDER EDUCATION AND TRAINING
HABITAT FOR HUMANITY 2020 E WASHINGTON BLVD STE 500 FORT WAYNE,IN 46803	35-1687064	501 (C) 3	100,000				HOME BUILDING 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
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501 (C) 3	94,000				NEPAL EARTHQUAKE RELIEF
YMCA OF STEUBEN COUNTY 500 E HARCOURT ROAD ANGOLA,IN 46703	35-1999599	501 (C) 3	80,500				PROGRAMS FOSTERING YOUTH DEVELOPMENT, HEALTHY LIVING & SOCIAL RESPONSIBILITY
MIDWEST ALLIANCE FOR HEALTH EDUCATION 11108 PARKVIEW CIRCLE FORT WAYNE,IN 46845	35-1637515	501 (C) 3	60,000				MEDICAL FIELD STUDENT RESEARCH FELLOWSHIP 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
FORT 4 FITNESS 2826 S CALHOUN STREET FORT WAYNE,IN 46807	26-1936423	501 (C) 3	56,000				PROGRAMS PROMOTING PHYSICAL FITNESS
ARTS UNITED OF GREATER FORT WAYNE INC 300 EAST MAIN STR FORT WAYNE,IN 46802	35-0992067	501 (C) 3	51,250				CAPITAL CAMPAIGN
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST INDIANA 11109 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 46845	35-1950376	501 (C) 3	46,500				CAPITAL CAMPAIGN & PROGRAMS PROVIDING SUPPORT FOR ALL PEDIATRIC FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT WAYNE PHILHARMONIC 4901 FULLER DRIVE FORT WAYNE,IN 46835	35-0791163	501 (C) 3	45,000				PROGRAMS TO INSPIRE AND FOSTER A LOVE OF CLASSICAL MUSIC
OAKWOOD FOUNDATION INC 110 W BERRY STREET STE 2105 FORT WAYNE,IN 46802	35-1893123	501 (C) 3	45,000				CHAUTAUQUA WAWASEE PROGRAM AND DON'T LABEL ME TALKS AND WORKSHOPS
UNITY PERFORMING ARTS FOUNDATION INC PO BOX 10394 FORT WAYNE,IN 46852	35-2110907	501 (C) 3	35,000				SUPPORT FOR CHARACTER/ARTISTRY/LEADERSHIP DEVELOPMENT FOR CHILDREN AND ADOLESCENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE URBAN LEAGUE 2135 SOUTH HANNA STREET FORT WAYNE,IN 46803	35-0869052	501 (C) 3	27,000				SPONSORSHIP OF ANNUAL EVENTS TO SUPPORT NEEDED SERVICES PROVIDED TO VULNERABLE POPULATIONS
FELLOWSHIP OF CHRISTIAN ATHLETES 578 GEIGER DR STE A1 ROANOKE,IN 46783	44-0610626	501 (C) 3	25,000				PROGRAMS SUPPORTING YOUTH INVOLVED IN ORGANIZED SPORTS
FORT WAYNE DANCE COLLECTIVE INC 437 EAST BERRY STREET FORT WAYNE,IN 46802	31-0958473	501 (C) 3	25,000				SCHOLARSHIPS FOR EDUCATIONAL PROGRAMS

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

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GLOBAL LEADERSHIP SUMMIT AND BEYOND 7400 EAST STATE BLVD FORT WAYNE,IN 46815	35-1285808	501 (C) 3	25,000				SCHOLARSHIPS FOR LEADERSHIP TRAINING
KATE'S KART 10376 LEO ROAD STE A FORT WAYNE,IN 46845	26-2615368	501 (C) 3	25,000				DISTRIBUTION OF BOOKS TO HOSPITALIZED CHILDREN
PORTLAND FOUNDATION 112 E MAIN STREET PORTLAND,IN 47371	35-2019497	501 (C) 3	25,000				PORTAND WATER PARK PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WABASH COUNTY YMCA 500 S CASS STREET FORT WAYNE,IN 46992	35-0733765	501 (C) 3	23,300				PROMISE PROGRAM HELPING FAMILIES ESTABLISH COLLEGE SAVINGS ACCOUNTS
JUNIOR ACHIEVEMENT NORTHERN INDIANA 601 NOBLE DRIVE FORT WAYNE,IN 46825	35-0922731	501 (C) 3	21,600				EXPERIENTIAL-BASED LIFE SKILL PROGRAMS FOR CHILDREN
IHA HOSPITAL ASSISTANCE FOUNDATION 1 AMERICAN SQ STE 1900 INDIANAPOLIS,IN 46282	45-5573749	501 (C) 3	21,391				PROMOTE A STABLE AND DIVERSE HOSPITAL INFRASTRUCTURE THROUGHOUT INDIANA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMERON HOSPITAL FOUNDATION 416 E MAUMEE ST ANGOLA,IN 46703	35-1722087	501 (C) 3	20,000				CAMERON HOSPITAL PROGRAMS
STEUBEN COUNTY COMMUNITY FOUNDATION 1701 N WAYNE ST ANGOLA,IN 46703	35-1857065	501 (C) 3	20,000				ANGOLA BALLOONS ALOFT FUND THAT PROVIDES ASSISTANCE TO THE INDIGENT
VERA BRADLEY FOUNDATION FOR BREAST PO BOX 80201 FORT WAYNE,IN 46898	35-2058177	501 (C) 3	18,500				BREAST CANCER RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE,IN 46855	31-1100607	501 (C) 3	15,750				OPERATIONS & PROGRAMS PROVIDING FOOD TO LOW-INCOME INDIVIDUALS & FAMILIES
FORT WAYNE BALLET 300 E MAIN STREET FORT WAYNE,IN 46802	35-6006394	501 (C) 3	15,000				EDUCATIONAL OUTREACH
VINCENT VILLAGE INC 2827 HOLTON AVE FORT WAYNE,IN 46806	35-1780135	501 (C) 3	15,000				TRANSITIONAL HOUSING PROGRAM

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

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ERIN'S HOUSE 5670 YMCA PARK DRIVE WEST FORT WAYNE,IN 46835	35-1884264	501 (C) 3	14,760				PROGRAMS SUPPORTING CHILDREN WHO HAVE SUFFERED THE DEATH OF A LOVED ONE
AFRICAN-AMERICAN HEALTHCARE ALLIANCE 4950 IRIS AVENUE FORT WAYNE,IN 46825	35-2134195	501 (C) 3	13,000				HEALTHCARE SCHOLARSHIPS
CITY OF ANGOLA UTILITIES 210 NORTH PUBLIC SQUARE ANGOLA,IN 46703		GOVT ORG	12,500				AMERICAN'S BEST COMMUNITIES AWARD AND EQUIPMENT FOR THE FITNESS CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKVIEW HUNTINGTON HOSPITAL FOUNDATION INC 2001 STULTS ROAD HUNTINGTON,IN 46845	32-0012095	501 (C) 3	12,287				PPG INNOVATION
JUST NEIGHBORS INTERFAITH NETWORK 2925 E STATE BLVD FORT WAYNE,IN 46805	35-2089785	501 (C) 3	12,000				SERVICES AND REFERRALS FOR HOMELESS FAMILIES
ST VINCENT DE PAUL CHURCH 1502 EAST WALLEN ROAD FORT WAYNE,IN 46825	35-1003124	501 (C) 3	11,700				MISSION TRIP TO HONDURAS

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

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CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE,IN 46805	35-2026647	501(C)3	11,000				JOB AND LIFE SKILLS PROGRAMS DESIGNED FOR THOSE WITH A MENTAL HEALTH DIAGNOSIS
ANGOLA HIGH SCHOOL ATHLETICS 350 S JOHN MCBRIDE AVENUE ANGOLA,IN 46703		GOVT ORG	10,000				WEIGHT ROOM EQUIPMENT PROJECT
BOOMERANG BACKPACKS INC 4616 E DUPONT ROAD FORT WAYNE,IN 46825	80-0570852	501(C)3	10,000				FOOD DISTRIBUTION PROGRAMS FOR LOW-INCOME CHILDREN

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

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CANCER SERVICES OF NORTHEAST INDIANA 6316 MUTUAL DRIVE FORT WAYNE,IN 46825	35-0965609	501 (C) 3	10,000				CHELSA WIG ROOM
CORE 5712 LANCASHIRE CT FORT WAYNE,IN 46825	30-0526171	501 (C) 3	10,000				RESOURCES FOR EDUCATORS
FLORENCE TOWNSHIP FIRE DEPARTMENT 201 S MICHIGAN ST PO BOX 96 EDON,OH 43518		GOVT ORG	10,000				EMERGENCY SERVICES

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

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FORT WAYNE COMMUNITY FISHING CLUB 3511 LAFAYETTE STREET FORT WAYNE,IN 46806	13-4204839	501 (C) 3	10,000				FISHING EQUIPMENT
FORT WAYNE COMMUNITY SCHOOLS 1200 SOUTH CALHOUN STREET FORT WAYNE,IN 46802		GOVT ORG	10,000				HOMELESS ASSISTANCE PROGRAM "BACK-TO-SCHOOL" CLOTHES AND SUPPLIES
FORT WAYNE MUSEUM OF ART 311 EAST MAIN ST FORT WAYNE,IN 46802	35-0953440	501 (C) 3	10,000				PROGRAMS TO COLLECT, PRESERVE AND PRESENT ART THROUGHOUT THE REGION

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

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HEARCARE CONNECTION INC 9604 COLDWATER ROAD FORT WAYNE,IN 46825	45-2803181	501 (C) 3	10,000				PROVIDE AUDIOLOGY SERVICES TO THOSE WHO QUALIFY FINANCIALLY
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON,IN 47402	35-6018940	501 (C) 3	10,000				IU SCHOOL OF MEDICINE - SCHOLARSHIPS
IVY TECH COMMUNITY COLLEGE NORTHEAST 3800 NORTH ANTHONY BLVD FORT WAYNE,IN 46805	23-7073977	501 (C) 3	10,000				STUDENT SCHOLARSHIP PROGRAMS

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

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LITTLE RIVER WETLANDS PROJECT INC 7209 ENGLE ROAD FORT WAYNE,IN 46804	35-1809569	501 (C) 3	10,000				CARE OF LOCAL WETLAND PRESERVES AND FREE NATURE PROGRAMS FOR RESIDENTS
NORTHEAST INDIANA INNOVATION CENTER 3201 STELLHORN ROAD FORT WAYNE,IN 46815	35-2097779	501 (C) 3	10,000				PROGRAMS SUPPORTING BUSINESS AND OTHER ORGANIZATIONAL DEVELOPMENT
OLD CROWN BRASS BAND INC 5307 CLOVERBROOK DRIVE FORT WAYNE,IN 46806	26-1515521	501 (C) 3	10,000				PROGRAMS TO SERVE COMMUNITY THROUGH MUSIC AND EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REDEMPTION HOUSE 2720 FAIRFIELD AVENUE FORT WAYNE,IN 46807	35-2079898	501(C)3	10,000				RESIDENCY, MENTORING & ADVOCACY PROGRAMS FOR WOMEN NEWLY RELEASED FROM INCARCERATION
WILLOW CREEK ASSOCIATION 67 EAST ALGONQUIN SOUTH BARRINGTON,IL 60010	36-3799040	501(C)3	9,900				SCHOLARSHIPS TO THE GLOBAL LEADERSHIP SUMMIT
BLESSINGS IN A BACKPACK 111 EAST WAYNE ST STE 555 FORT WAYNE,IN 46802	26-2627847	501(C)3	9,750				FOOD DISTRIBUTION PROGRAM FOR LOW-INCOME CHILDREN

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

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WILLOWBROOK DAY SCHOOL INC 101 W DUPONT ROAD FORT WAYNE,IN 46825	51-0589202	501 (C) 3	8,600				SUPPORT FOR SCHOOL PROGRAMS
MUSTARD SEED FURNITURE BANK OF 3636 ILLINOIS ROAD FORT WAYNE,IN 46804	35-2149283	501 (C) 3	8,500				PROGRAMS SUPPORTING IN-KIND FURNITURE DONATIONS TO THOSE IN NEED
CANTERBURY SCHOOL INC 3210 SMITH RD FORT WAYNE,IN 46804	35-1410931	501 (C) 3	8,333				SUPPORT FOR SCHOOL PROGRAMS

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

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CATIE B CHARITIES 12997 ABRAHAM RUN CARMEL,IN 46033	32-0283047	501 (C) 3	8,020				PROGRAMS PROVIDING SERVICES FOR FAMILIES OF SPECIAL NEED PATIENTS
ALWAYS 100 INC 3946 ICE WAY FORT WAYNE,IN 46805	45-3586802	501 (C) 3	7,500				SPORTS & ATHLETIC TRAINING PROGRAM
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA,GA 30303	13-1788491	501 (C) 3	7,500				CANCER RESEARCH AND PROGRAMS ASSISTING CANCER PATIENTS

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

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BLACKHAWK CHRISTIAN SCHOOL 7400 EAST STATE BLVD FORT WAYNE,IN 46815	35-1285808	501 (C) 3	7,500				SCHOLARSHIPS FOR THE LOCAL GLOBAL LEADERSHIP SUMMIT
FORT WAYNE CIVIC THEATRE 303 E MAIN STREET FORT WAYNE,IN 46802	35-6001476	501 (C) 3	7,500				THEATRICAL EXPERIENCES TO AT-RISK AND ECONOMICALLY DISADVANTAGED YOUTH & FAMILIES
ALLEN COUNTY SPCA 4914 SOUTH HANNA STREET FORT WAYNE,IN 46806	35-6042135	501 (C) 3	6,127				CARE OF ANIMALS AT ANIMAL SHELTER

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

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INTERNATIONAL TEAMUP FOUNDATION 1519 SPENSER COVE FORT WAYNE,IN 46845	47-2449361	501(C)3	6,000				PROGRAMS PROVIDING YOUNG GOLFERS THE OPPORTUNITY TO MEET NEW PEOPLE IN A SECURE ENVIRONMENT
WOMEN'S CARE CENTER 360 N NOTRE DAME AVENUE SOUTH BEND,IN 46617	35-1609945	501(C)3	6,000				SUPPORT SERVICES FOR PREGNANT WOMEN, MOTHERS AND THEIR INFANTS
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET FORT WAYNE,IN 46802	35-0886850	501(C)3	6,000				PROGRAMS FOSTERING YOUTH DEVELOPMENT, HEALTHY LIVING & SOCIAL RESPONSIBILITY

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

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ST JOHN'S LUTHERAN CHURCH 2465 WEST KEISER ROAD COLUMBIA CITY,IN 46725	35-0985950	501 (C) 3	5,910				SUPPORT ACTIVITIES OF CHURCH
MAHALI PA MAISHA INC PO BOX 262 SULPHUR SPRINGS,IN 47388	47-3104761	501 (C) 3	5,710				PROGRAMS ENRICHING THE OVERALL HOLISTIC HEALTH OF ABANDONED BABIES & VULNERABLE CHILDREN
CMH FOUNDATION 208 N COLUMBUS ST HICKSVILLE,OH 43526	31-1597925	501 (C) 3	5,600				HOSPITAL PROGRAMS

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

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DEKALB HEALTH FOUNDATION 212 W 7TH STREET AUBURN,IN 46706	35-6047817	501 (C) 3	5,540				HEALTHCARE SCHOLARSHIPS
CROSSVIEW CHURCH INC PO BOX 160 GRABILL,IN 46741	35-1507262	501 (C) 3	5,530				SUPPORT ACTIVITIES OF CHURCH
REPLENISH COMMUNITY FOUNDATION 21010 SOUTHBANK STR 2005 STERLING,VA 20165	27-2937293	501 (C) 3	5,500				PURCHASE, PACKAGE AND DISTRIBUTE MEALS TO CHILDREN IN 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
MARCH OF DIMES 303 STABLE DRIVE FORT WAYNE,IN 46825	13-1846366	501 (C) 3	5,150				RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY

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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 HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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 RAYMOND DUSMAN $715, SUZANNE EHINGER $107, BRIAN EMERICK $50, TIM GRISSOM $50, DAVID HAIST $370, THOMAS KARST $50, JOSHUA KLINE $320, MICHAEL PACKNETT $370, STANTON RISSER $50, WENDY ROBINSON $320, THOMAS WALSH $370 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - GIFT CERTIFICATE PAID TO MICHAEL BROWNING $247, DAVID CLARK $94, RONALD DOUBLE $19, RAYMOND DUSMAN $41, JAMES HAUGUEL $6, JOHN MEISTER $47, DAVID STOREY $1, DONNA VAN VLERAH $4 PERSONAL SERVICES TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO ROBERT GODLEY $500, JOSHUA KLINE $420, TAHIRA SAIFUDDIN $500, NEIL SHARMA $410
PART I, LINES 4A-B	SEVERANCE PAYMENT JAMES HAUGUEL $148,764 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER $46,718, THOMAS BOND $16,157, JEFFREY BROOKES $17,945, DAVID CLARK $640,596, JAMES HAUGUEL $106,802, SCOTT JAMES $5,108, JILL OSTREM $15,779, MARK PIERCE $16,276, RICHARD ROBINSON $10,820, TAHIRA SAIFUDDIN $604,530, GREGORY SCHEIBLE $752,766, RONNIE SLOAN 465,782, JAMES STAPEL $35,024, DAVID STOREY $7,276, DONNA VAN VLERAH $8,010, CATHERINE WILCOX $531,063, JAMES WITMER $11,964 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 THOMAS BOND $33,423, JUDITH BOERGER $33,174, PATRICIA BRAHE $21,800, JEFFREY BROOKES $35,406, MICHAEL BROWNING $36,138, BARBARA CLAYTON $29,508, RONALD DOUBLE $42,539, RAYMOND DUSMAN $78,057, SUZANNE EHINGER $53,100, RICK HENVEY $52,262, DENA JACQUAY $22,427, SCOTT JAMES $19,081, MARK KADLEC $42,480, JOHN MEISTER $23,271, JILL OSTREM $32,232, MICHAEL PACKNETT $629,563, MARK PIERCE $34,412, STANTON RISSER $20,060, RICHARD ROBINSON $22,013, JAMES STAPEL $27,488, DAVID STOREY $35,410, MITCHELL STUCKY $47,200, DONNA VAN VLERAH $20,658, JAMES WITMER $25,295
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: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(I)	962,128	485,625	24,574	648,113	25,266	2,145,706	0
	(II)	0	0	0	0	0	0	0
1RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CPE & EVP	(I)	666,954	248,062	21,844	107,207	29,674	1,073,741	0
	(II)	0	0	0	0	0	0	0
2ROBERT GODLEY DIRECTOR/PH PHYSICIAN	(I)	541,694	132,724	27,926	29,150	27,763	759,257	0
	(II)	0	0	0	0	0	0	0
3JOSHUA KLINE DIRECTOR/PH PHYSICIAN	(I)	363,343	79,193	19,400	18,550	25,673	506,159	0
	(II)	0	0	0	0	0	0	0
4ALAN MCGEE DIRECTOR/PH SVR LINE LEADER - ORTHO	(I)	388,000	0	18,000	0	0	406,000	0
	(II)	0	0	0	0	0	0	0
5LARRY ROWLANDDIRECTOR	(I)	307,750	0	0	0	0	307,750	0
	(II)	0	0	0	0	0	0	0
6MICHAEL BROWNING PH SVP & CFO - PARTIAL YEAR	(I)	298,622	196,875	95,402	44,088	26,200	661,187	0
	(II)	0	0	0	0	0	0	0
7RICK HENVEYPH SVP & COO	(I)	518,940	166,087	990	62,862	26,165	775,044	0
	(II)	0	0	0	0	0	0	0
8STANTON RISSER INTERIM PH CFO	(I)	179,022	96,738	1,423	37,424	23,410	338,017	0
	(II)	0	0	0	0	0	0	0
9SUZANNE EHINGER PH CHIEF EXPERIENCE OFFICER	(I)	437,320	168,750	20,945	84,900	22,585	734,500	0
	(II)	0	0	0	0	0	0	0
10MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER - PPG	(I)	404,267	150,000	4,406	76,350	22,228	657,251	0
	(II)	0	0	0	0	0	0	0
11RONALD DOUBLE PH SVP & CHIEF INFORMATION OFFICER	(I)	362,321	185,188	8,213	74,339	5,435	635,496	0
	(II)	0	0	0	0	0	0	0
12DAVID STOREY PH SVP GENERAL COUNSEL	(I)	334,517	112,534	7,922	53,960	25,422	534,355	7,276
	(II)	0	0	0	0	0	0	0
13JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	(I)	285,053	105,424	55,100	51,724	19,035	516,336	46,718
	(II)	0	0	0	0	0	0	0
14JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY HOSPITALS	(I)	830	112,521	22,301	15,694	5,636	156,982	17,945
	(II)	307,820	0	0	35,612	12,789	356,221	0
15THOMAS BOND PH CHIEF MEDICAL OFFICER - PPG	(I)	300,066	106,218	17,147	61,248	25,224	509,903	16,157
	(II)	0	0	0	0	0	0	0
16MARK PIERCE PH CHIEF MED INFORMATICS OFFICER	(I)	294,796	109,360	19,244	50,312	25,099	498,811	16,276
	(II)	0	0	0	0	0	0	0
17BARBARA CLAYTON PH SVP REVENUE CYCLE & PATIENT SVR	(I)	249,964	125,022	22,356	58,658	19,187	475,187	0
	(II)	0	0	0	0	0	0	0
18MARK KADLEC PH SVP & COO - PPG	(I)	346,190	30,000	20,838	44,477	21,182	462,687	0
	(II)	0	0	0	0	0	0	0
19JILL OSTREM PH SVP HEALTH & WELL-BEING	(I)	276,038	102,434	17,297	50,782	24,583	471,134	15,779
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JAMES HAUGUEL PH SVP SVR LINE LEADER - PPG	(I)	30,424	74,382	274,473	3,700	2,103	385,082	106,802
	(II)	0	0	0	0	0	0	0
1 JAMES STAPEL PH MEDICAL DIR - PPG	(I)	220,298	87,355	58,623	59,288	20,137	445,701	35,024
	(II)	0	0	0	0	0	0	0
2 JAMES WITMER PH SVP FACILITY DESIGN & OVERSIGHT	(I)	216,984	80,386	16,320	41,195	17,014	371,899	11,964
	(II)	0	0	0	0	0	0	0
3 RICHARD ROBINSON PH SVP STRATEGIC INITIATIVES	(I)	197,568	99,940	10,820	40,563	18,931	367,822	10,820
	(II)	0	0	0	0	0	0	0
4 DENA JACQUAY PH SVP & CHIEF HR OFFICER	(I)	249,237	57,018	651	46,277	27,231	380,414	0
	(II)	0	0	0	0	0	0	0
5 JOHN MEISTER PH SVP DELIVERY SYSTEM INTEGRATION	(I)	209,678	73,955	8,499	47,121	20,529	359,782	0
	(II)	0	0	0	0	0	0	0
6 DONNA VAN VLERAH PH SVP SUPPORT DIVISION	(I)	199,569	52,520	9,531	37,978	20,611	320,209	8,010
	(II)	0	0	0	0	0	0	0
7 PATRICIA BRAHE PH SVP SVR LINE LEADER	(I)	186,385	69,280	4,095	34,714	12,246	306,720	0
	(II)	0	0	0	0	0	0	0
8 SCOTT JAMES PH SVP & COO SVR LINE LEADER	(I)	199,250	53,513	5,687	24,225	24,758	307,433	5,108
	(II)	0	0	0	0	0	0	0
9 GREGORY SCHEIBLE PH PHYSICIAN	(I)	605,879	65,011	754,284	29,150	29,072	1,483,396	0
	(II)	0	0	0	0	0	0	0
10 DAVID CLARK PH PHYSICIAN	(I)	615,093	66,605	645,898	29,150	23,924	1,380,670	0
	(II)	0	0	0	0	0	0	0
11 TAHIRA SAIFUDDIN PH PHYSICIAN	(I)	582,256	88,240	624,020	18,550	23,055	1,336,121	0
	(II)	0	0	0	0	0	0	0
12 RONNIE SLOAN PH PHYSICIAN	(I)	373,562	71,312	486,843	28,904	21,592	982,213	0
	(II)	7,921	0	0	246	184	8,351	0
13 NEIL SHARMA PH PHYSICIAN	(I)	843,264	250	22,578	11,660	13,670	891,422	0
	(II)	68,896	0	0	928	1,087	70,911	0
14 CATERINE WILCOX FORMER KEY EMPLOYEE	(I)	0	0	531,063	0	0	531,063	531,063
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (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 HEALTH SYSTEM INC

Employer identification number

35-1972384

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	53,220,000		720,000	3,860,000
2	Amount of bonds legally defeased	37,335,000			
3	Total proceeds of issue	264,704,689	223,915,573	28,000,000	94,754,667
4	Gross proceeds in reserve funds	21,097,035			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,453,166	1,369,431		1,022,698
8	Credit enhancement from proceeds		193,601		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		149,086,870		
11	Other spent proceeds	261,251,523	73,265,671	28,000,000	93,731,969
12	Other unspent proceeds				
13	Year of substantial completion	2009	2011	2012	2012

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F, LINE C	SERIES 2010 - 1) NEW MONEY FOR CONSTRUCTION OF NEW PARKVIEW WHITLEY HOSPITAL FACILITY IN COLUMBIA CITY, IN 2) REISSUED ON MAY 24, 2012

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

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

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

Return Reference	Explanation
SCHEDULE K, PART II, COLUMN D, LINE 3	THIS AMOUNT INCLUDES INTEREST OF $122,841 EARNED ON ESCROW AND COST OF ISSUANCE FUNDS

Return Reference	Explanation
SCHEDULE K, PART III, COLUMNS A-D, LINES 4-6	AS PART OF OUR EFFORTS TO MONITOR AND ENSURE THAT THERE IS NO PRIVATE USE AT OUR BOND FINANCED FACILITIES, WE CONTRIBUTE EQUITY TO FINANCE A PORTION OF OUR NEW MONEY PROJECTS

Return Reference	Explanation
SCHEDULE K, PART III, COLUMNS A-D, LINE 7	THE BONDS ARE NOT PRIVATE ACTIVITY BONDS BECAUSE THEY DO NOT MEET THE PRIVATE BUSINESS USE TEST

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN A, LINE 2C	REBATE CALCULATION PERFORMED ON SEPTEMBER 15, 2014

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

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN C, LINE 2C	BOND ISSUE MET THE 6 MONTH REBATE SPENDING EXCEPTION REISSUANCE OF 2010 BONDS RESULTED IN A CURRENT REFUNDING AND THERE WERE NO ADDITIONAL PROCEEDS CREATED BY THE REISSUANCE

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN D, LINE 2C	REBATE CALCULATION PERFORMED ON SEPTEMBER 15, 2014

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) GALILEO MANAGEMENT SERVICES LLC	ENTITY OF WHICH DIRECTOR LARRY ROWLAND OWNED A 35% OR GREATER INTEREST	300,000	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH		No
(1) KRIS CONKLIN	FAMILY MEMBER OF OFFICER STANTON RISSER	49,499	EMPLOYEE KRIS CONKLIN RECEIVED COMPENSATION FROM PARKVIEW HEALTH SYSTEM, INC		No
(2) BROOKS CONSTRUCTION	ENTITY OF WHICH DIRECTOR MARGARET BROOKS OWNED A 35% OR GREATER INTEREST	446,421	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 1A AND 2A	PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION AS WELL AS RELATED ENTITIES THEREFORE, ALL APPLICABLE IRS TAX FILINGS, INCLUDING FORMS 1099, 1096, W-2 AND W-3 ARE REPORTED AND FILED BY PH THE TOTAL NUMBER REPORTED IN BOX 3 OF FORM 1096 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 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 PARKVIEW HEALTH SYSTEM, INC WAS 298 AND 3,651 RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, TREASURER AND SECRETARY OF THE CORPORATION AND AT LEAST ONE DIRECTOR WHO IS AN EX-OFFICIO VOTING MEMBER OF THE BOARD AND SUCH OTHER DIRECTORS AS ARE DESIGNATED BY THE CHAIR OF THE BOARD THE EXECUTIVE COMMITTEE MAY ACT AS THE EXECUTIVE COMPENSATION COMMITTEE FOR THE CORPORATION AT THE DISCRETION OF THE CHAIR, OTHERS MAY BE INVITED TO PARTICIPATE IN EXECUTIVE COMMITTEE MEETINGS WITHOUT VOTE THE CHAIR OF THE BOARD SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION IN ANY MATTER WHEN THE BOARD IS NOT IN SESSION IN ADDITION, THE COMMITTEE SHALL PERFORM ALL RESPONSIBILITIES DELEGATED TO IT BY THE BOARD THE EXECUTIVE COMMITTEE MAY SERVE AS THE EXECUTIVE COMPENSATION COMMITTEE FOR THE CORPORATION AND ALL OF ITS ENTITIES, AS DETERMINED BY THE CHAIR OF THE BOARD, AT WHICH TIME, THE EXECUTIVE COMPENSATION COMMITTEE SHALL ESTABLISH THE COMPENSATION FOR ALL KEY MANAGEMENT PERSONNEL, PURSUANT TO THE STANDARDS OF CONDUCT RELATING TO EXECUTIVE COMPENSATION NO INTERESTED PERSON MAY SERVE ON THE EXECUTIVE COMPENSATION COMMITTEE NO OTHER BOARD OR COMMITTEE CAN APPROVE EXECUTIVE COMPENSATION ARRANGEMENTS THE EXECUTIVE COMMITTEE SHALL ANNUALLY RECEIVE, REVIEW AND MAKE RECOMMENDATIONS ON ENTITY BOARDS AND SHALL SUBMIT RECOMMENDATIONS FOR ALL SYSTEM BOARD APPOINTMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER MICHAEL BROWNING, DIRECTORS RAYMOND DUSMAN, ALAN MCGEE, KEY EMPLOYEES THOMAS BOND, JEFFREY BROOKES, MITCHELL STUCKY, SUZANNE EHINGER, RICHARD ROBINSON AND JOHN MEISTER HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICER STANTON RISSER, DIRECTORS RAYMOND DUSMAN, ALAN MCGEE AND KEY EMPLOYEES THOMAS BOND, JEFFREY BROOKES, MITCHELL STUCKY, SUZANNE EHINGER, RICHARD ROBINSON, JOHN MEISTER HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICER MICHAEL BROWNING, DIRECTOR RAYMOND DUSMAN AND KEY EMPLOYEE MITCHELL STUCKY HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICER STANTON RISSER, DIRECTOR RAYMOND DUSMAN AND KEY EMPLOYEE MITCHELL HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY KEY EMPLOYEES SUZANNE EHINGER, RICHARD ROBINSON AND SCOTT JAMES HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICERS MICHAEL BROWNING, RICK HENVEY, DIRECTOR ALAN MCGEE AND KEY EMPLOYEE MITCHELL STUCKY HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY OFFICERS STANTON RISSER, RICK HENVEY, DIRECTOR ALAN MCGEE AND KEY EMPLOYEE MITCHELL STUCKY HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY DIRECTORS MARGARET BROOKS AND DAVID HAIST HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	REGARDING LINES 15A AND 15B, TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABO VE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOY EES THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISO R, REVIEW, AND APPROVAL BY THE GOVERNING BODY, AND CONTEMPORANEOUS DOCUMENTATION AND RECOR DKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMEN TS 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 INDEPENDEN T BOARD MEMBERS PARKVIEW'S INDEPENDENT CONSULTANT PREPARES A COMPETITIVE COMPENSATION ANA LYSIS USING DATA FROM MULTIPLE PUBLISHED SURVEYS PREPARED BY INDEPENDENT FIRMS FOR POSITIO NS THAT ARE FUNCTIONALLY COMPARABLE IN SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZAT IONS ON BOTH A REGIONAL AND NATIONAL BASIS THE INDEPENDENT CONSULTANT PROVIDES A STATEMEN T OF REASONABLENESS OF THE COMPENSATION PROVIDED TO THE CEO AS WELL AS ALL EXECUTIVES AT T HE VICE PRESIDENT LEVEL AND ABOVE ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS THE BOA RD APPROVES ANY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS APPROVAL IS AL SO PROVIDED FOR THE MERIT BUDGET FOR THE ENTIRE ORGANIZATION THE BOARD REVIEWS AND APPROV ES THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) AND THE PHYSICIAN AND PROVIDER INCENT IVE COMPENSATION PLAN (PICP) OFFICES OR POSITIONS REVIEWED AT THE 2015 MEETING PRESIDENT AND CHIEF EXECUTIVE OFFICER EXECUTIVE VICE PRESIDENT CHIEF PHYSICIAN OFFICER PRESIDENT CO MMUNITY HOSPITAL PHYSICIAN EXECUTIVE OFFICER PARKVIEW PHYSICIANS GROUP SENIOR VICE PRESIDE NT CHIEF FINANCIAL OFFICER SENIOR VICE PRESIDENT CHIEF EXPERIENCE OFFICER SENIOR VICE PRES IDENT CHIEF INFORMATION OFFICER SENIOR VICE PRESIDENT CHIEF NURSING EXECUTIVE SENIOR VICE PRESIDENT COO PARKVIEW HEALTH SENIOR VICE PRESIDENT COO PARKVIEW PHYSICIANS GROUP SENIOR V ICE PRESIDENT COO PARKVIEW REGIONAL MEDICAL CENTER AND AFFILIATES SENIOR VICE PRESIDENT CO O SERVICE LINE LEADER SENIOR VICE PRESIDENT DELIVERY SYSTEM INTEGRATION SENIOR VICE PRESID ENT FACILITY DESIGN AND OVERSIGHT SENIOR VICE PRESIDENT GENERAL COUNSEL SENIOR VICE PRESID ENT HEALTH & WELL-BEING SENIOR VICE PRESIDENT HUMAN RESOURCES SENIOR VICE PRESIDENT REVENU E CYCLE MANAGEMENT SENIOR VICE PRESIDENT SERVICE LINE LEADER SENIOR VICE PRESIDENT STRATEG IC INITIATIVES VICE PRESIDENT CONSTRUCTION VICE PRESIDENT FINANCE VICE PRESIDENT MKTG/COMM /COMMUNITY RELATIONS VICE PRESIDENT NURSING RANDALLIA VICE PRESIDENT PARKVIEW PHYSICIANS G ROUP FINANCE VICE PRESIDENT PARKVIEW PHYSICIANS GROUP PHYSICIAN PRACTICES VICE PRESIDENT P ATIENT 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 A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FFILIATES 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINES 5-10	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET ADJUSTMENT TRANSFERS 301,510 BOOK/TAX DIFF FROM K-1'S 6,971,745 CURRENT YEAR EARNINGS TRANSFERRED FROM 501(C)3'S 213,364,898 AMORTIZE BOND SWAP OCI 42,600 ADJUST OCI FOR PENSION -1,165,185 ADJUST 2015 GRANT EXPENSE ACCRUAL -1,400,000

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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 HEALTH SYSTEM INC

Employer identification number
35-1972384

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NEW VISION PROFESSIONAL PARK LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	REAL ESTATE	IN	1,107,240	9,609,324	PARKVIEW HEALTH SYSTEM INC
(2) TRICON DIEBOLD DEVELOPMENT LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 46-4037822	REAL ESTATE	IN	0	0	PARKVIEW HEALTH SYSTEM INC
(3) PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2147600	MEDICAL SERVICES	IN			N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	46,983,040	60,023,282		No		Yes		60 000 %
(2) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	244,386	159,718		No		Yes		51 000 %
(3) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	-1,514,197	19,527,644		No		Yes		90 000 %
(4) WABASH MRI LLC 710 N EAST ST WABASH, IN 46992 20-4352572	EQUIPMENT LEASING	IN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) PARKVIEW PROFESSIONAL PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888	REFERENCE LAB	IN	N/A	C					No
(2) MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	PARKVIEW HEALTH SYSTEM INC	C	27,838,539	2,058,046	100 000 %		No
(3) CAREW MEDICAL PARK PROPERTY OWNERS ASSOCIATION INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1858650	CONDO MANAGEMENT-DISSOLVED 12/31/15	IN	PARKVIEW HEALTH SYSTEM INC	C	1,464,463		100 000 %		No
(4) WOODLAND PLAZA MEDICAL PARK CONDO ASSOC INC 202 W BERRY ST SUITE 800 FORT WAYNE, IN 46802 35-2058340	CONDO MANAGEMENT	IN	PARKVIEW HEALTH SYSTEM INC	C	24,614	153,166	92 300 %		No

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 35-0868085	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
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	Yes	
COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
COMMUNITY HOSPITAL OF NOBLE COUNTY INC 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
COMMUNITY HOSPITAL OF NOBLE COUNTY FOUNDATION INC 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2089183	FUND MGMT	IN	501(C)(3)	LINE 11A, I	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Yes	
WHITLEY MEMORIAL HOSPITAL INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
WHITLEY MEMORIAL HOSPITAL FOUNDATION INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 31-1190239	FUND MGMT	IN	501(C)(3)	LINE 11A, I	WHITLEY MEMORIAL HOSPITAL INC	Yes	
HUNTINGTON MEMORIAL HOSPITAL INC 2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
PARKVIEW HUNTINGTON HOSPITAL FOUNDATION INC 2001 STULTS ROAD HUNTINGTON, IN 46750 32-0012095	FUND MGMT	IN	501(C)(3)	LINE 11A, I	HUNTINGTON MEMORIAL HOSPITAL INC	Yes	
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	Yes	
WABASH COUNTY HOSPITAL FOUNDATION INC 710 N EAST ST WABASH, IN 46992 35-1921445	FUND MGMT	IN	501(C)(3)	LINE 11A, I	PARKVIEW WABASH HOSPITAL INC	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HUNTINGTON MEMORIAL HOSPITAL INC	A	1,227,307	PART VII SUPPLEMENTAL INFORMATION
(1)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	A	1,521,839	PART VII SUPPLEMENTAL INFORMATION
(2)	PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	A	399,810	PART VII SUPPLEMENTAL INFORMATION
(3)	PARKVIEW FOUNDATION INC	A	102,270	PART VII SUPPLEMENTAL INFORMATION
(4)	PARKVIEW HOSPITAL INC	A	3,503,569	PART VII SUPPLEMENTAL INFORMATION
(5)	WHITLEY MEMORIAL HOSPITAL INC	A	2,956,645	PART VII SUPPLEMENTAL INFORMATION
(6)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	A	1,521,648	PART VII SUPPLEMENTAL INFORMATION
(7)	PARKVIEW HOSPITAL FOUNDATION INC	B	488,099	PART VII SUPPLEMENTAL INFORMATION
(8)	PARKVIEW HOSPITAL FOUNDATION INC	C	4,764,116	PART VII SUPPLEMENTAL INFORMATION
(9)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	D	6,596,241	PART VII SUPPLEMENTAL INFORMATION
(10)	WHITLEY MEMORIAL HOSPITAL INC	D	6,893,500	PART VII SUPPLEMENTAL INFORMATION
(11)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	D	7,061,050	PART VII SUPPLEMENTAL INFORMATION
(12)	PARKVIEW HOSPITAL INC	G	10,873,500	PART VII SUPPLEMENTAL INFORMATION
(13)	HUNTINGTON MEMORIAL HOSPITAL INC	J	1,227,307	PART VII SUPPLEMENTAL INFORMATION
(14)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	J	1,521,839	PART VII SUPPLEMENTAL INFORMATION
(15)	PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	J	399,810	PART VII SUPPLEMENTAL INFORMATION
(16)	PARKVIEW FOUNDATION INC	J	102,270	PART VII SUPPLEMENTAL INFORMATION
(17)	PARKVIEW HOSPITAL INC	J	3,503,569	PART VII SUPPLEMENTAL INFORMATION
(18)	WHITLEY MEMORIAL HOSPITAL INC	J	2,887,710	PART VII SUPPLEMENTAL INFORMATION
(19)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	J	1,482,012	PART VII SUPPLEMENTAL INFORMATION
(20)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	K	90,970	PART VII SUPPLEMENTAL INFORMATION
(21)	PARKVIEW HOSPITAL INC	K	1,504,705	PART VII SUPPLEMENTAL INFORMATION
(22)	WHITLEY MEMORIAL HOSPITAL INC	K	192,833	PART VII SUPPLEMENTAL INFORMATION
(23)	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	L	8,528,198	PART VII SUPPLEMENTAL INFORMATION
(24)	FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC	L	51,086	PART VII SUPPLEMENTAL INFORMATION

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	PARKVIEW HOSPITAL INC	L	108,989,377	PART VII SUPPLEMENTAL INFORMATION
(1)	HUNTINGTON MEMORIAL HOSPITAL INC	L	7,620,000	PART VII SUPPLEMENTAL INFORMATION
(2)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	L	7,795,000	PART VII SUPPLEMENTAL INFORMATION
(3)	WHITLEY MEMORIAL HOSPITAL INC	L	7,071,000	PART VII SUPPLEMENTAL INFORMATION
(4)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	L	5,000,000	PART VII SUPPLEMENTAL INFORMATION
(5)	PARKVIEW WABASH HOSPITAL INC	L	3,073,441	PART VII SUPPLEMENTAL INFORMATION
(6)	PARKVIEW FOUNDATION INC	L	114,000	PART VII SUPPLEMENTAL INFORMATION
(7)	MANAGED CARE SERVICES LLC	L	235,000	PART VII SUPPLEMENTAL INFORMATION
(8)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	L	707,000	PART VII SUPPLEMENTAL INFORMATION
(9)	PARKVIEW PROFESSIONAL PROGRAMS INC	L	589,000	PART VII SUPPLEMENTAL INFORMATION
(10)	PARKVIEW HOSPITAL INC	Q	70,805,879	PART VII SUPPLEMENTAL INFORMATION
(11)	HUNTINGTON MEMORIAL HOSPITAL INC	Q	2,494,780	PART VII SUPPLEMENTAL INFORMATION
(12)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Q	3,273,828	PART VII SUPPLEMENTAL INFORMATION
(13)	WHITLEY MEMORIAL HOSPITAL INC	Q	5,316,673	PART VII SUPPLEMENTAL INFORMATION
(14)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	Q	1,938,170	PART VII SUPPLEMENTAL INFORMATION
(15)	PARKVIEW WABASH HOSPITAL INC	Q	3,379,279	PART VII SUPPLEMENTAL INFORMATION
(16)	PARKVIEW HOSPITAL INC	S	147,389,846	PART VII SUPPLEMENTAL INFORMATION
(17)	HUNTINGTON MEMORIAL HOSPITAL INC	S	12,499,536	PART VII SUPPLEMENTAL INFORMATION
(18)	WHITLEY MEMORIAL HOSPITAL INC	S	6,466,003	PART VII SUPPLEMENTAL INFORMATION
(19)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	S	1,698,192	PART VII SUPPLEMENTAL INFORMATION
(20)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	S	12,377,347	PART VII SUPPLEMENTAL INFORMATION
(21)	PARKVIEW WABASH HOSPITAL INC	S	33,367,582	PART VII SUPPLEMENTAL INFORMATION