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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PARKVIEW HOSPITAL INC

Doing business as

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

11109 PARKVIEW PLAZA DRIVE

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

FORT WAYNE, IN 468451701

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 ▶

D Employer identification number

35-0868085

E Telephone number

(260) 373-8429

G Gross receipts \$ 1,014,920,471

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 1941

M State of legal domicile IN

Part I Summary

Activities & Governance

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

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

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

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

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

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶24,200

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2017-11-12

Date

JEANNE' WICKENS PH CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KENNETH J KEBER

Preparer's signature

KENNETH J KEBER

Date

Check ☒ if self-employed

PTIN

P00240883

Firm's name ▶ CROWE HORWATH LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 330 E JEFFERSON BLVD PO BOX 7

Phone no (574) 232-3992

SOUTH BEND, IN 466240007

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 738,602,265 including grants of \$ 2,070,651 ) (Revenue \$ 994,111,449 )  
See Additional Data






















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

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

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

**4e** Total program service expenses ▶ 738,602,265

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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) 	<b>17</b> Yes	
<b>18</b> 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 	<b>18</b>	No
<b>19</b> 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 	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b Yes	
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> 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 . . . . .	28a 28b 28c	No Yes No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	No
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	152	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	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	5,508	
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	No
b	If "Yes," enter the name of the foreign country 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	18	
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶JEANNE' WICKENS 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 (260) 373-8407

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

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

Form **990** (2016)

[illegible]

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 ▶ 159

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
FOUNDATION SURGERY AFFILIATE OF FORT WAY  8004 CARNEGIE BLVD FORT WAYNE, IN 46804	MEDICAL SERVICES	2,937,330
QUEST DIAGNOSTICS NICHOLS INST INC  12346 COLLECTION CENTER DR CHICAGO, IL 60693	DIAGNOSTIC SERVICES	2,589,436
ST VINCENT MERCY MEDICAL CENTER  2213 CHERRY STREET TOLEDO, OH 43608	FLIGHT SERVICES	1,999,081
HOSPITAL LAUNDRY SERVICES INC  3322 CAVALIER DRIVE FORT WAYNE, IN 46808	LAUNDRY SERVICES	1,983,628
TOTAL RENAL CARE INC  PO BOX 781607 PHILADELPHIA, PA 19178	MEDICAL SERVICES	1,809,257

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 69</p>	
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**Part VIII** Statement of RevenueCheck 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	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	346,324			
	<b>e</b> Government grants (contributions)	<b>1e</b>	68,710			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	17,851			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		18,271			
	<b>h Total.</b> Add lines 1a-1f . . . . .		432,885			
Program Service Revenue		Business Code				
	<b>2a</b> NET PATIENT SERVICE	622000	961,917,110	961,917,110		
	<b>b</b> PHARMACY	446110	13,707,056	12,627,564	1,079,492	
	<b>c</b> LAB SERVICES	621500	13,132,938	13,132,938		
	<b>d</b> INTERUNIT RENT	900099	1,639,826	1,639,826		
	<b>e</b> FWCS CLINICS	900099	638,179	638,179		
	<b>f</b> All other program service revenue		1,374,848	949,975	424,873	
	<b>g Total.</b> Add lines 2a-2f . . . . .		992,409,957			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		469,467			469,467
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		5,998,390				
	<b>b</b> Less rental expenses	3,208,886				
	<b>c</b> Rental income or (loss)	2,789,504				
	<b>d</b> Net rental income or (loss) . . . . .		2,789,504			2,789,504
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		4,958,688 459,348				
	<b>b</b> Less cost or other basis and sales expenses	4,774,696 800,808				
	<b>c</b> Gain or (loss)	183,992 -341,460				
	<b>d</b> Net gain or (loss) . . . . .		-157,468			-157,468
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
<b>11a</b> CAFETERIA & MEALS	722210	4,693,351			4,693,351	
<b>b</b> ORTHO BILLINGS	541900	3,290,091	2,077,321	1,212,770		
<b>c</b> RESEARCH CENTER	900099	1,196,221	1,196,221			
<b>d</b> All other revenue . . . . .		1,012,073	-67,685	19,250	1,060,508	
<b>e Total.</b> Add lines 11a-11d . . . . .		10,191,736				
<b>12 Total revenue.</b> See Instructions . . . . .		1,006,136,081	994,111,449	2,736,385	8,855,362	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,070,651	2,070,651		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,081,652		3,081,652	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	93,362	93,362		
<b>7</b> Other salaries and wages.	225,957,855	223,987,988	1,969,867	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.	71,915,263	71,636,842	278,421	
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	10,569	10,569		
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.	24,200			24,200
<b>f</b> Investment management fees.	56,344		56,344	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	44,489,693	38,549,593	5,940,100	
<b>12</b> Advertising and promotion.	137,231	132,155	5,076	
<b>13</b> Office expenses.	28,050,479	25,588,635	2,461,844	
<b>14</b> Information technology.	338,369	318,070	20,299	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	16,132,508	15,138,599	993,909	
<b>17</b> Travel.	1,324,456	1,211,373	113,083	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	545,749	493,922	51,827	
<b>20</b> Interest.	164,408	164,408		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	44,959,979	44,508,776	451,203	
<b>23</b> Insurance.	1,293,812	118,289	1,175,523	
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	144,946,255	144,946,255		
<b>b</b> CORP SERVICE ALLOCATION	116,737,329		116,737,329	
<b>c</b> FEDERAL & STATE INCOME	230,147		230,147	
<b>d</b> PH SUBSIDY	96,464,458	96,464,458		
<b>e</b> All other expenses	73,479,865	73,168,320	311,545	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	872,504,634	738,602,265	133,878,169	24,200
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		19,827	<b>1</b>	20,244	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		120,798,728	<b>4</b>	127,364,512	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			<b>5</b>		
	<b>6</b>	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			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		469,654	<b>7</b>	178,633	
	<b>8</b>	Inventories for sale or use . . . . .		14,750,432	<b>8</b>	17,390,188	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,269,588	<b>9</b>	1,780,979	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,056,841,912			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	440,673,461	598,703,841	<b>10c</b>	616,168,451
	<b>11</b>	Investments—publicly traded securities . . . . .		20,301,920	<b>11</b>	21,786,595	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		5,792,700	<b>12</b>	4,785,456	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		22,491,443	<b>14</b>	22,491,443	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		3,280,528	<b>15</b>	3,208,976	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		787,878,661	<b>16</b>	815,175,477		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		37,000,050	<b>17</b>	51,486,958	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		7,611,335	<b>19</b>	6,147,879	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		3,113,828	<b>23</b>	5,024,179	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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		435,816,064	<b>25</b>	442,337,909	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		483,541,277	<b>26</b>	504,996,925	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		304,337,384	<b>27</b>	310,178,552	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		304,337,384	<b>33</b>	310,178,552		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		787,878,661	<b>34</b>	815,175,477		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,006,136,081
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	872,504,634
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	133,631,447
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	304,337,384
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	909,144
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-128,699,423
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	310,178,552

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-0868085  
**Name:** PARKVIEW HOSPITAL INC

Form 990 (2016)

**Form 990, Part III, Line 4a:**

PARKVIEW HOSPITAL, INC IS A 422-BED REGIONAL TERTIARY REFERRAL CENTER, AS WELL AS A 172-BED COMMUNITY HOSPITAL AND A 103-BED BEHAVIORAL HEALTH HOSPITAL, LOCATED IN FORT WAYNE, INDIANA PARKVIEW IS HOME TO NORTHEAST INDIANA'S FIRST VERIFIED LEVEL II ADULT TRAUMA CENTER, AND LATER, A PEDIATRIC TRAUMA CENTER ADDITIONAL, SPECIALTY SERVICES ARE PROVIDED BY THE SAMARITAN FLIGHT PROGRAM AND EMS SERVICES, PARKVIEW HEART INSTITUTE, A CERTIFIED STROKE CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICES CENTER AND CANCER INSTITUTE CONSTRUCTION CONTINUES ON THE NEW PARKVIEW CANCER INSTITUTE BUILDING ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS COMPLETION IS EXPECTED IN JUNE 2018 (SEE SCHEDULE O FOR CONTINUATION)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN MILES ..... DIRECTOR/PVHOS PRESIDENT	40 00 ..... 1 00	X		X				614,627	0	119,804
MICHAEL PACKNETT ..... DIRECTOR/PH PRESIDENT & CEO	1 00 ..... 56 00	X		X				0	2,067,010	712,544
MICHAEL YURKANIN ..... DIRECTOR/PH PHYSICIAN	16 00 ..... 26 00	X						176,827	435,224	61,244
DAVID BOBILYA ..... DIRECTOR	1 00 ..... 0 00	X						4,750	0	0
PALERMO GALINDO ..... DIRECTOR	1 00 ..... 0 00	X						4,500	0	0
THOMAS KIMBROUGH ..... DIRECTOR/TREASURER	1 00 ..... 1 00	X						5,075	3,750	0
DAVID KOHLI ..... DIRECTOR	1 00 ..... 0 00	X						4,575	0	0
DAVID MCFADDEN ..... DIRECTOR	1 00 ..... 0 00	X						4,250	0	0
MARK MICHAEL ..... DIRECTOR	1 00 ..... 0 00	X						4,250	0	0
SHERRI MILLER ..... DIRECTOR/SECRETARY	1 00 ..... 0 00	X						4,666	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					
MARILYN MORAN-TOWNSEND ..... DIRECTOR/CHAIR	1 00 .....	X						6,825	3,250	0		
ALBERT MORRISON ..... DIRECTOR	1 00 .....	X						45,833	0	0		
DAVID NECKERS ..... DIRECTOR	1 00 .....	X						3,000	0	0		
GREGG POLLANDER ..... DIRECTOR	8 00 .....	X						69,500	250	0		
WIL SMITH ..... DIRECTOR	1 00 .....	X						4,750	1,750	0		
DAN STARR ..... DIRECTOR/VICE CHAIR	1 00 .....	X						4,500	750	0		
WENDY STEIN ..... DIRECTOR	1 00 .....	X						4,750	0	0		
IRENE WALTERS ..... DIRECTOR	1 00 .....	X						4,750	0	0		
CHARLES CLARK ..... PVHOS PBH COO	40 00 .....			X				261,301	0	74,947		
MICHAEL GERUE ..... PVHOS PHI COO	40 00 .....			X				277,213	0	90,365		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARLON WARDLOW ..... PVHOS RANDALLIA COO	40 00 ..... 0 00			X				283,595	0	80,216
JEANNE' WICKENS ..... PH CHIEF FINANCIAL OFFICER	1 00 ..... 56 00			X				0	372,369	79,329
STANTON RISSER ..... INTERIM PH CFO - PARTIAL YEAR/PH VP	1 00 ..... 56 00			X				0	318,160	67,612
DANIEL GARMAN ..... PVHOS SVP	40 00 ..... 0 00				X			334,857	0	81,902
ERIN LACROSS ..... PVHOS VP NURSING	40 00 ..... 0 00				X			254,048	0	67,668
MICHAEL MIRRO ..... PVHOS CARO	40 00 ..... 0 00					X		604,349	0	121,170
ROGER STIENECKER ..... PVHOS MD IP & EP	40 00 ..... 1 00					X		379,666	4,987	35,986
YUENIAN ZHANG ..... PVHOS CHIEF PHYSICIST	40 00 ..... 0 00					X		273,305	0	50,738
RAE GONTERMAN ..... PVHOS VP OPS-CI	40 00 ..... 0 00					X		281,880	0	47,364
MARCELINE ROGERS ..... PVHOS VP S & A SERVICE	40 00 ..... 0 00					X		264,413	0	71,898



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			
SUZANNE EHINGER ..... FORMER OFFICER/CURRENT PH CHIEF EXP OFFICER	0 00 ..... 40 00						X	0	651,345	142,440
GREG JOHNSON ..... FORMER KEY EMPLOYEE/CURRENT PH CCIO	0 00 ..... 40 00						X	0	550,326	117,669
LORAIN FRANK-LIGHTFOOT ..... FORMER KEY EMPLOYEE	0 00 ..... 0 00						X	170,614	0	0
JUDITH BOERGER ..... FORMER KEY EMPLOYEE/CURRENT PH CN	0 00 ..... 40 00						X	0	478,612	95,345

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

PARKVIEW HOSPITAL INC

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

35-0868085

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

☐

Enter the number of supported organizations \_\_\_\_\_
- g

☐

Provide the following information about the supported organization(s) \_\_\_\_\_

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			



**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).

<b>Facts And Circumstances Test</b>

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>  For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b> ▶ <b>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	OMB No 1545-0047  <b>2016</b>  <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service		

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

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

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

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

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

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

Name of the organization PARKVIEW HOSPITAL INC	<b>Employer identification number</b> 35-0868085
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
<b>2</b>	Political expenditures	▶ \$
<b>3</b>	Volunteer hours	

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

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

☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		31,678
<b>j</b>	Total. Add lines 1c through 1i			31,678
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316008257	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization PARKVIEW HOSPITAL INC				Employer identification number 35-0868085	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
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)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	642,805	625,781	636,041	652,686	592,705
b Contributions . . . . .	225	535	689	151	7,161
c Net investment earnings, gains, and losses	41,324	27,888	27,585	-16,796	60,181
d Grants or scholarships . . . . .	11,849	11,399	38,534		7,361
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	672,505	642,805	625,781	636,041	652,686

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 78 270 %

c

Temporarily restricted endowment ▶ 21 730 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		6,770,319		6,770,319
b Buildings		521,274,515	216,801,322	304,473,193
c Leasehold improvements		10,226,585	6,141,737	4,084,848
d Equipment . . . . .		422,833,157	196,749,719	226,083,438
e Other . . . . .		95,737,336	20,980,683	74,756,653
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				616,168,451

Schedule D (Form 990) 2016

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 . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
EST MEDICARE/MEDICAID SETTLEMENTS	3,593,045
RESTRICTED FUNDS	263,373
PROPERTY SECURITY DEPOSITS	3,775
DUE TO/FROM INTERUNIT	438,477,716
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	442,337,909

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.

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

**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.

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

**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:** 35-0868085  
**Name:** PARKVIEW HOSPITAL INC

**Supplemental Information**

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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) 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 ENTITIES, THE TAX EXPENSE AND LIABILITIES OF WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH ENTITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2016 AND 2015, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEAR 2012 AND PRIOR</p>

<div>SCHEDULE G (Form 990 or 990-EZ)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization PARKVIEW HOSPITAL INC		Employer identification number 35-0868085

Part I Fundraising Activities.

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CANDACE SCHULER 4723 KENTLEY DRIVE  FORT WAYNE, IN 46845	GRANT WRITING		No	0	24,200	-24,200
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					24,200	-24,200

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

IN

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>13</b>	Indicate the percentage of gaming activity conducted in							
<b>a</b>	The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 10%;"><b>13a</b></td><td style="width: 80%;"></td><td style="width: 10%; text-align: right;">%</td></tr><tr><td><b>13b</b></td><td></td><td style="text-align: right;">%</td></tr></table>	<b>13a</b>		%	<b>13b</b>		%
<b>13a</b>		%						
<b>13b</b>		%						
<b>b</b>	An outside facility							
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name ► .....							
	Address ► .....							
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....							
<b>c</b>	If "Yes," enter name and address of the third party							
	Name ► .....							
	Address ► .....							
<b>16</b>	Gaming manager information							
	Name ► .....							
	Gaming manager compensation ► \$ .....							
	Description of services provided ► .....							
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
<b>17</b>	Mandatory distributions							
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>							
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....							

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

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

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization

PARKVIEW HOSPITAL INC

Employer identification number

35-0868085

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

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)			11,934,771		11,934,771	1 480 %
b Medicaid (from Worksheet 3, column a)			70,718,538	32,125,985	38,592,553	4 800 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			56,097,524	52,270,400	3,827,124	0 480 %
d Total Financial Assistance and Means-Tested Government Programs			138,750,833	84,396,385	54,354,448	6 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,837,855	272,257	3,565,598	0 440 %
f Health professions education (from Worksheet 5)			6,446,144	1,455,815	4,990,329	0 620 %
g Subsidized health services (from Worksheet 6)			1,096,350	638,179	458,171	0 060 %
h Research (from Worksheet 7)			124,684	51,864	72,820	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,662,141		1,662,141	0 210 %
j Total. Other Benefits			13,167,174	2,418,115	10,749,059	1 340 %
k Total. Add lines 7d and 7j			151,918,007	86,814,500	65,103,507	8 100 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2016

**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
<b>1</b> Physical improvements and housing			20,000		20,000	0 %
<b>2</b> Economic development			20,000		20,000	0 %
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members			25,000		25,000	0 %
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			65,000		65,000	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	67,853,711	
<b>3</b> 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.	<b>3</b>	1,189,170	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	151,315,375
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	161,745,285
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-10,429,910
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				



**Part V Facility Information****Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year?  
**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
PARKVIEW HOSPITAL INC**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> 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 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>	<b>10</b>	Yes
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

PARKVIEW HOSPITAL INC																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td><b>13</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %</td><td></td><td></td></tr><tr><td><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td><b>g</b> <input checked="" type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td><b>h</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>14</b> Explained the basis for calculating amounts charged to patients?</td><td><b>14</b> Yes</td><td></td></tr><tr><td><b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td><b>15</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td><b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td><b>16</b> Yes</td><td></td></tr><tr><td><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW PARKVIEW COM</td><td></td><td></td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW PARKVIEW COM</td><td></td><td></td></tr><tr><td><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW PARKVIEW COM</td><td></td><td></td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td><b>j</b> <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	Did the hospital facility have in place during the tax year a written financial assistance policy that			<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes		<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %			<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			<b>c</b> <input checked="" type="checkbox"/> Asset level			<b>d</b> <input checked="" type="checkbox"/> Medical indigency			<b>e</b> <input checked="" type="checkbox"/> Insurance status			<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			<b>g</b> <input checked="" type="checkbox"/> Residency			<b>h</b> <input type="checkbox"/> Other (describe in Section C)			<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes		<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes		<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			<b>e</b> <input type="checkbox"/> Other (describe in Section C)			<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes		<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW PARKVIEW COM			<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW PARKVIEW COM			<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW PARKVIEW COM			<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
	Yes	No																																																																																						
Did the hospital facility have in place during the tax year a written financial assistance policy that																																																																																								
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes																																																																																							
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %																																																																																								
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<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes																																																																																							
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes																																																																																							
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<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes																																																																																							
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<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW PARKVIEW COM																																																																																								
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)																																																																																								
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<b>j</b> <input type="checkbox"/> Other (describe in Section C)																																																																																								

**Part V Facility Information** (continued)**Billing and Collections**

PARKVIEW HOSPITAL INC

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> 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? . . . . .	<b>17</b>	Yes	
<b>18</b> 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			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

PARKVIEW HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **27**

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE



990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSEPARKVIEW HOSPITAL, INC EXCLUDED \$67,853,711 OF BAD DEBT EXPENSE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES</p> <p>PHYSICAL IMPROVEMENTS AND HOUSING PARKVIEW HOSPITAL, INC HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITY</p> <p>SUPPORT FOR THE FOLLOWING PROJECTS IS PART OF A MULTIPLE-YEAR PLAN FOR URBAN REVITALIZATION AND THE PROMOTION OF ECONOMIC DEVELOPMENT IN NORTHEAST INDIANA PARKVIEW HOSPITAL, INC HAS PLAYED A SIGNIFICANT ROLE IN THESE EFFORTS PARKVIEW HOSPITAL, INC CONTINUES TO SUPPORT RIVERFRONT FORT WAYNE AS IT CONTINUES ITS WORK ON THE RIVERFRONT REVITALIZATION PROJECT</p> <p>ECONOMIC DEVELOPMENT PARKVIEW HOSPITAL, INC PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS INCLUDING THE HISPANIC CHAMBER OF COMMERCE THESE EFFORTS ARE ALIGNED WITH OF THE HEALTH SYSTEM'S STRATEGIC INVOLVEMENT 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 VISION 2020'S REGIONAL PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA</p> <p>PROMOTION OF ECONOMIC DEVELOPMENT IN ALLEN COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY</p> <p>LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS PARKVIEW HOSPITAL, INC SUPPORTS LEADERSHIP DEVELOPMENT IN THE COMMUNITY IN CONJUNCTION WITH ECONOMIC DEVELOPMENT EFFORTS IN ORDER TO IMPROVE THE QUALITY OF LIFE IN ALLEN COUNTY AND THE REGION STRONG LEADERS PLAY A KEY ROLE IN BUILDING THRIVING COMMUNITIES</p>

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	<p>COMMUNITY BENEFIT &amp; 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 HOSPITAL, 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 HOSPITAL, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT PARKVIEW HOSPITAL, INC RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	<p>IF THE PATIENT CANNOT PAY IN FULL, THE OPTION OF A LOW INTEREST LOAN IS AVAILABLE WITH THE SAME DISCOUNT OFFERED FOR CASH PAYMENTS AS LONG AS THE LOAN IS ARRANGED WITHIN 30 DAYS OF THE FIRST GUARANTOR STATEMENT IF THE PATIENT DEFAULTS ON THE LOAN, THE DISCOUNT WILL BE REVERSED AND THE PATIENT'S ACCOUNT WILL BE PLACED IN A COLLECTION AGENCY INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED TWELVE (12) MONTHS ARE AVAILABLE THE MINIMUM MONTHLY PAYMENT IS \$25 FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260 373 7770 OR TOLL FREE 855 814 0012 A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME DURING THE APPLICATION PERIOD FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES WHICH MAY ULTIMATELY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE ADDITIONALLY, THE COLLECTION AGENCY MAY SUE AND OBTAIN A JUDGMENT AGAINST THE PATIENT FOR NON-PAYMENT THESE ACTIONS WILL NOT OCCUR UNTIL 120 DAYS AFTER THE PATIENT IS SENT THEIR FIRST FOLLOW-UP STATEMENT INDICATING THE AMOUNT THEY OWE A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN THOUGH THEY HAVE BEEN PLACED IN A COLLECTION AGENCY IF THE PATIENT WAS SENT THEIR FIRST NOTICE ON THE ACCOUNT FOR WHICH THEY ARE APPLYING FOR FREE CARE BETWEEN 120 DAYS AND THE END OF THE APPLICATION PERIOD, THE ACTIONS ABOVE WILL BE SUSPENDED UNTIL THE FREE CARE APPLICATION ELIGIBILITY IS DETERMINED</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	<p>DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B. PARKVIEW HEALTH SYSTEM, INC. AND PARKVIEW HOSPITAL, INC. CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE SEVEN COUNTIES (ALLEN, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, WABASH AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS. ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC. PARTNERED WITH THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IPHC) TO COMPLETE MUCH OF THE FIELD WORK. IPHC 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. OUR SURVEY INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES. IPHC ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, SOCIAL SERVICE AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES. THEY ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES. A COLLECTIVE SECONDARY DATA BASE PROVIDED BY CONDUENT HEALTHY COMMUNITIES INSTITUTE WAS ALSO USED TO DETERMINE HEALTH ISSUES FOR EACH COUNTY IN THE SEVEN-COUNTY AREA. OTHER STATE AND NATIONAL SECONDARY SOURCES INCLUDED CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH RANKINGS, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH, INDIANA UNIVERSITY CENTER FOR HEALTH POLICY AND THE US CENSUS BUREAU. CHNA REPORTS WERE PRESENTED TO AND ADOPTED BY THEIR RESPECTIVE HOSPITAL BOARD OF DIRECTORS IN 2016. PARKVIEW HOSPITAL, INC. REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT OUR COMMUNITIES AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF OUR COMMUNITIES. HEALTH ISSUES IDENTIFIED IN THE SURVEY INCLUDED OBESITY, TOBACCO USE, MATERNAL/CHILD HEALTH, DIABETES, CARDIOVASCULAR DISEASE, DRUG/ALCOHOL USE, CANCER, STDs, HEALTHCARE ACCESS, MENTAL HEALTH, ASTHMA, AGING AND CHRONIC KIDNEY DISEASE. THE PRIORITIZATION OF HEALTH ISSUES WAS CONDUCTED USING A MODIFIED HANLON METHOD WHICH TAKES INTO ACCOUNT THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE EFFECTIVENESS OF INTERVENTIONS. THIS METHOD, CALLED THE BASIC PRIORITY RATING SYSTEM (BPRS) IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR THE PURPOSE OF PRIORITIZING COMMUNITY HEALTH NEEDS. FROM THE LIST OF HEALTH ISSUES IDENTIFIED, THREE TOP HEALTH PRIORITIES WERE SELECTED THROUGH APPLYING THE PEARL TEST WHICH IS DESIGNED TO SCREEN OUT IMPRACTICAL OR IMPRACTICABLE INTERVENTIONS BASED ON KEY FEASIBILITY FACTORS. THESE PRIORITIES ARE: 1) OBESITY/HEALTHY LIFESTYLE BEHAVIORS PROMOTION, EDUCATION AND SKILL-BUILDING, 2) MATERNAL/CHILD HEALTH - PROVIDING VARIOUS INTERVENTIONS TO ENSURE EARLY, QUALITY PRENATAL CARE AND SAFE AND HEALTHY INFANTS AGE 0 THROUGH 1, 3) MENTAL HEALTH - PROVIDING EDUCATION, MENTAL HEALTH SCREENING TOOLS AND IMPROVING ACCESS TO MENTAL HEALTHCARE THROUGH CARE NAVIGATION SERVICES. OTHER WAYS THAT PARKVIEW HOSPITAL, INC. IDENTIFIES OR VERIFIES COMMUNITY HEALTH NEEDS - OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS - OBSERVATIONS BY HEALTHCARE PROFESSIONALS WHO WORK WITH VULNERABLE POPULATIONS - SPECIFIC REQUESTS PROMPTED BY OBSERVATION BY OTHER PROFESSIONALS IN THE COMMUNITY.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	<p>DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES THE FACILITIES OF PARKVIEW HOSPITAL, INC , CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND PARKVIEW BEHAVIORAL HEALTH ARE LOCATED IN FORT WAYNE, THE PRIMARY URBAN AREA THAT RESIDES IN THE HEALTH SYSTEM'S SERVICE AREA ACCORDING TO STATS INDIANA 2016, FORT WAYNE REPORTED A POPULATION OF 264,488 AND COMPRISES 71 4 PERCENT OF THE TOTAL ALLEN COUNTY POPULATION NEW HAVEN, THE LARGEST TOWN IN THE COUNTY, ACCOUNTS FOR 4 2 PERCENT OF THE COUNTY POPULATION PARKVIEW HOSPITAL, INC WAS THE REGION'S FIRST LEVEL II TRAUMA CENTER AND SERVES THE SURROUNDING COMMUNITIES THE TOTAL POPULATION IN ALLEN COUNTY IS 370,404, A 4 2 PERCENT INCREASE SINCE THE 2010 CENSUS IN 2015, APPROXIMATELY 14 6 PERCENT OF THE POPULATION IN ALLEN COUNTY WAS REPORTED TO BE BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$41,528 AND THE MEDIAN HOUSEHOLD INCOME WAS \$50,017 AS OF MAY 2017, THE UNEMPLOYMENT RATE WAS 2 6 PERCENT A PORTION OF SOUTHEAST FORT WAYNE IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINIC IN 2014, PARKVIEW AND THE NEIGHBORHOOD HEALTH CLINIC OPENED A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE THIS FACILITY IS NAMED THE PARKVIEW NEIGHBORHOOD HEALTH CLINIC IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING SOUTHEAST THAT PROVIDES HEALTH PREVENTION EDUCATION TO THE LOCAL UNDERSERVED POPULATION ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2017, 20 2 PERCENT OF ALLEN COUNTY RESIDENTS WERE ENROLLED IN MEDICAID AND 7 2 PERCENT WERE UNINSURED IN 2016, FOR PARKVIEW HOSPITAL, INC FACILITIES IN ALLEN COUNTY, 22 8 PERCENT OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 3 4 PERCENT WERE SELF-PAY FOR OUTPATIENT PROCEDURES, 29 8 PERCENT WERE MEDICAID PATIENTS AND 7 6 PERCENT WERE SELF-PAY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC ) IN AN EFFORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC ADDITIONALLY, THE MEDICAL CONTINUING EDUCATION DEPARTMENT'S MEDICAL SYMPOSIUMS HELD THROUGHOUT THE YEAR ARE OPEN TO ALL AREA HEALTHCARE PROFESSIONALS THE PARKVIEW HOSPITAL, INC BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN PVHOS'S PRIMARY SERVICE AREA PARKVIEW HOSPITAL, INC , HAS FOSTERED CLINICAL RESEARCH SERVICES, THROUGH THE PARKVIEW RESEARCH CENTER, TO PARKVIEW HEALTH SYSTEM, INC PHYSICIANS FOR OVER 25 YEARS IT HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE SERVICES DURING THAT TIME THE PARKVIEW RESEARCH CENTER OPENED ITS MIRRO CENTER FOR RESEARCH AND INNOVATION OFF ICES IN APRIL, 2015 ON NORTH CAMPUS AND HAS BEGUN STUDIES ON DISEASE MANAGEMENT ON THIS CAMPUS WHICH BRINGS TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND ALLIED HEALTHCARE PROFESSIONALS TO COLLABORATE ON INNOVATIVE SOLUTIONS FOR PATIENT CARE THIS FACILITY IS FULFILLING ITS PROMISE OF SIGNIFICANT ADVANCEMENT IN CLINICAL RESEARCH AND TRAINING AND ALLOWS FOR COLLABORATIVE PARTNERSHIPS WITH OUTSIDE PARTNERS INCLUDING ACADEMIC INSTITUTIONS, BIOTECHNOLOGY AND PHARMACEUTICAL FIRMS PARKVIEW IS POISED TO BECOME THE LEADER IN HEALTHCARE SCIENCES FOR THIS REGION ALSO PART OF PARKVIEW HOSPITAL, INC , THE HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH-CENTRAL FORT WAYNE (PARKVIEW HOSPITAL RANDALLIA), IS UNDERGOING RENOVATIONS AND REMAINS A VITAL PART OF THE LOCAL NEIGHBORHOOD THROUGH 2014, RENOVATIONS TO THE HOSPITAL ON THE RANDALLIA CAMPUS INCLUDED THE ADDITION OF THE CENTER FOR WOUND HEALING, THE OUTPATIENT INFUSION CENTER AND A NEW GIFT SHOP WHILE THIS FACILITY CONTINUES TO PROVIDE COMMUNITY-CENTRIC HEALTHCARE SERVICES, PARKVIEW HOSPITAL, INC IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS AS A PART OF THESE EFFORTS, PARKVIEW HOSPITAL, INC IS PARTNERING WITH TRINE AND HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CONSORTIUM THE CONSORTIUM WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION SERVICES AND SENIOR CARE DURING 2015, RENOVATIONS INCLUDED WINDOW REPLACEMENT, UPDATES TO THE NURSE CALL SYSTEM AND COMPLETION OF AN ALL NEW FAMILY BIRTHING CENTER AND STATE-OF-THE-ART INTENSIVE CARE UNIT AT THE PARKVIEW RANDALLIA LOCATION IN 2016, THE LOGISTICS CENTER WAS COMPLETED TO COORDINATE BED MANAGEMENT, EMS, FLIGHT DISPATCH AND OTHER VITAL HEALTH SYSTEM COMMUNICATIONS EXISTING SPACE WAS REDESIGNED AND RENOVATED TO HOUSE THE 12-BED MEDICAL/SURGICAL UNIT WITH STATE-OF-THE-ART FEATURES PARKVIEW HOSPITAL, INC PROVIDES EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR BECAUSE THE FIRST HOUR AFTER AN EMERGENCY IS THE MOST CRITICAL, THE HOSPITAL ESTABLISHED THE SAMARITAN FLIGHT PROGRAM FOR RAPID AIR TRANSPORT THE TWO SAMARITAN EMERGENCY RESPONSE HELICOPTERS ARE AVAILABLE FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TRAINED CREW AND ADVANCED ON-BOARD TRAUMA TECHNOLOGY THE EMERGENCY DEPARTMENT IS STAFFED WITH SPECIALLY TRAINED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS EXCEPTIONALLY TRAINED AND EXPERIENCED IN EMERGENCY CARE FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY PARKVIEW HOSPITAL, INC'S EMERGENCY DEPARTMENT ALSO CONNECTS CRITICALLY ILL OR INJURED PATIENTS WITH THE SPECIALIZED CARE THEY NEED THROUGH ACCESS TO THE REGION'S FIRST VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, THE PARKVIEW HEART INSTITUTE AND HOSPITAL, AND THE CERTIFIED PARKVIEW STANLEY WISSMAN STROKE CENTER PATIENTS RECEIVING EMERGENCY CARE AT PARKVIEW HOSPITAL, INC MAY ALSO SEE SPECIALISTS IN ORTHOPEDICS, NEUROSURGERY, PLASTIC SURGERY AND OTHER SPECIALTY AREAS DATA OBTAINED THROUGH COMMUNITY HEALTH NEEDS ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN THE ORGANIZATION'S STRATEGIC PLANNING PROCESS BY IDENTIFYING COMMUNITY HEALTH NEEDS AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, THE HOSPITAL HAS ESTABLISHED SEVERAL PRIORITY AREAS THESE PRIORITY AREAS ARE ALIGNED WITH PARKVIEW HOSPITAL, INC'S MISSION, VISION, AND GOALS AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HOSPITAL UNDERTAKES PRIORITY AREAS INCLUDE THE FOLLOWING PRIMARY HEALTHCARE/ACCESS TO HEALTHCARE -ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY INCLUDING THE ADDITION OF FAMILY PRACTICE PHYSICIANS THROUGHOUT ALLEN COUNTY ADDITIONAL RECRUITMENT EFFORTS FOR SPECIALTY CARE PHYSICIANS TO SERVE THE NEIGHBORHOOD SURROUNDING THE RANDALLIA CAMPUS -EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIANS GROUP OFFICES TO ACCOMMODATE SAME-DAY APPOINTMENTS -CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED INCLUDING FINANCIAL SUPPORT TO MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH AND DENTAL CLINICS AND COMMUNITY TRANSPORTATION NETWORK -PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE INDIGENT EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THESE SERVICES AVAILABLE TO THE COMMUNITY -PROMOTION OF CAREERS IN HEALTHCARE, PARTICULARLY THOSE FUNCTIONS IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTHCARE PROFESSIONALS INCLUDING SCHOLARSHIP AND INTERNSHIP PROGRAMS FOR STUDENTS IN A PATIENT CARE FIELD OF STUDY -SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH BRIGHTPOINT COVERING KIDS AND FAMILIES AND OTHER GROUPS THAT PROVIDE ENROLLMENT ELIGIBILITY SERVICES -INCREASE EFFORTS TO REDUCE INFANT MORTALITY THROUGH EARLY PRENATAL CARE INTERVENTION, IMPROVED PRENATAL CARE, CLINICAL PROTOCOLS AND INCREASED BREASTFEEDING -INCREASE EFFORTS TO REDUCE INFANT MORTALITY THROUGH EARLY PRENATAL CARE INTERVENTION, IMPROVED CARE, CLINICAL PROTOCOLS AND INCREASED BREASTFEEDING HEALTH SCREENING AND PREVENTION -HEALTHY LIFESTYLE BEHAVIOR PROMOTION AND EDUCATION -CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROSTATE SCREENING-TOBACCO CESSATION PROGRAMS ESPECIALLY FOR WOMEN OF CHILDBEARING AGE-INJURY PREVENTION FOR CHILDREN, YOUTH AND SENIORS-DIABETES EDUCATION AND SCREENING-CARDIOVASCULAR DISEASE EDUCATION AND SCREENING-PROGRAMS TO REDUCE DANGEROUS DRIVING-MENTAL HEALTH SCREENING-DISEASE MANAGEMENT -CARDIOVASCULAR DISEASE -CANCER-MENTAL ILLNESS -TRAUMA AND ORTHOPEDIC ILLNESS-WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHASIS ON EARLY PRENATAL CARE AND CHILDREN'S ASTHMA-DIABETES AND OBESITY HEALTH INNOVATION, EDUCATION AND RESEARCH AND DEVELOPMENT -ENHANCING HEALTHCARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, THE PARKVIEW MIRROR CENTER FOR RESEARCH AND INNOVATION ON THE NORTH-FORT WAYNE CAMPUS AND DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN PARKVIEW, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY AND INCLUDES DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY THIS EFFORT FULFILLS A SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEED IN THE COMMUNITY -PROMOTING ECONOMIC AND OTHER DEVELOPMENT OF THE COMMUNITY THROUGH PROVIDING HIGH-LEVEL LEADERSHIP TO DEVELOP PARTNERSHIPS WITH REGIONAL PARTNER ORGANIZATIONS THAT SHARE COMMON GOALS -DEVELOPMENT OF A POPULATION HEALTH MANAGEMENT MODEL PARKVIEW CARE PARTNERS IS A PHYSICIAN-LED CARE MANAGEMENT ORGANIZATION COLLABORATING ON A CLINICALLY INTEGRATED (CI) APPROACH TO HEALTHCARE DELIVERY ACROSS THE CONTINUUM OF CARE CLINICAL INTEGRATION WORKS TO ACHIEVE GOALS IN FOUR OVERARCHING AREAS REFERRED TO AS THE QUADRUPLE AIM THE FOUR AREAS INCLUDE QUALITY OF CARE, THE PATIENT EXPERIENCE, VALUE (IN TERMS OF REDUCED WASTE IN HEALTHCARE) AND IMPROVING THE CARE PROVIDER EXPERIENCE PARKVIEW HOSPITAL, INC ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT EFFORTS THROUGH A COMMITMENT OF UP TO 10 PERCENT OF ITS NET INCOME THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS THESE FUNDS ARE ALSO USED TO SUPPORT A PORTION OF PVHOS'S COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE (NARRATIVE CONTINUED AFTER PART VI, LINE 7)</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	<p>IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , PARKVIEW WABASH HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND SUPPORTING LOCAL BUSINESSES AND ACTIVITIES PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFIT PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES AFFILIATE HOSPITALS WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED FROM THE LIST OF HEALTH ISSUES IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY/HEALTHY LIFESTYLE PROMOTION AND EDUCATION INCLUDING GOOD NUTRITION, ACCESS TO AND CONSUMPTION OF HEALTHY FOODS AND AN ACTIVE LIFESTYLE WERE SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW PROVIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF PARKVIEW'S MISSION AND VISION IS AS FOLLOWS AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING</p>

# 990 Schedule H, Supplemental Information

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



# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-0868085

**Name:** PARKVIEW HOSPITAL INC

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	PARKVIEW HOSPITAL INC 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 WWW.PARKVIEW.COM 14-005020-1	X	X		X		X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	PART V, SECTION B, LINE 5 THE RESEARCH TEAM WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT DURING THE COURSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT THE SURVEY SAMPLE WAS STRATIFIED TO ENSURE THAT POPULATION SUBSETS WERE REPRESENTED ACCURATELY SURVEYING OF PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN AIDING VULNERABLE POPULATIONS IN THE SEVEN-COUNTY AREA WAS ALSO CONDUCTED ADDITIONALLY, THE ASSESSMENT TEAM CONDUCTED TARGETED FOCUS GROUPS WITH POTENTIALLY VULNERABLE POPULATIONS, INCLUDING THE HISPANIC/LATINO AND AFRICAN AMERICAN POPULATIONS THE AMISH POPULATION WAS RANDOMLY SURVEYED THROUGH A WRITTEN SURVEY INFORMATION GAINED THROUGH FOCUS GROUPS AND WRITTEN SURVEYS HELPED TO GAIN INSIGHT INTO THE HEALTH NEEDS AND PERCEPTIONS OF THESE SUB-POPULATION GROUPS TO BETTER UNDERSTAND KEY PUBLIC HEALTH AND HEALTHCARE ISSUES

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	PART V, SECTION B, LINE 6A COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (EIN 20-2401676), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (EIN 35-2087092), HUNTINGTON MEMORIAL HOSPITAL, INC (EIN 35-1970706), WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665), PARKVIEW WABASH HOSPITAL, INC (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823)

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	PART V, SECTION B, LINE 6B PARKVIEW HEALTH SYSTEM, INC , INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE

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

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	<p>PART V, SECTION B, LINE 11 SIGNIFICANT HEALTH NEEDS BEING ADDRESSED OBESITY - PARKVIEW HOSPITAL, INC WILL CONTINUE OUTREACH PROGRAMS ESTABLISHED FROM 2014 THROUGH 2016 TO ADDRESS OBESITY PRIMARILY IN LOW-INCOME AREAS OF ALLEN COUNTY ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND PROGRAMS THAT ENGAGE CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING PROGRAMS 1) THE HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE, 2) PLANTING HEALTHY SEEDS FOR 3RD AND 4TH GRADERS, 3) PLANTING HEALTHY SEEDS EARLY CHILDHOOD EDITION, 4) PLANTING HEALTHY SEEDS AFTER-SCHOOL EDITION, 5) TAKING ROOT WELL-BEING CHALLENGE PROGRAM FOR 4TH AND 5TH GRADERS, 6) SIMPLE SOLUTIONS FOR PARENTS OF LOW-INCOME, PRE-SCHOOL CHILDREN AND, 6) THE COMMUNITY NURSING NUTRITION AND DIABETES EDUCATION PROGRAM AND CARDIOVASCULAR/DIABETES SCREENING PROGRAM PARKVIEW IS BOLSTERING ITS EFFORTS IN AREAS DEEMED TO BE THE HIGHEST IMPACT FOR OBESITY PREVENTION ANTICIPATED IMPACT INCLUDE THE FOLLOWING 1) INCREASE ACCESS TO FRESH, AFFORDABLE AND LOCALLY GROWN FOOD, 2) INCREASE CONSUMPTION OF FRESH PRODUCE, 3) PROVIDE CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS AND PARENTS OF PRE-SCHOOL CHILDREN RELATED TO PHYSICAL ACTIVITY AND NUTRITION, 4) PROVIDE PREVENTIVE HEALTH AND SKILL-BUILDING CLASSES FOR FAMILIES AND PREGNANT WOMEN, 5) ENHANCE AND INCREASE PROVIDER DIRECT ED WELLNESS RESOURCES INCLUDING REFERRALS TO HEALTH MANAGEMENT PROGRAMS IN THE COMMUNITY MATERNAL/CHILD HEALTH - PARKVIEW HEALTH HAS DEVELOPED MULTIPLE EVIDENCE-BASED STRATEGIES TO ADDRESS INFANT MORTALITY THROUGH IMPROVED PRENATAL AND INPATIENT CARE AND IN WORKING WITH PARTNER ORGANIZATIONS TO MAKE OUR COMMUNITY A HEALTHIER PLACE FOR FAMILIES STRATEGIES INCLUDE THE FOLLOWING -IMPLEMENTING PROGRAMS DESIGNED TO REDUCE RISKS AND INCREASE HEALTHY BEHAVIORS AMONG PREGNANT WOMEN -ADDRESSING HEALTH DISPARITIES AND SEEKING WAYS TO IMPROVE HEALTH OUTCOMES IN THE 46806 ZIP CODE -BUILDING UPON EXISTING STRENGTHS TO LEAD THE REGION IN PERINATAL CARE AND SERVICES FOR FAMILIES -INCREASING EFFORTS TO RAISE AWARENESS AND BUILD RELATIONSHIPS WITH COMMUNITY PARTNERS MENTAL HEALTH - MENTAL AND BEHAVIORAL HEALTH (MBH) JUST LIKE PHYSICAL HEALTH IS A CRUCIAL ASPECT OF OVERALL WELL-BEING FOR INDIVIDUALS WHO RESIDE WITHIN OUR COMMUNITIES IN FACT, MBH IS THE ONE ASPECT OF HEALTH THAT IMPACTS ALL OTHER ASPECTS OF HEALTH STRATEGIES TO ADDRESS MENTAL HEALTH NEEDS IN OUR COMMUNITY INCLUDE THE FOLLOWING -ADDRESS THE STIGMA ASSOCIATED WITH MBH THROUGH THE DEVELOPMENT OF COMMON MESSAGING AND STRATEGIES THAT ENCOURAGE INDIVIDUALS TO BE WILLING TO SEEK CARE EARLIER IN THE DISEASE PROCESS -INCREASE AWARENESS OF RESOURCES, IE, THE BEHAVIORAL HEALTH HELPLINE, MBH RESOURCES WITHIN THE COMMUNITY AND PARKVIEW INCLUDING EMERGENT AND URGENT CARE -IMPROVE ACCESS TO CARE FOR INDIVIDUALS WHOSE LIVES ARE IMPACTED BY MBH DISORDERS, THROUGH ENHANCED PROGRAMMING OPTIONS AND NAVIGATION SERVICES -PROVIDE EDUCATION AND SKILL-BUILDING TRAINING FOR THE COMMUNITY MEMB</p>

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

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	<p>ERS REGARDING SUICIDE AND HOW TO RECOGNIZE AND RESPOND TO AN INDIVIDUAL IN CRISIS OTHER H EALTH NEEDS NOT BEING ADDRESSED -TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEA D ORGANIZATION IN ALLEN COUNTY RELATED TO TOBACCO FREE EFFORTS TFAC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC PO LICY PARKVIEW HOSPITAL IS A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO F REE CAMPUS -DIABETES, CARDIOVASCULAR DISEASE AND CANCER - WHILE PARKVIEW HOSPITAL DID NOT SELECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE PRESENCE OF CHRONIC CONDITIONS LIKE THE AFOREMENTIONED DISEASES BY ADDRESSI NG OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO HEALTHY FOODS, ACTIVE LIVING P ROGRAMS AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS -DRUGS/ALCOHOL ABUSE AND ADDICTIO N - ONE OF PARKVIEW HOSPITAL'S HEALTH PRIORITIES IS MENTAL HEALTH MANY OF THE INDIVIDUALS BEING ASSISTED AND REFERRED THROUGH PARKVIEW BEHAVIORAL HEALTH CARE NAVIGATION PROGRAM AR E AFFECTED BY DRUG AND ALCOHOL ABUSE AND ADDICTION -SEXUALLY TRANSMITTED DISEASES (STDs) - THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT, IN CONJUNCTION WITH MATTHEW 25 HEALTH CLIN IC, OPERATES A SEXUALLY TRANSMITTED DISEASE (STD) CLINIC THE NE INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE) PROVIDES STD PREVENTION EDUCATION TO TEENS AND ADULTS -CHRONIC KIDNEY DISEASE - MAJOR RISK FACTORS RELATED TO CHRONIC KIDNEY DISEASE ARE DIABETES, HIGH BLOOD PRESSURE AND AGE OF 60 AND OLDER THE LOCAL CHAPTER OF THE NATIONAL K IDNEY FOUNDATION FOCUSES ON PREVENTION EDUCATION AND SERVES AS A RESOURCE TO THOSE AFFECTE D BY KIDNEY DISEASE AND THEIR FAMILIES</p> <p>ADDITIONALLY, THE FOUNDATION PROVIDES KEEP HEALTHY KIDNEY SCREENING EVENTS -ASTHMA - WHILE ASTHMA WAS NOT SELECTED AS A TOP HEALTH PRIORITY , PARKVIEW HOSPITAL'S COMMUNITY NURSING PROGRAM ADMINISTERS AN ASTHMA PROGRAM THAT PROVIDE S AN INTERVENTION THAT MOVES PATIENTS BEYOND EMERGENCY RESCUE CARE TO A MORE PROACTIVE CAR E APPROACH THE PROGRAM INCLUDES EDUCATION, INFORMATION, AND STRATEGIES FOR FOLLOW-U P CARE THAT ARE BOTH INEXPENSIVE AND EFFECTIVE THIS PROGRAM INCORPORATES MULTIPLE BEST PRACTICE S, BUNDLES MANY OF THE RESOURCES ALREADY AVAILABLE AND IN USE, AND APPLIES PRINCIPLES OF C ASE MANAGEMENT/CARE NAVIGATION AND PROVIDES SERVICES TO PATIENTS IN A SERIES OF ONE-ON-ONE CONTACTS OVER TIME TO FACILITATE LONG-TERM ASTHMA MANAGEMENT -AGING - AGING AND IN-HOME S ERVICES OF NORTHEAST INDIANA SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CARE GIVERS IN NINE COUNTIES AS A PART OF THIS REGION THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORG ANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILI TY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT -TERM CASE MANAGEMENT, AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICE S THROUGH THE CARE TRANSITION</p>



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

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	S PROGRAM, AGING AND IN-HOME SERVICES PARTNERS WITH PARKVIEW HEALTH IN AN EFFORT TO REDUCE MEDICARE READMISSIONS -PRIMARY CARE ACCESS - INCREASING ACCESS TO HEALTHCARE IS A STRATEG IC INITIATIVE FOR THE HEALTH SYSTEM PARKVIEW CONDUCTS PERIODIC STUDIES TO DETERMINE THE A REAS WHERE PHYSICIANS ARE NEEDED AND RECRUITS PHYSICIANS ACCORDINGLY ALLEN COUNTY HAS A S TRONG HEALTHCARE SAFETY NET THAT ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED PARTICIPATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARK VIEW HOSPITAL, INC , FORT WAYNE- ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH -RELATED O RGANIZATIONS

**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 - BRYAN OH LAB 11141 PARKVIEW PLAZA DR SUITE 100 FORT WAYNE, IN 46845	OP AMBULATORY
2 - PARKVIEW HOME HEALTHCARE 1900 CAREW STREET SUITE 6 FORT WAYNE, IN 46805	HOME HEALTH & HOSPICE
3 - PARKVIEW MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	OP PHARMACY
4 - PARKVIEW HOME INFUSION SERVICES 1900 CAREW STREET SUITE 4 FORT WAYNE, IN 46805	OP INFUSION
5 - BRYAN OH LAB 442 W HIGH STREET BRYAN, OH 43506	LAB DRAW
6 - OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE SUITE 050 FORT WAYNE, IN 46845	OP THERAPY
7 - PARKVIEW OUTPATIENT THERAPY 11104 PARKVIEW CIRCLE DR SUITE 050 FORT WAYNE, IN 46845	OP THERAPY
8 - CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE, IN 46805	LAB DRAW
9 - ARCHBOLD OH LAB 121 WESTFIELD DRIVE ARCHBOLD, OH 43502	LAB DRAW
10 - LAKE AVE 1 LAB 2710 LAKE AVE FORT WAYNE, IN 46805	LAB DRAW
11 - MONTPELIER OH LAB 935 SNYDER MONTPELIER, OH 43543	LAB DRAW
12 - PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845	LAB DRAW
13 - HOBSON LAB 1515 HOBSON ROAD FORT WAYNE, IN 46805	LAB DRAW
14 - PARKVIEW WOODLAND PLAZA AMBULATORY SITE 1234 DUPONT RD FORT WAYNE, IN 46845	LAB DRAW
15 - WAYNE DALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	LAB DRAW

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

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

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

Name and address	Type of Facility (describe)
16 - PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	CLINICAL RESEARCH
17 - GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741	LAB DRAW
18 - CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805	LAB DRAW
19 - PRMC MOB11 LAB 11104 PARKVIEW CIRCLE FORT WAYNE, IN 46845	LAB DRAW
20 - WAUSEON OH LAB SHOOP AVE 495 S SHOOP AVE WAUSEON, OH 43567	LAB DRAW
21 - NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825	LAB DRAW
22 - TRIER 2 LAB 6130 TRIER RD FORT WAYNE, IN 46815	LAB DRAW
23 - RHEUMATOLOGY NEW VISION LAB 3816 NEW VISION DRIVE FORT WAYNE, IN 46845	LAB DRAW
24 - WARSAW DUBOIS LAB 2300 DUBOIS AVE WARSAW, IN 46580	LAB DRAW
25 - PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS
26 - PARKVIEW CENTER FOR HEALTHY LIVING 11123 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	HEALTH AND WELLNESS
27 - PARKVIEW CANCER INSTITUTE LAB 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	LAB DRAW

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316008257

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARKVIEW HOSPITAL INC

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
35-0868085

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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 33

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 35-0868085  
Name: PARKVIEW HOSPITAL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY CHILDHOOD ALLIANCE INC 3320 FAIRFIELD AVENUE FORT WAYNE, IN 46807	35-0953465	501(C)3	521,808				PROGRAMS TO IMPROVE THE EDUCATIONAL, HEALTH & EMOTIONAL WELL-BEING OF YOUNG CHILDREN
MATTHEW 25 INC 413 EAST JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)3	206,205				HEALTHCARE AND DENTAL SERVICES PROVIDED TO THE INDIGENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SAINT FRANCIS OF FORT WAYNE INDIANA INC 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501(C)3	150,600				SCHOOL OF NURSING PROGRAM SUPPORT AND HEALTH CAREERS CAMP SPONSOR
FORENSIC NURSING SPECIALTIES INC 2270 LAKE AVENUE FORT WAYNE, IN 46805	35-1943648	501(C)3	100,000				MEDICAL FORENSIC CARE PROGRAM FOR THOSE VICTIMIZED BY SEXUAL ASSAULT AND ABUSE

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
NEIGHBORHOOD HEALTH CLINICS INC 1717 S CALHOUN STREET FORT WAYNE, IN 46802	35-1922483	501(C)3	90,000				HEALTHCARE SERVICES FOR UNINSURED OR UNDERINSURED PATIENTS
EAST ALLEN COUNTY SCHOOLS 1240 SR 930 E NEW HAVEN, IN 46774	35-1097344	501(C)3	84,855				FUNDING FOR SCHOOL NURSING SERVICES



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH COMMUNITY HEALTH FOUNDATION 347 W BERRY STREET STE 101 FORT WAYNE, IN 46802	31-1016570	501(C)3	61,961				HEALTHY EATING ACTIVE LIVING INITIATIVE
FORT WAYNE URBAN LEAGUE INC 2135 S HANNA STREET FORT WAYNE, IN 46803	35-0869052	501(C)3	50,000				HEALING OUR COMMUNITY PROGRAM EDUCATING YOUNG WOMEN RE HEALTHY LIFE CHOICES

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 MEDICAL SOCIETY FOUNDATION INC 700 BROADWAY STE 316 FORT WAYNE, IN 46802	35-6049685	501(C)3	50,000				BABIES LOVE EHEALTH INITIATIVE
UNITED WAY OF ALLEN COUNTY INC 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	501(C)3	45,000				LET'S TALK LANGUAGE DEVELOPMENT PROGRAM FOR INFANTS AND TODDLERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST IN POSITIVE RESOURCE CONNECTION INC 525 OXFORD STREET FORT WAYNE, IN 46806	31-1191147	501(C)3	31,500				CASE MANAGEMENT SERVICES FOR INDIGENT AIDS PATIENTS
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE, IN 46807	35-1778767	501(C)3	28,750				AFTER-SCHOOL AND SUMMER PROGRAMS THAT PROVIDE POSITIVE, EDUCATIONAL EXPERIENCES FOR LOW-INCOME CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF NORTHEAST INDIANA INC 227 E WASHINGTON BLVD FORT WAYNE, IN 46802	35-1111819	501(C)3	28,000				HEALTH INSURANCE ENROLLMENT PROGRAM
NORTHEAST INDIANA CHRISTIAN ACTION COUNCIL EDUCATION AND C H A 3630 HOBSON ROAD FORT WAYNE, IN 46815	31-1113254	501(C)3	27,864				STI TESTING FOR CLIENTS

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
NORTH INDIANA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH INC 801 PENNSYLVANIA PARKWAY INDIANAPOLIS, IN 46280	35-0996143	501(C)3	25,000				BUILDING DISCIPLESHP CENTERS FOR YOUNG LEADERS - CAPITAL CAMPAIGN
INDIANA-PURDUE FOUNDATION AT FT WAYNE 2101 EAST COLISEUM BLVD FORT WAYNE, IN 46805	35-6033698	501(C)3	25,000				HEALTH-RELATED HIGHER EDUCATION SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSHUA HAND INC 4202 HESSEN CASSEL ROAD FORT WAYNE, IN 46806	45-4723576	501(C)3	25,000				HOME OWNERSHIP PREPARATION PROGRAM FOR HOMELESS
COMMUNITY TRANSPORTATION NETWORK INC 5601 INDUSTRIAL ROAD FORT WAYNE, IN 46825	35-2109955	501(C)3	23,700				MEDICAL TRANSPORTATION 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
CANCER SERVICES OF ALLEN COUNTY INC 6316 MUTUAL DRIVE FORT WAYNE, IN 46825	35-0965609	501(C)3	22,500				CANCER PATIENT ADVOCATE PROGRAM
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABILITIES INC 3320 N CLINTON STREET FORT WAYNE, IN 46805	35-0913541	501(C)3	22,500				THERAPY AND WELLNESS PROGRAMS FOR DISABLED CHILDREN & ADULTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST ALLIANCE FOR HEALTH EDUCATION 11108 PARKVIEW CIRCLE FORT WAYNE, IN 46845	35-1637515	501(C)3	22,500				STUDENT MEDICAL RESEARCH PROGRAM, HEALTH PREVENTION EDUCATION & SCREENING PROGRAMS FOR THE COMMUNITY
CITY OF FORT WAYNE 200 E BERRY STREET FORT WAYNE, IN 46802		GOVT ORG	20,000				SPONSORSHIP TO RIVERFRONT DEVELOPMENT 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
GREATER FORT WAYNE HISPANIC CHAMBER OF COMMERCE 200 E MAIN ST STE 800 FORT WAYNE, IN 46802	62-1413775	501(C)3	20,000				PROGRAMS TO ADVOCATE, PROMOTE AND FACILITATE THE SUCCESS OF HISPANIC- OWNED BUSINESSES
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET STE 500 FORT WAYNE, IN 46802	35-0886850	501(C)3	19,250				PROGRAM FOR ADULTS AT RISK FOR DIABETES

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
FRIENDS OF HUNTERTOWN PARKS INC 15617 LIMA ROAD HUNTERTOWN, IN 46748	20-8857065	501(C)3	18,000				ENVIRONMENTAL OUTDOOR LIVING CENTER
ZETA ETA CHAPTER CHI ETA PHI SORORITY INC 815 CROWDER COURT FORT WAYNE, IN 46825	35-2146618	501(C)3	13,950				INFANT CARE EDUCATIONAL VIDEOS

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
CLERK OF ALLEN SUPERIOR COURT ALLEN COUNTY COURT HOUSE ROOM 208 FORT WAYNE, IN 46802		GOVT ORG	12,474				POLYCOM VIDEO CONFERENCING EQUIPMENT FOR PSYCHIATRIC PATIENTS
LIVE HEALTHY HOOSIERS INC 12211 TUMBLEBROOK LANE FORT WAYNE, IN 46804	46-3782635	501(C)3	11,140				LIFESTYLE INTERVENTION PROGRAM FOR LOW-INCOME POPULATION

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 HEART ASSOCIATION MIDWEST AFFILIATE PO BOX 50035 PRESCOTT, AZ 86304	13-5613797	501(C)3	11,000				GALA SPONSORSHIP FOR HEART DISEASE RESEARCH AND SERVICES FOR THOSE WITH HEART DISEASE
HISPANIC LEADERSHIP COALITION OF NORTHEAST INDIANA INC 235 W CREIGHTON AVE FORT WAYNE, IN 46807	20-4336796	501(C)3	10,000				GALA SPONSORSHIP TO SUPPORT STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH HOSPITALITY NETWORK OF GREATER FORT WAYNE 2925 E STATE BLVD FORT WAYNE, IN 46805	35-2089785	501(C)3	10,000				DONATION TO SUPPORT NEEDED SERVICES AND REFERRALS FOR HOMELESS FAMILIES
LATINOS COUNT 428 W SHERWOOD TERRACE FORT WAYNE, IN 46807	46-1151642	501(C)3	5,650				SPONSORSHIP OF SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE STANDING AGAINST VIOLENCE EVERYDAY 1 EAST MAIN STREET FORT WAYNE, IN 46803	46-3274069	501(C)3	5,453				FWRPD EMERGENCY SERVICES MEDICAL KIT SPONSOR

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	Yes	
<b>2</b> 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?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III		
<b>6</b> 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		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III		
<b>7</b> 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	Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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
See Additional Data	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-0868085  
**Name:** PARKVIEW HOSPITAL INC

**Part III, Supplemental Information**

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - TAX ON TAXABLE GIFT CERTIFICATE PAID TO RAE GONTERMAN \$181

**Part III, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	RELATED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF PARKVIEW HOSPITAL, INC 'S CEO/EXECUTIVE DIRECTOR COMPENSATION COMMITTEE OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC INDEPENDENT COMPENSATION CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINES 4A-B	SEVERANCE PAYMENT LORAIN FRANK-LIGHTFOOT \$170,614 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER \$34,253, CHARLES CLARK \$9,376, DANIEL GARMAN \$11,636, MICHAEL GERUE \$8,305, RAY GONTERMAN \$57,029, BENJAMIN MILES \$11,549, MICHAEL MIRRO \$27,090, MICHAEL PACKNETT \$419,516, STANTON RISSE \$6,041 PARTICIPANTS DEFERRED - THE FOLLOWING INDIVIDUALS HAVE AN AMOUNT INCLUDED IN SCHEDULE J, PART II, COLUMN (C) FOR AN AMOUNT EARNED BUT NOT YET VESTED UNDER ONE OF PARKVIEW'S DEFERRED COMPENSATION PLANS BENEFITS EARNED UNDER THE PLANS WILL FUND THE EMPLOYEES' EVENTUAL RETIREMENT BENEFIT THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR ALL OF THE EMPLOYEES' YEARS OF SERVICE TO THE ORGANIZATION, AND THE COST OF THE BENEFITS MAY VARY FROM YEAR TO YEAR THE AMOUNTS ARE AT RISK AND WILL NOT BE PAID UNLESS AND UNTIL EACH EMPLOYEE HAS PROVIDED SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION BENEFITS UNDER THE PLANS VEST AT THE TIME SET FORTH IN THE PLAN DOCUMENTS AND ARE FORFEITED IF THE EMPLOYEES TERMINATE EMPLOYMENT BEFORE SATISFYING THOSE PLAN CONDITIONS JUDITH BOERGER \$49,225, CHARLES CLARK \$31,163, SUZANNE EHINGER \$78,795, DANIEL GARMAN \$37,882, MICHAEL GERUE \$34,009, RAE GONTERMAN \$19,839, GREG JOHNSON \$17,017, ERIN LACROSS \$21,242, BENJAMIN MILES \$68,000, MICHAEL MIRRO \$65,790, MICHAEL PACKNETT \$645,500, STANTON RISSE \$22,005, MARCELINE ROGERS \$23,591, MARLON WARDLOW \$35,695, JEANNE' WICKENS \$57,021

**Part III, Supplemental Information**

Return Reference	Explanation
PART I, LINE 7	MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) AND PHYSICIAN AND PROVIDER INCENTIVE COMPENSATION PLAN (PICP) ARE ANNUAL INCENTIVE PROGRAMS. SYSTEM GOALS ARE APPROVED BY THE BOARD. AT CONCLUSION OF THE PLAN YEAR, RESULTS ARE SHARED WITH THE BOARD AND THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES FINAL PAYMENT.

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				
1BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT	(i)432,131	137,500	44,996	81,250	38,554	734,431	11,549
	(ii)0	0	0	0	- 0	- 0	0
1MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(i)0	0	0	0	0	0	0
	(ii)999,068	525,000	542,942	669,350	- 43,194	- 2,779,554	- 419,516
2MICHAEL YURKANIN DIRECTOR/PH PHYSICIAN	(i)176,827	0	0	8,422	9,272	194,521	0
	(ii)310,622	103,254	21,348	20,728	- 22,822	- 478,774	- 0
3CHARLES CLARK PVHOS PBH COO	(i)184,851	63,013	13,437	54,384	20,563	336,248	9,376
	(ii)0	0	0	0	- 0	- 0	- 0
4MICHAEL GERUE PVHOS PHI COO	(i)199,124	68,768	9,321	61,834	28,531	367,578	8,305
	(ii)0	0	0	0	- 0	- 0	- 0
5MARLON WARDLOW PVHOS RANDALLIA COO	(i)198,346	66,496	18,753	46,295	33,921	363,811	0
	(ii)0	0	0	0	- 0	- 0	- 0
6JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	(i)0	0	0	0	0	0	0
	(ii)329,339	15,000	28,030	60,171	- 19,158	- 451,698	- 0
7STANTON RISSER INTERIM PH CFO - PARTIAL YEAR/PH VP	(i)0	0	0	0	0	0	0
	(ii)193,037	116,196	8,927	40,555	- 27,057	- 385,772	- 6,041
8DANIEL GARMANPVHOS SVP	(i)231,338	86,180	17,339	53,782	28,120	416,759	11,636
	(ii)0	0	0	0	- 0	- 0	- 0
9ERIN LACROSS PVHOS VP NURSING	(i)183,989	69,504	555	40,893	26,775	321,716	0
	(ii)0	0	0	0	- 0	- 0	- 0
10MICHAEL MIRRO PVHOS CARO	(i)414,134	145,125	45,090	94,940	26,230	725,519	27,090
	(ii)0	0	0	0	- 0	- 0	- 0
11ROGER STIENECKER PVHOS MD IP & EP	(i)297,958	62,492	19,216	18,310	17,210	415,186	0
	(ii)4,685	0	302	240	- 226	- 5,453	- 0
12YUENIAN ZHANG PVHOS CHIEF PHYSICIST	(i)224,906	47,625	774	18,550	32,188	324,043	0
	(ii)0	0	0	0	- 0	- 0	- 0
13RAE GONTERMAN PVHOS VP OPS-CI	(i)169,318	51,235	61,327	27,253	20,111	329,244	57,029
	(ii)0	0	0	0	- 0	- 0	- 0
14MARCELINE ROGERS PVHOS VP S & A SERVICE	(i)208,724	54,979	710	50,622	21,276	336,311	0
	(ii)0	0	0	0	- 0	- 0	- 0
15SUZANNE EHINGER FORMER OFFICER/CURRENT PH CHIEF EXP	(i)0	0	0	0	0	0	0
	(ii)452,008	173,813	25,524	110,595	- 31,845	- 793,785	- 0
16GREG JOHNSON FORMER KEY EMPLOYEE/CURRENT PH CCIO	(i)0	0	0	0	0	0	0
	(ii)410,670	137,034	2,622	88,780	- 28,889	- 667,995	- 0
17LORAIN FRANK-LIGHTFOOT FORMER KEY EMPLOYEE	(i)0	0	170,614	0	0	170,614	0
	(ii)0	0	0	0	- 0	- 0	- 0
18JUDITH BOERGER FORMER KEY EMPLOYEE/CURRENT PH CN	(i)0	0	0	0	0	0	0
	(ii)314,273	108,586	55,753	67,775	- 27,570	- 573,957	- 34,253

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
PARKVIEW HOSPITAL INC

Employer identification number  
35-0868085

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HEATHER HURSEY	FAMILY MEMBER OF KEY EMPLOYEE ERIN LACROSS	93,362	EMPLOYEE HEATHER HURSEY RECEIVED COMPENSATION FROM PARKVIEW HOSPITAL, INC		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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<b>SCHEDULE O</b> (Form 990 or 990-EZ)  <small>Department of the Treasury Internal Revenue Service</small>	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2016</b> <b>Open to Public Inspection</b>
Name of the organization PARKVIEW HOSPITAL INC		Employer identification number  35-0868085	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CONTINUED FROM PAGE 2 CONSTRUCTION OF PARKVIEW WARSAW, AN OUTPATIENT SERVICES FACILITY SHARING MANAGEMENT WITH PARKVIEW WHITLEY HOSPITAL WAS COMPLETED IN FEBRUARY 2016 SERVICES INCLUDE PHYSICIAN OFFICES, A FULL-SERVICE ER, LAB AND IMAGING, AS WELL AS THE PARKVIEW CENTER FOR HEALTHY LIVING, LOCATED WITHIN THE PARKVIEW WARSAW YMCA AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, WE TAKE OUR MISSION TO HEART PARKVIEW HOSPITAL, INC IS DEDICATED TO IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF OUR COMMUNITIES PARKVIEW HOSPITAL, INC GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, RESEARCH, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED HEALTHCARE, VOLUNTEERISM AND MUCH MORE SINCE 2012, PARKVIEW HAS INVESTED APPROXIMATELY \$24 MILLION AT PARKVIEW HOSPITAL RANDALLIA IN NEW SERVICES AND CAPITAL INVESTMENTS LOCATED IN NORTH-CENTRAL FORT WAYNE SINCE 1953, MANY RESIDENTS CONTINUE TO CHOOSE THIS LOCATION AS THEIR PREFERRED SOURCE OF HEALTHCARE WHEN THE CURRENT RENOVATION PROJECT OF PARKVIEW HOSPITAL RANDALLIA IS COMPLETED IN APPROXIMATELY TWO YEARS, A PROJECTED TOTAL OF \$55 MILLION WILL HAVE BEEN INVESTED IN STRUCTURAL IMPROVEMENTS AND RENOVATIONS ALLOWING FOR NEW AND EXPANDED INPATIENT AND OUTPATIENT SERVICES THROUGH THE PARKVIEW HOSPITAL, INC COMMUNITY HEALTH IMPROVEMENT FUND, THE HOSPITAL WORKS WITH COMMUNITY PARTNERS IN TAKING A PROACTIVE APPROACH TO IMPROVING SPECIFIC HEALTH-RELATED OUTCOMES AREAS OF FOCUS INCLUDE PROVIDING INCREASED ACCESS TO HEALTHCARE, HEALTHY LIFESTYLE EDUCATION, MATERNAL/CHILD HEALTH AND MENTAL HEALTH PARKVIEW HOSPITAL, INC, IN CONJUNCTION WITH PARKVIEW HEALTH SYSTEM, INC, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN THE SEVEN-COUNTY (ALLEN, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES) AREA DURING 2016 PARKVIEW PARTNERED WITH THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES, A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI ITS MISSION IS TO HELP BUILD THE CAPACITY OF HOSPITALS, LOCAL HEALTH DEPARTMENTS AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE THE HEALTH OF INDIANA COMMUNITIES TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT WHEN COLLECTING PRIMARY DATA, STEPS WERE TAKEN TO STRATIFY THE SAMPLE SO THAT POPULATION SUBSETS WERE ACCURATELY REPRESENTED PARKVIEW ALSO OBTAINED INPUT FROM LOCAL ADVOCACY ORGANIZATIONS THAT SPECIALIZE IN AIDING OUR AREA'S MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS AND HELD FOCUS GROUPS IN THE AFRICAN AMERICAN AND HISPANIC COMMUNITIES PRIMARY DATA WAS OBTAINED THROUGH A RANDOM PHONE SURVEY OF COMMUNITY RESIDENTS AND THROUGH AN ONLINE SURVEY OF HEALTHCARE AND OTHER SERVICE PROVIDERS THE HEALTHY COMMUNITIES INSTITUTE (HCI) DATA BASE WAS USED TO ACCESS SECONDARY DATA OTHER STATE AND NATIONAL SECONDARY DATA WAS OBTAINED THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, COUNTY HEALTH</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TH RANKINGS, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH, INDIANA UNIV ERSITY CENTER FOR HEALTH POLICY AND THE US CENSUS BUREAU THIRTEEN HEALTH CONCERNS WERE ID ENTIFIED FOR ALLEN COUNTY INCLUDING AGING, ASTHMA, CANCER, CARDIOVASCULAR DISEASE, CHRONIC KIDNEY DISEASE, DIABETES, DRUG/ALCOHOL ABUSE AND ADDICTION, HEALTHCARE ACCESS, MATERNAL/C HILD HEALTH, MENTAL HEALTH, OBESITY, STDS AND TOBACCO USE THESE CONCERNS WERE RANKED USIN G THE HANLON METHOD WHICH IS REFERRED TO AS THE BASIC PRIORITY RATING SYSTEM (BPRS) AND IS RECOMMENDED BY THE HEALTHY COMMUNITIES INSTITUTE AND THE NATIONAL ASSOCIATION OF COUNTY A ND CITY HEALTH OFFICIALS (NACCHO) FOR THE PURPOSE OF PRIORITIZING COMMUNITY HEALTH NEEDS THIS METHOD TAKES INTO ACCOUNT THE SIZE AND SERIOUSNESS OF THE HEALTH ISSUE AND PROVEN EFF ECTIVENESS OF CLINICAL INTERVENTIONS THE STAFF THEN APPLIED THE PEARL CRITERIA OF PROPRI E TY, ECONOMICS, ACCEPTABILITY, RESOURCES AND LEGALITY TO LOCAL HEALTH ISSUES IN ORDER TO FU RTH ER PRIORITIZE IDENTIFIED NEEDS IT WAS DETERMINED THAT OBESITY/HEALTHY LIFESTYLES, MATE RNAL/CHILD HEALTH AND MENTAL HEALTH WILL BE ADDRESSED THROUGH COMMUNITY HEALTH IMPROVEMENT EFFORTS ALL SIX HOSPITAL ENTITIES WILL FOCUS ON OBESITY AND THE PREVENTION OF DISEASES A SSOCIATED WITH OBESITY THROUGH NUMEROUS COMMUNITY COLLABORATIONS PROMOTING HEALTHY LIFESTY LE CHOICES THE FOLLOWING ARE SOME OF THE WAYS PARKVIEW HOSPITAL, INC IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER FINANCIAL ASSISTANCE PARKVIEW HOSPITAL, INC 'S MISSION INCLUDES CARING FOR PATIENTS WHO DO NOT HAVE THE MEANS TO MEET THEIR FINAN CIAL OBLIGATIONS THE HOSPITAL PLACES ITS PRIORITY ON PROVIDING THE NECESSARY CARE, NOT ON THE PATIENT'S FINANCIAL ABILITY TO PAY FOR THEIR MEDICAL EXPENSES COMMUNITY HEALTH IMPRO VEMENT PROGRAM THE PURPOSE OF PARKVIEW HOSPITAL, INC 'S COMMUNITY HEALTH IMPROVEMENT PROG RAM IS TO FUND COMMUNITY HEALTH IMPROVEMENT EFFORTS WITHIN ALLEN COUNTY WHERE PARKVIEW HOS PITAL, INC RESIDES THE HOSPITAL PROVIDES FUNDING UP TO 10 PERCENT OF ITS NET INCOME FOR COMMUNITY HEALTH INITIATIVES AND COMMUNITY PARTNER ORGANIZATIONS TO ADDRESS IDENTIFIED HEA LTH NEEDS AND TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF ALLEN COUNTY SEVERA L INITIATIVES AND PROGRAMS ARE HIGHLIGHTED BELOW COMMUNITY NURSING INITIATIVE BELIEVING THAT THE KNOWLEDGE AND SKILL OF DEDICATED NURSES HAS GREAT BENEFIT OUTSIDE THE HOSPITAL WA LLS, PARKVIEW HOSPITAL, INC HAS, SINCE 1998, FUNDED A PROGRAM THAT PLACES PARKVIEW NURSES IN STRATEGIC POSITIONS THROUGHOUT THE COMMUNITY FUNDING SUPPORTS NURSES IN PUBLIC SCHOOL S DEMONSTRATING THE GREATEST HEALTH NEEDS PARKVIEW NURSES ALSO PROVIDE HEALTHCARE MANAGEM ENT EXPERTISE WORKING WITH FAMILIES IN NEED OF HEALTH RESOURCES AT BRIGHTPOINT (FORMERLY C OMMUNITY ACTION OF NORTHEAST INDIANA), STOP CHILD ABUSE AND NEGLECT, INC (SCAN) AND THE C OURTYARD, A PROGRAM FOR ADOLESCENTS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM IN ADDITI ON, PARKVIEW HOSPITAL, INC PR</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>OVIDES A REGISTERED DIETICIAN AND AN ASTHMA SPECIALTY NURSE AND A RESPIRATORY THERAPIST TO IMPROVE THE HEALTH OF CHILDREN IN FORT WAYNE COMMUNITY SCHOOLS, EAST ALLEN COUNTY SCHOOLS AND NORTHWEST ALLEN COUNTY SCHOOLS, AS WELL AS, THE AFOREMENTIONED COMMUNITY PARTNER ORGANIZATIONS PARKVIEW HOSPITAL, INC FUNDED SPECIALIZED TRAINING TO EQUIP THESE COMMUNITY OUTREACH STAFF MEMBERS TO TEACH TOBACCO CESSATION CLASSES AND A CERTIFIED LACTATION SPECIALIST NURSE TO PROVIDE BREASTFEEDING SUPPORT THROUGHOUT THE COMMUNITY THIS YEAR PARKVIEW HOSPITAL, INC PROVIDES TWO REGISTERED NURSES IN THE HEART OF OUR LOCAL HOMELESS POPULATION, I.E., AT THE RESCUE MISSION, VINCENT VILLAGE AND CHARIS HOUSE THROUGH STRONG COMMUNITY PARTNERSHIPS, OUR REACH INTO THE COMMUNITY IS EXTENDED TO ASSIST MORE OF THOSE THAT HAVE THE GREATEST NEED OF HEALTH-RELATED INTERVENTIONS THIS SPECIALIZED GROUP OF REGISTERED NURSES, REGISTERED DIETICIAN AND REGISTERED RESPIRATORY THERAPIST WORK WITH CHURCHES, PUBLIC LIBRARIES AND COMMUNITY AGENCIES TO PROVIDE FREE HEART HEALTH EVENTS FREE GLUCOSE, CHOLESTEROL AND BLOOD PRESSURE HEALTH FAIRS ARE PROVIDED SEVERAL TIMES PER MONTH IN VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY THE HEALTH AND WELL-BEING OF FAMILIES THE PARKVIEW HEALTH AND WELL-BEING PROGRAM IS A WELLNESS INITIATIVE THAT SUPPORTS HEALTHIER LIFESTYLES FOR INDIVIDUALS AND FAMILIES THROUGHOUT THE REGION THE INITIATIVE OFFERS WELL-BEING AND PREVENTIVE CARE RESOURCES, EDUCATIONAL PROGRAMS AND TOOLS FOR THE COMMUNITY TO PRACTICE IMPORTANT HEALTHY BEHAVIORS AT EACH STAGE OF LIFE MUCH OF THE EDUCATION REVOLVES AROUND EIGHT TOP, EVIDENCE-BASED HEALTH HABITS TO ENGAGE IN TO PROMOTE WELL-BEING THE INITIATIVE CARRIES OUT ITS WORK WITH OUR COMMUNITY IN A VARIETY OF AVENUES, FROM THE PARKVIEW CENTERS FOR HEALTHY LIVING TO OUR PHYSICIAN PRACTICES, TO SCHOOLS AND EARLY CHILDHOOD EDUCATION AND TO THE YMCAS AND THE LOCAL PARKS AND RECREATION DEPARTMENT AS WELL AS OTHER PARTNER ORGANIZATIONS HEAL INITIATIVE THE HEAL INITIATIVE, A PARTNERSHIP BETWEEN PARKVIEW AND ST JOSEPH COMMUNITY HEALTH FOUNDATION, IS A COMMUNITY BASED FRESH FOOD INITIATIVE FOCUSED ON IMPROVING ACCESS AND INCREASING CONSUMPTION OF FRESH PRODUCE IN FOOD DESERT AREAS IN ALLEN COUNTY THE PROGRAM SUPPORTS A LOCAL URBAN GARDEN, LOCAL FARM MARKETS AND PROVIDES CASHIERS AT SEVERAL LOCAL FARM MARKETS TO ACCOMMODATE ACCEPTANCE AND DOUBLING OF SNAP AND WIC VOUCHERS IN ADDITION, OUR HEALING KITCHEN PROVIDES LOCAL SOCIAL SERVICE AGENCIES AND CHURCHES SERVING VULNERABLE POPULATIONS AN ENGAGING FRESH FOOD PREPARATION CURRICULUM INCORPORATING OTHER HEALTHY LIVING FUNDAMENTALS A TRAIN-THE-TRAINER MODEL IS USED TO TRAIN CLASS INSTRUCTORS TO EXPAND THE IMPACT OF THE PROGRAM IN THE COMMUNITY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>FRANCINE'S FRIENDS MOBILE MAMMOGRAPHY PROGRAM IN PARTNERSHIP WITH FRANCINE'S FRIENDS AND THE BREAST DIAGNOSTIC CENTER, PARKVIEW'S COMPREHENSIVE CANCER INSTITUTE ADMINISTERS A MOBILE MAMMOGRAPHY PROGRAM IN ALLEN COUNTY AND THE SURROUNDING AREA THIS INITIATIVE BEGAN IN DECEMBER OF 2005 AND CONTINUES TO INCREASE THE NUMBER OF MAMMOGRAMS GIVEN TO WOMEN AGE 40 AND OVER IN ADDITION, THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO DO NOT HAVE THE MEANS TO PAY FOR A MAMMOGRAM AS WELL AS ANY DIAGNOSTICS THESE WOMEN MAY NEED MEDICATION ASSISTANCE PROGRAM PARKVIEW HOSPITAL, INC 'S MEDICATION ASSISTANCE PROGRAM HELPS LOW-INCOME PATIENTS OBTAIN PRESCRIPTION MEDICATIONS UPON DISCHARGE AT REDUCED RATES, AND COMPLEMENTS OTHER LONG-TERM PHARMACEUTICAL ASSISTANCE PROGRAMS TO MEET PATIENTS' HEALTH MAINTENANCE NEEDS THE PROGRAM ALSO SERVES PATIENTS REFERRED BY PHYSICIAN OFFICES BY PROVIDING ASSISTANCE WITH ENROLLING IN PHARMACEUTICAL ASSISTANCE PROGRAMS MATTHEW 25 HEALTH &amp; DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINICS PARKVIEW HOSPITAL, INC PROVIDES OPERATIONAL SUPPORT FOR MATTHEW 25 HEALTH AND DENTAL CLINIC AND PROVIDES FUNDING FOR LABORATORY SERVICES FOR CLINIC PATIENTS THE HOSPITAL ALSO PROVIDES SUPPORT FOR SERVICES FOR THE UNINSURED AND UNDERINSURED AT NEIGHBORHOOD HEALTH CLINICS, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), NEAR DOWNTOWN FORT WAYNE THE PARKVIEW NEIGHBORHOOD HEALTH CENTER, A SATELLITE CLINIC LOCATED IN SOUTHEAST FORT WAYNE RESIDES IN A DESIGNATED MEDICALLY UNDERSERVED POPULATION AREA (MUP) THE PARKVIEW CENTER FOR HEALTHY LIVING OCCUPIES A PORTION OF THIS FACILITY AND OFFERS COMMUNITY EDUCATION CLASSES COVERING VARIOUS HEALTH TOPICS SUCH AS SAFE SLEEP PRACTICES, DIABETES MANAGEMENT, ASTHMA EDUCATION, NUTRITION/FOOD DEMONSTRATIONS, BREASTFEEDING SUPPORT, MEDITATION AND CPR/FIRST AID TRAINING COMMUNITY TRANSPORTATION NETWORK THE HOSPITAL HAS A WORKING RELATIONSHIP WITH, AND PROVIDES FINANCIAL SUPPORT TO, THE COMMUNITY TRANSPORTATION NETWORK (CTN), A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES AND COORDINATES MEDICAL TRANSPORTATION FOR SENIORS, PERSONS WITH DISABILITIES, LOW-INCOME FAMILIES, YOUTH AND CHILDREN PASSENGER ASSISTANCE IS PROVIDED IN A "DOOR-THROUGH-DOOR, ARM-IN-ARM, AND HAND-TO-HAND" FASHION CTN ADDRESSES TRANSPORTATION ISSUES AS THEY RELATE TO ACCESSING HEALTHCARE FOR OBTAINING AND MAINTAINING GOOD COMMUNITY HEALTH</p>

**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, PARKVIEW HOSPITAL, INC , EIN 35-0868085 THEREFORE, ALL APPLICABLE IRS TAX FILINGS, INCLUDING FORMS 1099, 1096, W-2 AND W-3 ARE REPORTED AND FILED BY PH THE TOTAL NUMBER REPORTED IN BOX 3 OF FORM 1096 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2016 WAS 573 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2016 WAS 12,046 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR THE PARKVIEW HOSPITAL, INC WAS 152 AND 5,508 RESPECTIVELY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	KEY EMPLOYEE DANIEL GARMAN AND OFFICER STANTON RISSER HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>DURING 2016, THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF PARKVIEW HOSPITAL, INC. ARTICLE I, SECTION 2 - MISSION STATEMENT IS AS FOLLOWS AS A COMMUNITY OWNED, NOT -FOR-PROFIT ORGANIZATION, PARKVIEW HOSPITAL IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING. ARTICLE V, SECTION 4 - VACANCIES IS AS FOLLOWS IN THE EVENT THAT A VACANCY OF A DIRECTOR WHO IS NOT SERVING IN AN EX OFFICIO CAPACITY OCCURS ON THE BOARD, THE EXECUTIVE COMMITTEE SHALL NOMINATE A CANDIDATE FROM THE SERVICE AREA OF THE CORPORATION AND PRESENT THE NAME TO THE BOARD. THE BOARD SHALL SUBSEQUENTLY RECOMMEND TO THE CORPORATE MEMBER AN INDIVIDUAL TO FILL THE VACANCY, WHICH INDIVIDUAL MAY THEN BE APPOINTED BY THE CORPORATE MEMBER. THE NEW DIRECTOR SHALL NOT SERVE FOR THE UNEXPIRED TERM OF THE DIRECTOR THAT IS REPLACED, BUT SHALL INSTEAD BEGIN THEIR OWN TERM ON THE BOARD. ARTICLE V, SECTION 10 - DIRECTOR QUALIFICATIONS IS AS FOLLOWS THE BOARD SHALL DEVELOP AND ADOPT AN OUTLINE OF CRITERIA TO BE USED BY THE EXECUTIVE COMMITTEE TO EVALUATE CANDIDATES FOR APPOINTED BOARD MEMBERSHIP AND WHICH SHALL BE PERIODICALLY REVIEWED AND REVISED TO ENSURE APPROPRIATENESS. SAID CRITERIA SHALL REFLECT THE CORPORATION'S NEED TO HAVE REPRESENTED ON ITS BOARD CIVIC AND COMMUNITY LEADERS AND HEALTH CARE PROFESSIONALS FROM THE SERVICE AREA OF THE CORPORATION WHO HAVE AN INTEREST IN THE DELIVERY OF HEALTH CARE AND ARE ATTUNED TO THE NEEDS OF THE GEOGRAPHIC REGIONS SERVED BY THE CORPORATION. COLLECTIVELY, THE BOARD SHOULD REPRESENT A DIVERSITY OF INTERESTS AND THE DIVERSITY OF OUR CONSTITUENT POPULATION, HAVE SOME PRIOR BOARD OR DIRECTORSHIP EXPERIENCE, AND BE INDIVIDUALS WHO ARE AVAILABLE AND WILLING TO SERVE. ATTACHED AS EXHIBIT B IS A LISTING OF THE CURRENT CRITERIA USED BY THE BOARD TO EVALUATE BOARD CANDIDATES. EXHIBIT B PROFESSIONAL AND TECHNICAL EXPERTISE - HEALTH CARE DELIVERY AND PERFORMANCE BUSINESS ACCOUNTING BANKING FINANCE HOSPITALITY HUMAN RESOURCES INVESTMENT M&amp;A MANAGEMENT MARKETING/ADVERTISING INSURANCE OTHER COMMUNITY SERVICE OR ADVOCACY EDUCATION GOVERNMENT RELATIONS LEGAL PRACTICING MEDICAL PROFESSIONAL PHYSICIAN NURSE OTHER HEALTH PROFESSIONAL QUALITY/SAFETY OTHER BOARD/COMMITTEE MEMBER DIVERSITY - AGE RANGE 20-30, 31-40, 41-50, 51-60, 60+ DISINTERESTED ETHNICITY GENDER OCCUPATION OTHER BOARD EXPERIENCE TERM EXPIRATION YTD ATTENDANCE. ARTICLE VIII, SECTION 3 - STANDING COMMITTEES IS AS FOLLOWS THE BOARD SHALL HAVE THE FOLLOWING STANDING COMMITTEES, WHICH SHALL BE ANNUALLY APPOINTED BY THE CHAIR: (A) EXECUTIVE (B) QUALITY (C) COMMUNITY HEALTH IMPROVEMENT (D) FINANCE. ALL STANDING COMMITTEES SHALL HAVE AS MEMBERS, INDIVIDUALS FROM THE SERVICE AREA OF THE CORPORATION. THE JURISDICTION OF THE STANDING COMMITTEES IS ESSENTIALLY INDICATED BY THEIR DESCRIPTIVE TITLES, IT BEING CONTEMPLATED, HOWEVER, THAT THE BOARD MAY ENLARGE OR CONTRACT THE SCOPE OF SUCH COMMITTEES' AUTHORITY AND POWER AS OCCASIONS DEMAND. SUCH COMMITTEES MAY ACT IN RESPONSE TO THE SUGGESTIONS.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>TION OF THE BOARD OR THEY MAY ACT ON THEIR OWN INITIATIVE THE STUDIES, FINDINGS AND RECOM MENDATIONS OF SUCH COMMITTEES SHALL BE REPORTED TO THE BOARD FOR CONSIDERATION AND ACTION ARTICLE VIII, SECTION 7 - FINANCE COMMITTEE IS AS FOLLOWS THE FINANCE COMMITTEE WILL BE COMPRISED OF THE TREASURER OF THE BOARD, THE CHAIR OF THE BOARD, THE PRESIDENT OF THE CORP ORATION, THE VICE PRESIDENT OF FINANCE OF THE CORPORATION AND ADDITIONAL MEMBERS AS DESIGN ATED BY THE CHAIR OF THE BOARD ON AN ANNUAL BASIS THE FINANCE COMMITTEE REVIEWS THE STATI STICAL AND FINANCIAL PERFORMANCE METRICS OF THE CORPORATION, AS WELL AS SUPPORTS IN FORECA STING AND BUDGETING ACTIVITIES ARTICLE VIII, SECTION 8 - DELEGATION OF AUTHORITY FOR PRIV ILEGING DECISIONS IS AS FOLLOWS TO EXPEDITE APPOINTMENT, REAPPOINTMENT, RENEWAL OR MODIFI CATION OF CLINICAL PRIVILEGES, THE BOARD MAY DELEGATE THE AUTHORITY TO RENDER THESE DECISI ONS TO THE EXECUTIVE COMMITTEE A POSITIVE DECISION BY THIS COMMITTEE RESULTS IN THE STATU S AND/OR PRIVILEGES REQUESTED THE BOARD SHALL CONSIDER, AND IF APPROPRIATE, SHALL RATIFY ALL POSITIVE COMMITTEE DECISIONS, AT ITS NEXT REGULARLY SCHEDULED MEETING IF THE COMMITTE E'S DECISION IS ADVERSE TO AN APPLICANT, THE MATTER SHALL BE REFERRED BACK TO THE MEDICAL STAFF EXECUTIVE COMMITTEE, FOR FURTHER EVALUATION THIS EXPEDITED PROCESS SHALL NOT BE APP ROPRIATE, WHERE AT THE TIME OF APPOINTMENT, OR IF SINCE THE TIME OF REAPPOINTMENT, ANY OF THE FOLLOWING HAS OCCURRED 1 SUBMISSION OF AN INCOMPLETE APPLICATION, OR 2 A FINAL RECO MMENDATION OF THE MEDICAL STAFF EXECUTIVE COMMITTEE THAT IS ADVERSE OR WITH LIMITATION CO NSIDERATION OF WHETHER THE EXPEDITED PROCESS IS APPROPRIATE, WILL BE MADE ON A CASE-BY-CAS E BASIS, WHERE ANY OF THE FOLLOWING HAS OCCURRED 1 A CURRENT CHALLENGE OR A PREVIOUS SUC CESSFUL CHALLENGE TO LICENSURE OR REGISTRATION, 2 INVOLUNTARY TERMINATION OF MEDICAL STAF F MEMBERSHIP AT ANOTHER ORGANIZATION, 3 INVOLUNTARY LIMITATION, REDUCTION, DENIAL OR LOSS OF CLINICAL PRIVILEGES, OR 4 AN UNUSUAL PATTERN OF, OR AN EXCESSIVE NUMBER OF, PROFESSIO NAL LIABILITY ACTIONS RESULTING IN A FINAL JUDGMENT AGAINST THE APPLICANT ARTICLE VIII, S ECTION 10 - SYSTEM BOARD COMMITTEES IS AS FOLLOWS CERTAIN CORPORATION POLICIES, PROGRAMS AND PERFORMANCE SHALL BE MONITORED AND SUPERVISED BY SYSTEM-WIDE BOARD COMMITTEES, COMPOSE D OF MEMBERS OF THE CORPORATE MEMBER (PARKVIEW HEALTH SYSTEM) AS WELL AS BOARD MEMBERS FRO M ITS VARIOUS AFFILIATES, INCLUDING THE CORPORATION THE STANDING SYSTEM-WIDE COMMITTEES W HICH SHALL CONTAIN REPRESENTATIVES FROM THE CORPORATION INCLUDE THE FINANCE AND QUALITY CO MMITTEES IN ADDITION, THERE SHALL BE STANDING SYSTEM-WIDE CORPORATE COMPLIANCE, AUDIT, GO VERNANCE AND IT GOVERNANCE COMMITTEES</p>

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>THE CORPORATE MEMBER, PARKVIEW HEALTH SYSTEM, INC EIN 35-1972384, SHALL HAVE THE FOLLOWING RESERVED POWERS AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT DIRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE ANY DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATIONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE AND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDUAL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED BY THE CORPORATE MEMBER TO BE OF STRATEGIC IMPORTANCE TO THE CORPORATION OR ITS AFFILIATES AND DIRECT AND MONITOR COMPLIANCE WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) UPON RECOMMENDATION OF THE CORPORATION, THE CORPORATE MEMBER SHALL APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DEBT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS BY THE CORPORATION AND ITS AFFILIATES, AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILIATES, (F) APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION AND ITS AFFILIATES, INCLUDING TRANSFERS OF REAL PROPERTY, PERSONAL PROPERTY, CASH, STOCK OR OTHER TANGIBLE OR INTANGIBLE ASSETS, UNLESS OTHERWISE IDENTIFIED IN PREVIOUSLY APPROVED STRATEGIC PLANS, INITIATIVES, ARRANGEMENTS OR BUDGETS (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD PREVENT THE CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY SUCH RIGHT BY THE CORPORATE MEMBER TO DIRECT THE TRANSFER OF ASSETS SHALL NOT INCLUDE ANY TRANSFER WHICH WOULD CAUSE THE CORPORATION TO BE PUT INTO A FINANCIALLY VULNERABLE POSITION AS AN ONGOING CONCERN, NOR SHALL ANY SUCH TRANSFER CAUSE THE CORPORATION TO VIOLATE THE TERMS AND CONDITIONS OF ANY GIFTS, BEQUESTS, BOND COVENANTS, OR RESTRICTIONS SET FORTH IN EXHIBIT A FURTHER, FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERSHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPTION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATION, (K) APPROVE ANY ACTION OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN THE JOINT COMMISSION ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANCIAL EFFECTS TO THE CORPORATION OR THE SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS EXHIBIT A WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PURSUANT TO PARKVIEW HEALTH SYSTEM INC 'S BYLAWS, THE SYSTEM AUDIT COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION TO PROVIDE REVIEW OF THE CORPORATION AND ITS SUBSIDIARY CORPORATIONS' FORM 990 FILINGS PARKVIEW HOSPITAL, INC IS A SUBSIDIARY CORPORATION OF PARKVIEW HEALTH SYSTEM, INC AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, PRIOR TO FILING WITH THE IRS ON OCTOBER 25, 2017, 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

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>REGARDING LINES 15A AND 15B, TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABOVE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES. THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISOR AND THE REVIEW OF APPROPRIATE COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE GOVERNING BODY CONSISTING OF MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST CONCERNING THE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS. IN 2016, THE BOARD OF PARKVIEW HEALTH SYSTEM, INC. REVIEWED AND APPROVED ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2016 COMPENSATION PACKAGE, PURSUANT TO THE PARKVIEW HEALTH BYLAWS. THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD MEMBERS. PARKVIEW'S INDEPENDENT CONSULTANT PREPARES A COMPETITIVE COMPENSATION ANALYSIS USING DATA FROM MULTIPLE PUBLISHED SURVEYS PREPARED BY INDEPENDENT FIRMS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE IN SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS ON BOTH A REGIONAL AND NATIONAL BASIS. THE INDEPENDENT CONSULTANT PROVIDES A STATEMENT OF REASONABleness OF THE COMPENSATION PROVIDED TO THE CEO AS WELL AS ALL EXECUTIVES AT THE VICE PRESIDENT LEVEL AND ABOVE. ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS. THE BOARD APPROVES ANY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS. APPROVAL IS ALSO PROVIDED FOR THE SALARY BUDGET FOR THE ENTIRE ORGANIZATION. THE BOARD REVIEWS AND APPROVES THE PLAN DOCUMENTS FOR THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) AND THE PHYSICIAN AND PROVIDER INCENTIVE COMPENSATION PLAN (PICP). OFFICES OR POSITIONS REVIEWED AT THE 2016 MEETING: PRESIDENT AND CHIEF EXECUTIVE OFFICER, PARKVIEW HEALTH EXECUTIVE VICE PRESIDENT, CHIEF PHYSICIAN, EXECUTIVE CHIEF OPERATING OFFICER, PARKVIEW HEALTH CHIEF EXPERIENCE OFFICER, PHYSICIAN EXECUTIVE OFFICER, PARKVIEW PHYSICIANS GROUP PRESIDENT, PARKVIEW REGIONAL MEDICAL CENTER AND AFFILIATES CHIEF CLINICAL INTEGRATION OFFICER, CHIEF FINANCIAL OFFICER, CHIEF INFORMATION OFFICER, SENIOR VICE PRESIDENT, GENERAL COUNSEL, SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER, PARKVIEW PHYSICIANS GROUP CHIEF QUALITY AND SAFETY OFFICER, SENIOR VICE PRESIDENT, REVENUE CYCLE AND PAYOR STRATEGIES CHIEF, HUMAN RESOURCES OFFICER, CHIEF NURSING EXECUTIVE, SENIOR VICE PRESIDENT, STRATEGIC INITIATIVES CHIEF, ACADEMIC AND RESEARCH OFFICER, CHIEF MEDICAL INFORMATICS OFFICER, CHIEF MEDICAL OFFICER, PARKVIEW PHYSICIANS GROUP MEDICAL DIRECTOR, COMMUNITY HOSPITALS MEDICAL DIRECTOR, INTEGRATION AND DEVELOPMENT CHIEF, OPERATING OFFICER - RANDALLIA CHIEF, NURSING OFFICER - PARKVIEW REGIONAL MEDICAL CENTER AND AFFILIATES PRESIDENT - PARKVIEW CANCER CENTER, SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER, SERVICE LINE LEADER, BEHAVIORAL HEALTH, SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER, SERVICE LINE LEADER, ORTHO SENIOR VICE PRESIDENT, CHIEF OPERAT</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ING OFFICER SERVICE LINE LEADER HEART INSTITUTE SENIOR VICE PRESIDENT CHIEF OPERATING OFFI CER SERVICE LINE LEADER CANCER INSTITUTE SENIOR VICE PRESIDENT SERVICE LINE LEADER SENIOR VICE PRESIDENT DELIVERY SYSTEM INTEGRATION SENIOR VICE PRESIDENT FACILITY DESIGN AND OVERS IGH T SENIOR VICE PRESIDENT HEALTH AND WELL-BEING SENIOR VICE PRESIDENT PARKVIEW PHYSICIANS GROUP OPERATIONS DEPLOYMENT SENIOR VICE PRESIDENT SUPPLY AND SUPPORT SERVICES PRESIDENT C OMMUNITY HOSPITALS VICE PRESIDENT CLINICAL INTEGRATION VICE PRESIDENT CONSTRUCTION VICE PR ESIDENT EMPLOYEE STRATEGIES VICE PRESIDENT FINANCE VICE PRESIDENT MARKETING/COMMUNICATIONS /COMMUNITY RELATIONS VICE PRESIDENT NURSING RANDALLIA VICE PRESIDENT OPERATIONS - CANCER I NSTITUTE VICE PRESIDENT PATIENT CARE SERVICES COMMUNITY HOSPITALS VICE PRESIDENT PARKVIEW PHYSICIANS GROUP FINANCE VICE PRESIDENT PARKVIEW PHYSICIANS GROUP PHYSICIAN PRACTICES VICE PRESIDENT STRATEGY AND BUSINESS DEVELOPMENT VICE PRESIDENT SURGICAL SERVICES PARKVIEW REG IONAL MEDICAL CENTER AND AFFILIATES VICE PRESIDENT CLINICAL OPERATIONS - PARKVIEW PHYSICIA NS GROUP VICE PRESIDENT INFORMATION SECURITY VICE PRESIDENT INTERNAL AUDIT VICE PRESIDENT TECHNOLOGY VICE PRESIDENT PATIENT CARE SERVICES - COMMUNITY HOSPITALS

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET TRANSFERS/ADJUSTMENTS -14,095 CURRENT YEAR EARNINGS TRANSFERRED TO PARENT -136,971,537 CLEAR DUE TO/FROM PARKVIEW WHITLEY LONG TERM CARE 8,772,158 INCOME (LOSS) FROM HOSPITAL LAUNDRY SERVICE, INC 47,773 INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC -1,055,017 BOOK/TAX DIFFERENCES K-1'S 521,295

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 9	EFFECTIVE DECEMBER 1, 2014, PARKVIEW WHITLEY HOSPITAL DIVESTED THE PARKVIEW WHITLEY LONG TERM CARE OPERATIONS TO AN INDEPENDENT THIRD PARTY AS PART OF THE DIVESTITURE AGREEMENTS, PARKVIEW WHITLEY LONG TERM CARE MAINTAINED RESPONSIBILITY FOR THE COLLECTION AND PAYMENT OF CERTAIN RECEIVABLES AND LIABILITIES AS OF MARCH 31, 2016, PARKVIEW WHITLEY HOSPITAL MANAGEMENT DETERMINED THESE ACTIVITIES WERE COMPLETE AND THE DECISION WAS MADE TO CLOSE OUT ACCOUNTS ON THE PARKVIEW WHITLEY LONG TERM CARE BALANCE SHEET AT THE TIME OF THIS DECISION, THE PARKVIEW WHITLEY LONG TERM CARE BALANCE SHEET WAS COMPRISED OF INTERNAL RECEIVABLES AND LIABILITIES ASSOCIATED WITH OTHER PARKVIEW HEALTH RELATED ENTITIES THE BALANCE SHEET WAS CLOSED OUT THROUGH THE TRANSFERRING OF NET ASSETS TO AND FROM RELATED PARKVIEW ENTITIES IN SETTLEMENT OF THESE INTERNAL RECEIVABLES AND LIABILITIES

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
PARKVIEW HOSPITAL INC

Employer identification number  
35-0868085

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2147600	MEDICAL SERVICES	IN	0	0	PARKVIEW HOSPITAL INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	N/A	N/A				No			No	
<b>(2)</b> FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	N/A	N/A				No			No	
<b>(3)</b> MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	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	No
<b>(1)</b> PARKVIEW PROFESSIONAL PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888	REFERENCE LAB	IN	PARKVIEW HOSPITAL INC	C	4,170,885	3,638,539	100.000 %		No
<b>(2)</b> MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	N/A	C					No
<b>(3)</b> WOODLAND PLAZA MEDICAL PARK CONDO ASSOC INC 202 W BERRY ST SUITE 800 FORT WAYNE, IN 46802 35-2058340	CONDO MANAGEMENT	IN	N/A	C					No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PARKVIEW FOUNDATION INC	C	337,324	PART VII SUPPLEMENTAL INFORMATION
(2) PARKVIEW PROFESSIONAL PROGRAMS INC	Q	4,480,234	PART VII SUPPLEMENTAL INFORMATION



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

[illegible]

**Part VII**      **Supplemental Information**

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 35-0868085  
Name: PARKVIEW HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	HEALTH CARE	IN	501(C)(3)	LINE 12C, III-FI	N/A		No
(1)  10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 23-7220589	FUND MGMT	IN	501(C)(3)	LINE 12A, I	PARKVIEW HOSPITAL INC	Yes	
(2)  10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2064353	OCCUP HEALTH	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(3)  401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(4)  207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(5)  1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(6)  2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(7)  710 N EAST ST WABASH, IN 46992 47-1753440	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No