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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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 HEALTH SYSTEM INC

Doing business as

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

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

D Employer identification number
35-1972384

E Telephone number
(260) 373-8429

G Gross receipts $ 695,587,390

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PARKVIEW COM

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

L Year of formation 1995

M State of legal domicile IN

Part I Summary

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

Activities & Governance

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)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4,053
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,856,220
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,783,421	579,845
9	Program service revenue (Part VIII, line 2g)	458,016,686	509,326,669
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,853,010	20,315,305
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,568,879	1,999,232
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	487,221,996	532,221,051

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,620,130	4,074,995
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	335,044,551	387,773,769
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	177,244,017	196,986,537
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	517,908,698	588,835,301
19	Revenue less expenses Subtract line 18 from line 12	-30,686,702	-56,614,250

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,676,766,205	1,813,088,386
21	Total liabilities (Part X, line 26)	779,685,237	778,862,768
22	Net assets or fund balances Subtract line 21 from line 20	897,080,968	1,034,225,618

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2017-11-12

▶ 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 P O BOX 7 SOUTH BEND, IN 466240007			Phone no (574) 232-3992

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 561,789,739 including grants of $ 4,074,995) (Revenue $ 505,470,449)

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** ▶ 561,789,739

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	297		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,053		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶SZ , DA , SW , SF , NO , BR , PO , HU , GR , IT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								20,495,077	856,055	3,542,342

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 ▶ 580

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOYDEN & YOUNGBLUTT 120 WEST SUPERIOR ST FORT WAYNE, IN 46802	ADVERTISING	3,969,468
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	PHYSICIANS	2,729,248
UNITED AUDIT SYSTEMS INC 2245 GILBERT AVENUE ST 205 CINCINNATI, OH 45206	REMOTE CODING	2,562,883
LOCUMTENENS PO BOX 405547 ATLANTA, GA 30384	PHYSICIANS	2,509,966
FTI CONSULTING INC PO BOX 418005 BOSTON, MA 02241	CONSULTING	1,538,466

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 93

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	515,383		
	e Government grants (contributions)	1e	64,462		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		579,845		
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE	621110	172,089,530	172,089,530		
	b CORP SERVICE ALLOCATION	561000	155,337,329	155,337,329		
	c PH SUBSIDY	561499	117,002,032	117,002,032		
	d ORTHOPAEDIC HOSPITAL AT PARKVIEW	621110	34,709,963	34,709,963		
	e INTERUNIT RENT	532000	12,287,924	12,287,924		
	f All other program service revenue		17,899,891	14,043,671	3,856,220	
	g Total. Add lines 2a-2f . . . . ▶		509,326,669			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		14,824,740			14,824,740
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	5,957,821				
	b Less rental expenses	5,111,680				
	c Rental income or (loss)	846,141				
	d Net rental income or (loss) . . . . . ▶		846,141			846,141
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	163,709,268	35,956			
	b Less cost or other basis and sales expenses	157,634,836	619,823			
	c Gain or (loss)	6,074,432	-583,867			
	d Net gain or (loss) . . . . . ▶		5,490,565			5,490,565
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA REVENUE	722100	1,153,091			1,153,091
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d . . . . . ▶		1,153,091			
	12 Total revenue. See Instructions . . . . . ▶		532,221,051	505,470,449	3,856,220	22,314,537

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,074,995	4,074,995		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	19,132,987		19,132,987	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	91,548	91,548		
7 Other salaries and wages	292,719,733	292,719,733		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	38,299,788	38,299,788		
10 Payroll taxes	37,529,713	37,529,713		
11 Fees for services (non-employees)				
a Management				
b Legal	798,185	790,460	7,725	
c Accounting	390,000		390,000	
d Lobbying	101,752		101,752	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,860,165		1,860,165	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,284,402	30,878,225	3,406,177	
12 Advertising and promotion	2,685,764	2,684,514	1,250	
13 Office expenses	12,282,318	11,677,130	605,188	
14 Information technology	34,445,133	34,445,133		
15 Royalties				
16 Occupancy	15,985,677	15,951,470	34,207	
17 Travel	1,960,095	1,638,548	321,547	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,068,358	999,755	68,603	
20 Interest	25,421,845	25,421,845		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,644,217	31,633,525	10,692	
23 Insurance	4,781,055	4,252,752	528,303	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	10,638,477	10,638,477		
b BAD DEBT	8,755,276	8,755,276		
c PROVIDER CME, LICENSES	2,717,324	2,712,229	5,095	
d RECRUITMENT	2,227,281	2,226,648	633	
e All other expenses	4,939,213	4,367,975	571,238	
25 **Total functional expenses.** Add lines 1 through 24e	588,835,301	561,789,739	27,045,562	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	19,740	1	19,769
	2	Savings and temporary cash investments	148,399,531	2	90,052,000
	3	Pledges and grants receivable, net	1,455,170	3	
	4	Accounts receivable, net	14,898,207	4	19,919,323
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,197,072	7	2,789,637
	8	Inventories for sale or use	4,123,462	8	4,009,109
	9	Prepaid expenses and deferred charges	14,951,373	9	16,081,583
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 567,320,471			
	b	Less accumulated depreciation — 10b: 242,654,108	325,154,343	10c	324,666,363
	11	Investments—publicly traded securities	427,347,080	11	623,179,402
	12	Investments—other securities See Part IV, line 11	233,144,754	12	223,705,090
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	29,919,153	14	29,832,397
	15	Other assets See Part IV, line 11	475,156,320	15	478,833,713
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,676,766,205	16	1,813,088,386
Liabilities	17	Accounts payable and accrued expenses	95,363,832	17	106,314,422
	18	Grants payable		18	
	19	Deferred revenue	1,051,800	19	1,353,607
	20	Tax-exempt bond liabilities	524,591,647	20	514,736,371
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	33,897,204	23	32,032,686
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	124,780,754	25	124,425,682
	26	**Total liabilities.** Add lines 17 through 25	779,685,237	26	778,862,768
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	897,080,968	27	1,034,225,618
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	897,080,968	33	1,034,225,618
	34	Total liabilities and net assets/fund balances	1,676,766,205	34	1,813,088,386

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	532,221,051
2	Total expenses (must equal Part IX, column (A), line 25)	2	588,835,301
3	Revenue less expenses Subtract line 2 from line 1	3	-56,614,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	897,080,968
5	Net unrealized gains (losses) on investments	5	34,169,246
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	159,589,654
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,034,225,618

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 35-1972384

Name: PARKVIEW HEALTH SYSTEM INC

Form 990, Part III, Line 4a:

PARKVIEW HEALTH SYSTEM, INC SUPPORTS THE FOLLOWING HOSPITALS PARKVIEW HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , PARKVIEW WABASH HOSPITAL, INC , AND WHITLEY MEMORIAL HOSPITAL, INC IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A 60 PERCENT OWNER IN THE PARTNERSHIP OF THE ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY IS A FUNDAMENTAL PART OF PARKVIEW HEALTH SYSTEM, INC 'S MISSION AS A NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC REINVESTS ITS FUNDS AND OTHER RESOURCES IN COMMUNITY SERVICES AND HOSPITAL (SEE SCHEDULE O FOR CONTINUATION)PROGRAMS DESIGNED TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF RESIDENTS IN THE AREAS WHERE PARKVIEW HEALTH SYSTEM, INC HOSPITALS ARE LOCATED TO GUIDE US IN THIS ENDEAVOR, PARKVIEW HEALTH SYSTEM, INC SPONSORS A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT IN ADDITION, PARKVIEW HEALTH SYSTEM, INC REVIEWS TREND AND TREATMENT ANALYSIS DATA ON AN ONGOING BASIS DATA OBTAINED FROM THESE STUDIES ARE USED IN PARKVIEW HEALTH SYSTEM, INC 'S STRATEGIC PLANNING PROCESS TO IDENTIFY AND SET PRIORITIES FOR CRITICAL HEALTH INITIATIVES IN THE COMMUNITIES PARKVIEW HEALTH SYSTEM, INC SERVES PARKVIEW HEALTH SYSTEM, INC EMPLOYS 377 PRIMARY AND SPECIALTY CARE PHYSICIANS AS PART OF PARKVIEW PHYSICIANS GROUP THESE PHYSICIANS, ALONG WITH 150 ADVANCED PRACTICE PROVIDERS, PROVIDE CARE TO RESIDENTS THROUGHOUT NORTHEAST INDIANA AND NORTHWEST OHIO REGARDLESS OF THEIR ABILITY TO PAY FOR THOSE SERVICES PARKVIEW HEALTH EMPLOYS FOUR FULL-TIME PHYSICIAN RECRUITERS AND ONE FULL-TIME ADVANCED PRACTICE PROVIDER RECRUITER WHOSE TIME IS DEVOTED SOLELY TO RECRUITING PHYSICIANS AND ADVANCED PRACTICE PROVIDERS TWO PROVIDER ONBOARDING SPECIALIST WAS ADDED TO THIS TEAM ALL PHYSICIAN RECRUITMENT ACTIVITY IS BASED ON A PHYSICIAN NEEDS ASSESSMENT AND THE OVERSIGHT OF THE COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS TO ENSURE THAT WE FOLLOW THE GUIDELINES SET FORTH BY THE FEDERAL GOVERNMENT SIXTY-ONE NEW PHYSICIANS AND 92 ADVANCED PRACTICE PROVIDERS WERE RECRUITED IN 2016, SIGNIFICANTLY INCREASING THE SYSTEM'S ABILITY TO MEET LOCAL HEALTH NEEDS PARKVIEW HEALTH SYSTEM, INC PROVIDES SIGNIFICANT FUNDING TO LOCAL UNIVERSITIES TO PROMOTE AND SUPPORT THEIR NURSING PROGRAMS FOR THE EDUCATION AND DEVELOPMENT OF STUDENTS FOR THE NURSING PROFESSION PARKVIEW HEALTH SYSTEM, INC HAS PARTNERSHIPS WITH THE NURSING DEPARTMENTS AT INDIANA UNIVERSITY/PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS TO PROVIDE FINANCIAL ASSISTANCE FOR SCHOLARSHIPS AS WELL AS OPERATIONAL, CAPITAL AND MARKETING SUPPORT IN ADDITION, PARKVIEW HEALTH SYSTEM, INC IS A SIGNIFICANT CONTRIBUTOR TO THE NORTHEAST INDIANA ECONOMIC DEVELOPMENT COUNCIL IN ORDER TO PROMOTE THE ECONOMIC VITALITY OF THIS REGION PARKVIEW HEALTH SYSTEM, INC HAS PLAYED A KEY ROLE IN THE REGION'S VISION 2020 INITIATIVE, WHICH FOCUSES ON THE DEVELOPMENT OF STRATEGIES IMPERATIVE TO THE REGION'S FUTURE ECONOMIC GROWTH AND VITALITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	40 00 17 00	X		X				2,067,010	0	712,544
RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CHIEF PHY EXEC	40 00 0 00	X						1,018,869	0	189,190
ROBERT GODLEY DIRECTOR/PH PHYSICIAN	40 00 1 00	X						746,102	0	63,214
JOSHUA KLINE DIRECTOR/PH PHYSICIAN	40 00 0 00	X						431,730	0	116,263
ALAN MCGEE DIRECTOR/PH SVR LINE LEADER	10 00 0 00	X						405,250	0	0
MICHAEL AXEL DIRECTOR/TREASURER	1 00 1 00	X						7,250	1,000	0
MARGARET BROOKS DIRECTOR	1 00 0 00	X						6,250	0	0
VICKY CARWEIN DIRECTOR	1 00 0 00	X						6,000	0	0
JANET CHRZAN DIRECTOR/SECRETARY	1 00 0 00	X						7,207	0	0
ROGER CROMER DIRECTOR	1 00 2 00	X						2,750	6,500	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN EMERICK DIRECTOR	1 00 1 00	X						5,750	3,750	0
TIM GRISSOM DIRECTOR	1 00 1 00	X						7,250	14,750	0
DAVID HAIST DIRECTOR/CHAIR	1 00 1 00	X						15,750	0	0
THOMAS KIMBROUGH DIRECTOR	1 00 1 00	X						3,750	5,075	0
KEVIN LAMBRIGHT DIRECTOR	1 00 1 00	X						2,750	6,750	0
MICHAEL LEE DIRECTOR	1 00 0 00	X						5,250	0	0
JERRY LONG DIRECTOR	1 00 0 00	X						3,000	0	0
MARILYN MORAN-TOWNSEND DIRECTOR	1 00 1 00	X						6,825	3,250	0
WENDY ROBINSON DIRECTOR	1 00 1 00	X						2,000	3,000	0
LARRY ROWLAND DIRECTOR	41 00 5 00	X						256,750	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEN SCHUMAN DIRECTOR	1 00 1 00	X						2,500	6,500	0
THOMAS WALSH DIRECTOR	1 00 0 00	X						11,707	0	0
RYAN WARNER DIRECTOR	1 00 1 00	X						2,250	6,250	0
LUTHER WHITFIELD DIRECTOR	1 00 0 00	X						5,750	0	0
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	40 00 17 00			X				372,369	0	79,329
RICK HENVEY PH CHIEF OPERATING OFFICER	40 00 1 00			X				853,904	0	141,214
STANTON RISSER INTERIM PH CFO - PARTIAL YEAR/PH VP	40 00 17 00			X				318,160	0	67,612
NEIL SHARMA PRESIDENT PARKVIEW CANCER INSTITUTE	46 00 2 00				X			886,629	39,693	86,555
SUZANNE EHINGER PH CHIEF EXPERIENCE OFFICER	40 00 0 00				X			651,345	0	142,440
MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER	40 00 0 00				X			619,837	0	130,418

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			
RONALD DOUBLE PH CHIEF INFORMATION OFFICER	40 00 0 00				X			575,161	0	109,382
GREG JOHNSON PH CHIEF CLINICAL INTEGRATION OFFCR	40 00 0 00				X			550,326	0	117,669
MARK KADLEC PH SVP & COO - PPG	40 00 0 00				X			518,026	0	102,214
JAMES WITMER PH SVP FACILITY DESIGN & OVERSIGHT	40 00 0 00				X			516,515	0	41,716
DAVID STOREY PH SVP GENERAL COUNSEL	40 00 0 00				X			516,225	0	110,499
JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	40 00 0 00				X			478,612	0	95,345
THOMAS BOND PH CHIEF MEDICAL OFFICER-PPG	40 00 0 00				X			476,045	0	112,089
DENA JACQUAY PH CHIEF HUMAN RESOURCES OFFICER	40 00 0 00				X			463,462	0	107,636
JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY HOSPITALS	10 00 30 00				X			142,643	318,249	92,790
MARK PIERCE PH CHIEF MED INFORMATICS OFFICER	40 00 0 00				X			452,662	0	101,449

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			
BARBARA CLAYTON PH SVP REVENUE CYCLE/PAYOR STRATEGIES	40 00 0 00				X			435,222	0	104,785
JAMES STAPEL PH MEDICAL DIR INTEGRATION & DEV'T	32 00 1 00				X			414,372	0	96,303
DONNA VAN VLERAH PH SVP SUPPORT DIVISION	40 00 0 00				X			368,257	0	70,876
JOHN MEISTER PH SVP DELIVERY SYSTEM INTEGRATION	40 00 0 00				X			358,747	0	15,746
JEFFREY BOORD PH CHIEF QUALITY & SAFETY OFFICER	40 00 0 00				X			352,523	0	90,072
SCOTT JAMES PH SVP & COO SVR LINE LEADER-CANCER	40 00 0 00				X			326,233	0	78,256
PHILIP SMITH PH SVP STRATEGY & BUSINESS DEV'T	40 00 0 00				X			291,605	0	56,582
MATTHEW GROTHAUS PH PHYSICIAN	27 00 13 00					X		727,168	368,293	55,088
DOUGLAS GRAY PH PHYSICIAN	47 00 0 00					X		1,025,143	0	67,582
MICHAEL GRABOWSKI PH PHYSICIAN	36 00 6 00					X		931,222	72,995	64,814

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID LLOYD PH PHYSICIAN	43 00 0 00					X		922,698	0	58,697
DUANE HOUGENDOBLER PH PHYSICIAN	40 00 0 00					X		920,266	0	63,973

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

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

The organization is not a private foundation because it is (For lines 1 through 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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 6

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 6					150,448,329	0

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 3A	PARKVIEW HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE ORGANIZATION'S SUPPORTED ORGANIZATI ONS PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPIT AL OF NOBLE COUNTY, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, I NC , AND PARKVIEW WABASH HOSPITAL, INC THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESE RVED POWERS FOR PARKVIEW HOSPITAL, INC AS DEFINED IN THE NETWORK AGREEMENT (A) APPOINT D IRECTORS (INCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE AN Y DIRECTOR OF THE CORPORATION, WITH CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDATI ONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (B) APPOINT (I NCLUDING APPOINTMENTS TO FILL A VACANCY) AND INITIATE THE REMOVAL AND REMOVE THE PRESIDENT OF THE CORPORATION, WITH OR WITHOUT CAUSE, PROVIDED CONSIDERATION IS GIVEN TO RECOMMENDAT IONS OF THE BOARD REGARDING SUCH APPOINTMENT OR REMOVAL, IF ANY ARE SO MADE, (C) APPROVE A ND ADOPT THE STRATEGIC PLAN FOR THE CORPORATION AND ITS AFFILIATES, INCLUDING ANY INDIVIDU AL INITIATIVES OR ARRANGEMENTS, SUCH AS A NEW SERVICE OR CONTRACTUAL ARRANGEMENT, DEEMED B Y 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 CAPITA L 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 CORPORATIO N AND ITS AFFILIATES, AND REQUIRE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS AFFILI ATES, (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 IN VOLVES A TRANSFER OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR WOULD P REVENT 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 WH ICH WOULD CAUSE THE CORPORATION TO BE PUT INTO A FINANCIALLY VULNERABLE POSITION AS AN ONG OING CONCERN, NOR SHALL ANY SUCH TRANSFER CAUSE THE CORPORATION TO VIOLATE THE TERMS AND C ONDITIONS 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 PARTICIPAT ION IN A MASTER TRUST INDENTURE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BO RROWING OR GUARANTY OBLIGATING CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING TH E EXERCISE OF RENEWAL OPTIONS)

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A	BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNERS HIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILIA TES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO P ARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CAR E SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFF ILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOPT ION 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 AMEND MENT TO THE BYLAWS OR THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES A ND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENT S AS NECESSARY OR ADVISABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN THE JOINT C OMMISSION ACCREDITATION, TAX-EXEMPT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVE NT 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 T HIS EXHIBIT A WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DEVELOP P OLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGA RDING MATTERS SUBJECT TO REVIEW

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR COMMUNITY HOSPITAL OF LA GRANGE COUNTY, INC (I) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD S UBJECT TO THE COMPOSITION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SE T FORTH IN ARTICLE V, SECTION 2, (II) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AND VICE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (III) APPROVE AND/OR RE QUIRE THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORA TION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (IV) APPROVE AND/OR REQUIRE THE ES TABLISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR AN Y SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (V) APPROVE AND ADOPT THE STRATEGIC PLAN AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORA TION, (VI) APPROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF AN Y BONDS, PROPOSED BY THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VII) APPROVE AND/OR REQ UIRE THE APPROVAL OF CONTRACTS OR LOANS OBLIGATING THE CORPORATION TO EXPEND OR REPAY AN A MOUNT IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VIII) APPROVE AND/OR REQUIRE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, TRANSFER, ENCUMBRANCE OR OTHER DISPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN TH E POLICY OF THE CORPORATE MEMBER, (IX) APPROVE AND ADOPT THE CAPITAL BUDGET, OPERATING BUD GET, FINANCIAL PLANS AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (X) APPROVE AND/OR REQUIRE THE ADOPTION OF A MANAGED CARE PO LICY FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, INCLUDING NET WORK PARTICIPATION, PARTICIPATION IN ANY MANAGED CARE AGREEMENT AND PARTICIPATION IN ANY O THER HEALTH CARE SERVICE ARRANGEMENTS, (XI) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTH ER PROFESSIONAL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPOR ATION, (XII) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDICAL STAFF QUALITY ASSURAN CE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AND PROCEDURES FOR THE CORP ORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XIII) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR TO CLOSE THE CORPORATION'S CURRENT LOCATION, (XIV) APPROVE EACH ANNUAL LIST OF PROPOSED DONORS AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN THE ANNUAL BUDGET, AND MAKE PROPOSALS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, AND (XV) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY A CTION THAT IS INCONSISTENT WIT

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	H THE POLICY OF THE CORPORATE MEMBER

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR COMMUNITY HOSPITAL OF NO BLE COUNTY, INC (I) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD SUBJ ECT TO THE COMPOSITION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SET F ORTH IN ARTICLE V, SECTION 2, (II) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AN D VICE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (III) APPROVE AND/OR REQUI RE THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATIO N OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (IV) APPROVE AND/OR REQUIRE THE ESTAB LISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR ANY S UBSIDIARY OR AFFILIATE OF THE CORPORATION, (V) APPROVE AND ADOPT THE STRATEGIC PLAN AND AN Y AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATIO N, (VI) APPROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF ANY B ONDS, PROPOSED BY THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION IN EXC ESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VII) APPROVE AND/OR REQUIR E THE APPROVAL OF CONTRACTS OR LOANS OBLIGATING THE CORPORATION TO EXPEND OR REPAY AN AMOU NT IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VIII) APPROVE AND /OR REQUIRE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, TRANSFER, ENCUMBRANCE OR OTHER DI SPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE P OLICY OF THE CORPORATE MEMBER, (IX) APPROVE AND ADOPT THE CAPITAL BUDGET, OPERATING BUDGET , FINANCIAL PLANS AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFF ILIATE OF THE CORPORATION, (X) APPROVE AND/OR REQUIRE THE ADOPTION OF A MANAGED CARE POLIC Y FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, INCLUDING NETWOR K PARTICIPATION, PARTICIPATION IN ANY MANAGED CARE AGREEMENT AND PARTICIPATION IN ANY OTHE R HEALTH CARE SERVICE ARRANGEMENTS, (XI) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTHER PROFESSIONAL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATI ON, (XII) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDICAL STAFF QUALITY ASSURANCE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AND PROCEDURES FOR THE CORPORA TION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XIII) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOS PITAL OR TO CLOSE THE CORPORATION'S CURRENT LOCATION, (XIV) APPROVE EACH ANNUAL LIST OF PR OPOSED DONORS AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN THE ANNUAL BUDGET, AND MA KE PROPOSALS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN TH E POLICY OF THE CORPORATE MEMBER, AND (XV) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTI ON THAT IS INCONSISTENT WITH T

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	HE POLICY OF THE CORPORATE MEMBER

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

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	N OF THE CORPORATION OR AN AFFILIATE TO CHANGE THE HOSPITAL FROM A GENERAL, ACUTE CARE COM MUNITY HOSPITAL OR TO CLOSE THE HOSPITAL, AND (L) APPROVE ANY AMENDMENT TO THE BYLAWS OR T HE ARTICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATED AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVIS ABLE TO RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JCAHO ACCREDITATION, TAX-EXEMPT ST ATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR FINANC IAL EFFECTS TO THE CORPORATION OR SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO THE RES ERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS LIST OR THE REQUIREMENT THAT APPOINTED DIRECTORS CAN BE REPRESENTATIVES OF HUNTINGTON COUNTY, AS DESCRIBED IN ARTICLE V, SECTION S 2 AND 10 OF BYLAWS WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER SHALL DE VELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICI ES REGARDING MATTERS SUBJECT TO REVIEW

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR WHITLEY MEMORIAL HOSPITA L, INC 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, W ITH 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 WIT HOUT 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 COMPLIANC E WITH SUCH PLANS, INITIATIVES AND ARRANGEMENTS, (D) APPROVE AND ADOPT THE CAPITAL AND OPE RATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE INCURRENCE OF ANY DE BT PROPOSED BY THE CORPORATION, INCLUDING THE ISSUANCE OF BONDS, BY THE CORPORATION AND IT S 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, ARRANGEME NTS OR BUDGETS (G) REQUIRE AND DIRECT THE TRANSFER OF ASSETS BY THE CORPORATION OR ITS AF FILIATES, 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 TH E CORPORATION FROM OPERATING AN ACUTE CARE HOSPITAL IN THE COMMUNITY FOR PURPOSES OF THIS SECTION, BOARD APPROVAL SHALL NOT BE REQUIRED FOR PARTICIPATION IN A MASTER TRUST INDENTU RE, POOLED FINANCING OR ANY OTHER KIND OF DEBT INSTRUMENT, BORROWING OR GUARANTY OBLIGATIN G CORPORATION ASSETS, (H) APPROVE PARTICIPATION (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) BY THE CORPORATION AND ITS AFFILIATES IN NETWORKS, AFFILIATIONS, JOINT VENTURES, PARTNER SHIPS, MERGERS OR ACQUISITIONS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AFFILI ATES IN SUCH ARRANGEMENTS, (I) APPROVE DECISIONS OF THE CORPORATION AND ITS AFFILIATES TO PARTICIPATE (INCLUDING THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CA RE SERVICE PURCHASING ARRANGEMENTS AND REQUIRE PARTICIPATION BY THE CORPORATION AND ITS AF FILIATES IN SUCH HEALTH CARE SERVICE PURCHASING ARRANGEMENTS, (J) DEVELOP AND REQUIRE ADOP TION OF MINIMUM MEDICAL STAFF QUALITY ASSURANCE AND UTILIZATION REVIEW STANDARDS, CRITERIA AND PROCEDURES FOR THE CORPORATION AND ITS AFFILIATES IN CONSULTATION WITH THE CORPORATIO N, (K) APPROVE ANY ACTION OF T

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	HE 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 ART ICLES OF INCORPORATION OF THE CORPORATION, AND THE ARTICLES AND BYLAWS OF ANY NEWLY CREATE D AFFILIATE AND REQUIRE AMENDMENT OF THESE GOVERNING DOCUMENTS AS NECESSARY OR ADVISABLE T O RESOLVE SIGNIFICANT ETHICAL ISSUES, TO MAINTAIN JOINT COMMISSION ACCREDITATION, TAX-EXEM PT STATUS, PARTICIPATION IN MEDICARE/MEDICAID OR TO PREVENT SIGNIFICANT ADVERSE LEGAL OR F INANCIAL EFFECTS TO THE CORPORATION OR SYSTEM, EXCEPT THAT THERE CAN BE NO AMENDMENT TO TH E RESERVED POWERS LISTED IN SECTIONS (G) AND (K) OF THIS EXHIBIT A OR THE REQUIREMENT THAT ELECTED DIRECTORS BE REPRESENTATIVES OF WHITLEY COUNTY, AS DESCRIBED IN ARTICLE V, SECTIO NS 2 AND 10 OF THESE BYLAWS WITHOUT THE CONSENT OF THE CORPORATION THE CORPORATE MEMBER S HALL DEVELOP POLICIES FOR THE IMPLEMENTATION OF THE RESERVED POWERS, INCLUDING MATERIALITY POLICIES REGARDING MATTERS SUBJECT TO REVIEW

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	THE CORPORATE MEMBER SHALL HAVE THE FOLLOWING RESERVED POWERS FOR PARKVIEW WABASH HOSPITAL , INC (I) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD SUBJECT TO THE COMPOSITION REQUIREMENTS REGARDING COMMUNITY AND PHYSICIAN REPRESENTATION SET FORTH IN AR TICLE V, SECTION 2, (II) APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIR AND VICE CHA IR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION, (III) APPROVE AND/OR REQUIRE THE ADO PTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ANY S UBSIDIARY OR AFFILIATE OF THE CORPORATION, (IV) APPROVE AND/OR REQUIRE THE ESTABLISHMENT, ACQUISITION, DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP, AFFILIATION OR CORPORATE REORGANIZATION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (V) APPROVE AND ADOPT THE STRATEGIC PLAN AND ANY AMENDMEN TS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (VI) AP PROVE AND/OR REQUIRE THE INCURRENCE OF ANY DEBT, INCLUDING THE ISSUANCE OF ANY BONDS, PROP OSED BY THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION IN EXCESS OF LIM ITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VII) APPROVE AND/OR REQUIRE THE APPR OVAL OF CONTRACTS OR LOANS OBLIGATING THE CORPORATION TO EXPEND OR REPAY AN AMOUNT IN EXCE SS OF LIMITS SPECIFIED IN THE POLICY OF THE CORPORATE MEMBER, (VIII) APPROVE AND/OR REQUIR E THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE, TRANSFER, ENCUMBRANCE OR OTHER DISPOSITION OF PROPERTY AND ASSETS OF THE CORPORATION IN EXCESS OF LIMITS SPECIFIED IN THE POLICY OF T HE CORPORATE MEMBER, (IX) APPROVE AND ADOPT THE CAPITAL BUDGET, OPERATING BUDGET, FINANCIA L PLANS AND ANY AMENDMENTS THERETO FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (X) APPROVE AND/OR REQUIRE THE ADOPTION OF A MANAGED CARE POLICY FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, INCLUDING NETWORK PARTICIP ATION, PARTICIPATION IN ANY MANAGED CARE AGREEMENT AND PARTICIPATION IN ANY OTHER HEALTH C ARE SERVICE ARRANGEMENTS, (XI) APPOINT AND REMOVE AUDITORS, ATTORNEYS AND OTHER PROFESSION AL ADVISORS FOR THE CORPORATION AND ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XII) DEVELOP, APPROVE AND/OR REQUIRE THE ADOPTION OF MEDICAL STAFF QUALITY ASSURANCE STANDARDS, UTILIZATION REVIEW STANDARDS, CRITERIA, POLICIES AND PROCEDURES FOR THE CORPORATION AND A NY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, (XIII) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION TO CHANGE THE CORPORATION FROM A GENERAL, ACUTE CARE COMMUNITY HOSPITAL OR T O CLOSE THE CORPORATION'S CURRENT LOCATION, (XIV) APPROVE EACH ANNUAL LIST OF PROPOSED DON ORS AND AMOUNTS OF DONATIONS OR GRANTS NOT INCLUDED IN THE ANNUAL BUDGET, AND MAKE PROPOSA LS TO DEVIATE THEREFROM THROUGHOUT EACH YEAR IN EXCESS OF LIMITS SPECIFIED IN THE POLICY O F THE CORPORATE MEMBER, AND (XV) APPROVE AND/OR REQUIRE THE ADOPTION OF ANY ACTION THAT IS INCONSISTENT WITH THE POLICY

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Return Reference	Explanation
PART IV, SECTION E, LINE 3A CONT'D	OF THE CORPORATE MEMBER

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

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) PARKVIEW HOSPITAL INC	350868085	3	Yes		116,737,329	0
(A) PARKVIEW HOSPITAL INC	350868085	3	Yes		116,737,329	0
(A) HUNTINGTON MEMORIAL HOSPITAL INC	351970706	3	Yes		6,981,000	0
(A) HUNTINGTON MEMORIAL HOSPITAL INC	351970706	3	Yes		6,981,000	0
(B) WHITLEY MEMORIAL HOSPITAL INC	351967665	3	Yes		8,417,000	0
(B) WHITLEY MEMORIAL HOSPITAL INC	351967665	3	Yes		8,417,000	0
(C) COMMUNITY HOSPITAL OF NOBLE COUNTY INC	352089183	3	Yes		7,609,000	0
(C) COMMUNITY HOSPITAL OF NOBLE COUNTY INC	352089183	3	Yes		7,609,000	0
(D) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	202401676	3	Yes		4,820,000	0
(D) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	202401676	3	Yes		4,820,000	0
(E) PARKVIEW WABASH HOSPITAL INC	471753440	3	Yes		5,884,000	0
(E) PARKVIEW WABASH HOSPITAL INC	471753440	3	Yes		5,884,000	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		101,752
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18,359
j	Total Add lines 1c through 1i			120,111
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY THE CORYDON GROUP, LLC $101,752 OTHER ACTIVITIES - REPRESENTS THE PORTION OF DUES PAID TO VARIOUS ORGANIZATIONS SUCH AS THE REGIONAL CHAMBER OF NORTHEAST INDIANA, INDIANA CHAMBER OF COMMERCE, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN COLLEGE OF SURGEONS, AMERICAN MEDICAL ASSOCIATION, AMERICAN COLLEGE OF CARDIOLOGY, AMERICAN OSTEOPATIC ASSOCIATION, AMERICAN UROLOGICAL ASSOCIATION, INDIANA OSTEOPATIC INSTITUTE, INDIANA STATE MEDICAL ASSOCIATION, AND INDIANA PODIATRIC MEDICAL ASSOCIATION USED FOR LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a 2
b	Total acreage restricted by conservation easements	2b 5 83
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 32,050

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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	16,555,340	40,426,857		56,982,197
b Buildings		246,951,413	80,145,937	166,805,476
c Leasehold improvements		11,892,333	7,287,131	4,605,202
d Equipment		229,564,344	144,342,589	85,221,755
e Other		21,930,184	10,878,451	11,051,733
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				324,666,363

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	144,175,330	C
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS IN JVS, MCHA & WRPLX	79,529,760	C
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	223,705,090	

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) DUE TO/FROM INTERUNIT	447,637,424
(2) MISCELLANEOUS	1,564,180
(3) NOTE RECEIVABLE FROM LGHOS	5,896,241
(4) NOTE RECEIVABLE FROM WMHOS	6,893,500
(5) NOTE RECEIVABLE FROM MCHA	16,842,368
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	478,833,713

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	
ACC RETIREMENTS COST	110,004,862
RESERVE FOR SIGNATURE CARE	7,603,048
RESERVE FOR MALPRACTICE	6,788,336
MISCELLANEOUS	29,436
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	124,425,682

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1972384

Name: PARKVIEW HEALTH SYSTEM INC

Supplemental Information

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEM ENTS TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE LI ABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) PAGE 16 OF ATTACHED FINANCIAL STATEMENTS INCOME TAXES THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE CORPORATION AND CERTAIN AFFILIATED ENTITIES ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED IN SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE CERTAIN SUBSIDIARIES OF THE CORPORATION ARE TAXABLE ENTITI ES, THE TAX EXPENSE AND LIABILITIES OF WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIA L STATEMENTS THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TA XING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX P OSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH EN TITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILIT Y OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATE D BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2016 AND 2015, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS FORMS 990 AND 99 0T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE SUBJECT TO EXAMINAT ION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH R ETURN FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEAR 2012 AND PRIOR

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			117,468		117,468	0 020 %
b Medicaid (from Worksheet 3, column a)			1,063,135	122,084	941,051	0 160 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,761,470	2,363,537	397,933	0 070 %
d **Total** Financial Assistance and Means-Tested Government Programs			3,942,073	2,485,621	1,456,452	0 250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,287,318	1,353,043	934,275	0 160 %
f Health professions education (from Worksheet 5)			585,600		585,600	0 100 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,804,941	6,030	1,798,911	0 310 %
j **Total.** Other Benefits			4,677,859	1,359,073	3,318,786	0 570 %
k **Total.** Add lines 7d and 7j			8,619,932	3,844,694	4,775,238	0 820 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			533,029		533,029	0 090 %
2 Economic development			290,238		290,238	0 050 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			33,000		33,000	0 010 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			864,306		864,306	0 150 %
9 Other						
10 Total			1,720,573		1,720,573	0 300 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,993,231		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	28,387		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	7,530,946		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	8,709,682		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,178,736		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW PARKVIEW COM/LOCALHEALTHNEEDS			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW PARKVIEW COM/LOCALHEALTHNEEDS			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? **76**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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	NOTE TO READER - THE AMOUNTS LISTED ON LINES 7A-C REFLECT ONLY THE FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC AS PARKVIEW HEALTH SYSTEM, INC 'S MEMBER HOSPITALS OF PARKVIEW HOSPITAL, INC (EIN 35-0868085), COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (EIN 20-2401676), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (EIN 35-2087092), HUNTINGTON MEMORIAL HOSPITAL, INC (EIN 35-1970706), WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665), AND PARKVIEW WABASH HOSPITAL, INC (EIN 47-1753440) FILE THEIR OWN RESPECTIVE FORM 990 PART I, LINE 7APARKVIEW HEALTH SYSTEM, INC IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS IT IS FURTHERMORE THE POLICY OF PARKVIEW HEALTH SYSTEM, INC NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL INABILITY TO PAY HIS/HER MEDICAL EXPENSES THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE CHARITY CARE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7BPARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7CPARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7EAMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE PART I, LINE 7FAMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE 7IIN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HEALTH SYSTEM, INC CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSEPARKVIEW HEALTH SYSTEM, INC EXCLUDED $8,755,276 OF BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

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

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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

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

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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

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Form and Line Reference	Explanation
PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTSSUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT PARKVIEW HEALTH SYSTEM, INC ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT " IT HAS HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL AS A RESULT, PARKVIEW HEALTH SYSTEM, INC HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT PARKVIEW HEALTH SYSTEM, INC RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION

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Form and Line Reference	Explanation
PART III, LINE 9B	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

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Form and Line Reference	Explanation
PART VI, LINE 2	DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES PARKVIEW HEALTH SYSTEM, INC AND PARKVIEW HOSPITAL, INC 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 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC 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 BASE 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 ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC 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

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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

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Form and Line Reference	Explanation
PART VI, LINE 4	DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES PARKVIEW HEALTH SYSTEM, INC SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS NORTHWEST OHIO THE TOTAL POPULATION OF OUR SERVICE AREA IS OVER 880,000 THE SYSTEM OPERATES HOSPITALS IN ALLEN, HUNTINGTON, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES ALLEN COUNTY IS CONSIDERED THE URBAN AREA AMONGST THE OTHER RURAL COUNTIES AND REPRESENTS 66 PERCENT OF THE TOTAL POPULATION OF THE SIX-COUNTY AREA EVEN THOUGH PARKVIEW'S PATIENT SERVICE AREA EXTENDS FAR BEYOND THE SIX-COUNTY AREA WHERE HOSPITAL ENTITIES RESIDE, ADDRESSING POPULATION HEALTH PRIORITIES IS BASED LARGELY ON THE DEGREE OF ACCESSIBILITY THAT COMMUNITY MEMBERS POSSESS TO ASSISTANCE PROGRAMS, COMMUNITY RESOURCES, ETC IN ORDER TO BEST IMPROVE THE POPULATION HEALTH IN THE COMMUNITIES THAT WE SERVE, COMMUNITY HEALTH IMPROVEMENT INITIATIVES ARE PROVIDED PRIMARILY TO THE LOCAL COMMUNITIES IN EACH OF THE SIX COUNTIES THE AVERAGE PERCENTAGE OF THOSE BELOW THE FEDERAL POVERTY LEVEL IS 10 6 PERCENT FOR THE SIX-COUNTY AREA THE MEDIAN HOUSEHOLD INCOME RANGES FROM $48,223 (WABASH) TO $56,662 (LAGRANGE) THE UNEMPLOYMENT RATE RANGES FROM 2 0 PERCENT (LAGRANGE COUNTY) TO 2 7 PERCENT (NOBLE COUNTY) AS OF MAY 2017 ACCORDING TO WWW HOOSIERDATA IN GOV HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA), IS AN AGENCY OF THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES HRSA DEVELOPS SHORTAGE DESIGNATION CRITERIA AND USES THEM TO DECIDE WHETHER OR NOT A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P) HRSA HAS DESIGNATED WHITLEY COUNTY AS A HSPA IN PRIMARY CARE AND MENTAL HEALTH HRSA HAS DESIGNATED KOSCIUSKO COUNTY AS A HSPA IN MENTAL HEALTH HRSA HAS DESIGNATED THE CITY OF WARSAW, WHICH IS LOCATED IN KOSCIUSKO COUNTY, AS A MUA/P HRSA HAS DESIGNATED WABASH COUNTY AS A HSPA IN DENTAL HEALTH, PRIMARY CARE AND MENTAL HEALTH AND AS A MUA/P HRSA HAS DESIGNATED HUNTINGTON COUNTY AS A HSPA IN PRIMARY CARE AND MENTAL HEALTH HRSA HAS DESIGNATED NOBLE COUNTY AS A HSPA IN MENTAL HEALTH HRSA HAS DESIGNATED LAGRANGE COUNTY AS A HSPA IN DENTAL HEALTH, PRIMARY CARE AND MENTAL HEALTH HRSA HAS DESIGNATED A PORTION OF SOUTH FORT WAYNE IN ALLEN COUNTY AS A MUA/P

Form and Line Reference	Explanation
PART VI, LINE 5	PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACI LITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC) PA RKVIEW HEALTH SYSTEM, INC 'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMB ERS WHO RESIDE IN PARKVIEW HEALTH SYSTEM, INC 'S PRIMARY SERVICE AREA PARKVIEW HEALTH SYS TEM, INC , AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL ENTITIES AND PHYSICIAN PRACTICES, SE RVES IN AN OVERSIGHT CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM EACH OF OU R HEALTHCARE FACILITIES IS EFFICIENTLY SUPPORTED WITH CENTRALIZED, COST-EFFECTIVE ADMINIST RATIVE SUPPORT AND GUIDANCE TO FORM A COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION PARKVIEW HEALTH SYSTEM, INC SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY CONDUCTING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT OF THE REGION AND OFFERING THE SE RVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF THE COMMUNITIES WE SERVE, PARKVIEW HEALTH SYSTEM, INC OPENED THE NEW PA RKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH 2012 THIS FACILITY BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PATIENT-CENTERED CARE AND PROVIDES GREAT ER ACCESS TO HEALTHCARE FOR THE ENTIRE REGION OUR HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH-CENTRAL FORT WAYNE (PARKVIEW HOSPITAL RANDALLIA) IS UNDERGOING RENOVATIONS AND REMA INS A VITAL PART OF THE LOCAL NEIGHBORHOOD WHILE THIS FACILITY CONTINUES TO PROVIDE COMMU NITY-CENTRIC HEALTHCARE SERVICES, PARKVIEW IS REPOSITIONING THE RANDALLIA CAMPUS AS PART O F A FUTURE USES PLAN PROCESS AS A PART OF THESE EFFORTS, PARKVIEW HOSPITAL, INC IS PARTN ERING WITH TRINE AND HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CENTER THE CENTER WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REH ABILITATION SERVICES AND SENIOR CARE PARKVIEW HOSPITAL, INC , HAS FOSTERED CLINICAL RESEA RCH SERVICES, THROUGH THE PARKVIEW RESEARCH CENTER, TO PARKVIEW HEALTH SYSTEM, INC PHYSIC IANS 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 P ARKVIEW RESEARCH CENTER OPENED ITS MIRRO CENTER FOR RESEARCH AND INNOVATION OFFICES IN APR IL, 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 COL LABORATE 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 PHA RMACEUTICAL FIRMS PARKVIEW IS POISED TO BECOME THE LEADER IN HEALTHCARE SCIENCES FOR THIS REGION DATA OBTAINED THROUGH TRIENNIAL COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS IS UTILIZED IN PARKVIEW HEALTH SYSTEM, INC 'S STRATEGIC P LANNING PROCESS IN IDENTIFYING COMMUNITY HEALTH NEEDS AS A RESULT OF THIS STRATEGIC PLANN ING PROCESS, PARKVIEW HEALTH SYSTEM, INC HAS ESTABLISHED SEVERAL PRIORITY AREAS THESE PR IORITY AREAS ARE ALIGNED WITH PARKVIEW HEALTH SYSTEM, INC 'S MISSION, VISION AND GOALS, AN D HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HEALTH SYSTEM UNDERTAKES PRIORITY AREAS INCLUDE THE FOLLOWING PRIMARY HEALTHCARE/ACCESS TO HEALTHCARE - ADDITIONAL RECRUITME NT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY INCLUDING THE ADDITION OF FAM ILY PRACTICE PHYSICIANS THROUGHOUT THE COMMUNITY - EXPANSION OF PRIMARY CARE ACCESS AND NO N-TRADITIONAL HOURS OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIANS GROUP OFFICES TO ACCOMMODATE SAME-DAY APPOINTMENTS - CONTINUED SUPPOR T OF PROGRAMS PROVIDING PRIMARY CARE TO THE UNINSURED INCLUDING FINANCIAL SUPPORT TO MATTH EW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINICS AND COMMUNITY TRANSPORTATION N ETWORK - PROGRAMS TO INCREASE DISTRIBUTION OF FREE MEDICATIONS TO THE POOR EACH HOSPITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THE SERVICES AVAILABLE TO THE COMMUNIT Y - PROMOTION OF HEALTH CAREERS, PARTICULARLY THOSE IN WHICH THE COMMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTHCARE PROFESSIONALS, INCLUDING PROGRAM FUNDING AND SCHOLARSHIP S FOR INDIANA/PURDUE UNIVERSITY FORT WAYNE AND THE UNIVERSITY OF SAINT FRANCIS - SUPPORT FOR ACTIVITIES WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO T HE UNINSURED INCLUDING PARTNERSHIP WITH BRIGHTPOINT COVERING KIDS AND FAMILIES THAT PROVID ES ELIGIBILITY AND ENROLLMENT SERVICES HEALTH SCREENING AND PREVENTION - CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROSTATE SCREENING- TOBACCO CESSATION PROGRAMS ESPECI ALLY FOR WOMEN OF CHILDBEARING AGE- INJURY PREVENT

Form and Line Reference	Explanation
PART VI, LINE 5	ION FOR CHILDREN, YOUTH AND SENIORS- DIABETES EDUCATION AND SCREENING- CARDIOVASCULAR DISE ASE EDUCATION AND SCREENING- PROGRAMS TO REDUCE DANGEROUS DRIVING- MENTAL HEALTH SCREENING - EARLY CHILDHOOD DEVELOPMENTDISEASE MANAGEMENT - CARDIOVASCULAR DISEASE - CANCER- MENTAL ILLNESSES- TRAUMA AND ORTHOPAEDIC AILMENTS- WOMEN'S AND CHILDREN'S MEDICINE WITH AN EMPHAS IS ON EARLY PRENATAL CARE AND CHILDREN'S ASTHMA- DIABETES AND OBESITY HEALTH INNOVATION, E DUCATION, AND RESEARCH AND DEVELOPMENT - ENHANCING HEALTHCARE EDUCATION, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRUCTION OF THE PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AN D RESEARCH CONSORTIUM THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN PARKVIEW, TRINE UN IVERSITY AND HUNTINGTON UNIVERSITY DOCTORAL PROGRAMS IN PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE HOUSED ON THE RANDALLIA CAMPUS THIS EFFORT FULFILLS A SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEED IN THE COMMUNITY - PROMOTING ECONOMIC DEVELOPMENT IN T HE COMMUNITY BY PROVIDING HIGH-LEVEL LEADERSHIP TO DEVELOP PARTNERSHIPS WITH REGIONAL PART NER ORGANIZATIONS THAT SHARE COMMON GOALS - DEVELOPMENT OF A CUSTOMIZED POPULATION HEALTH MANAGEMENT MODEL CONTINUES PARKVIEW CARE PARTNERS IS A PHYSICIAN-LED CARE MANAGEMENT ORG ANIZATION COLLABORATING ON A CLINICALLY INTEGRATED (CI) APPROACH TO HEALTHCARE DELIVERY AC ROSS THE CONTINUUM OF CARE CLINICAL INTEGRATION WORKS TO ACHIEVE GOALS IN FOUR OVERARCHIN G AREAS REFERRED TO AS THE QUADRUPLE AIM THE FOUR AREAS INCLUDE QUALITY OF CARE, THE PATI ENT EXPERIENCE, VALUE (IN TERMS OF REDUCED WASTE IN HEALTHCARE) AND IMPROVING THE CARE PRO VIDER EXPERIENCE PARKVIEW HEALTH SYSTEM, INC , AS THE PARENT ORGANIZATION, AND THROUGH IT S MEMBER HOSPITALS, ANNUALLY FUNDS LOCAL COMMUNITY HEALTH IMPROVEMENT EFFORTS THESE FUNDS ARE USED TO SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS FUNDS ARE ALSO USED TO SUPPORT COMMUNITY OUTREACH PROGRAMS AND HEALTH INITIATIVES THE EM PHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH AND WELL-BEING OF THE C OMMUNITIES WE SERVE, WHICH ALIGNS WITH OUR ESTABLISHED MISSION PARKVIEW HEALTH SYSTEM, IN C , THROUGH THE HOSPITALS OF PARKVIEW HOSPITAL, INC , PROVIDES A COMMUNITY-BASED NURSING P ROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EAC H YEAR IN SCHOOL SYSTEMS THROUGHOUT THE REGION OTHER PARKVIEW HOSPITAL, INC OUTREACH PRO GRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, MATERNAL/INFANT HEALTH INTERVENTI ON PROGRAMS, NUTRITION AND ACTIVE LIFESTYLE CURRICULUMS, BEHAVIORAL HEALTH CARE NAVIGATOR PROGRAM AND INJURY PREVENTION EDUCATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A 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 PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF PARKVIEW'S MISSION AND VISION IS AS FOLLOWS AS A COMMUNITY OWNED, NOT-FOR-PROFIT ORGANIZATION, PARKVIEW HEALTH IS DEDICATED TO IMPROVING YOUR HEALTH AND INSPIRING YOUR WELL-BEING BY 1) TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE YOUR UNIQUE GOALS, 2) DEMONSTRATING WORLD-CLASS TEAMWORK AS WE PARTNER WITH YOU ALONG THAT JOURNEY 3) PROVIDING THE EXCELLENCE, INNOVATION AND VALUE YOU SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING

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

Additional Data

Software ID:

Software Version:

EIN: 35-1972384

Name: PARKVIEW HEALTH SYSTEM INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 11119 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 WWW PARKVIEW COM 14-005845-1	X	X		X						

Form 990 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
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	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 WAS ALSO CONDUCTED AMONG PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN AIDING VULNERABLE POPULATIONS IN THE SEVEN-COUNTY AREA 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
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	PART V, SECTION B, LINE 6A PARKVIEW HOSPITAL, INC (EIN 35-0868085), COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC (EIN 20-2401676), COMMUNITY HOSPITAL OF NOBLE COUNTY, INC (EIN 35-2087092), HUNTINGTON MEMORIAL HOSPITAL, INC (EIN 35-1970706), WHITLEY MEMORIAL HOSPITAL, INC (EIN 35-1967665), AND PARKVIEW WABASH HOSPITAL, INC (EIN 47-1753440)

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
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	PART V, SECTION B, LINE 6B 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
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	PART V, SECTION B, LINE 11 SIGNIFICANT HEALTH NEEDS BEING ADDRESSED OBESITY - PARKVIEW HO SPITAL, 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 OB ESITY CENTER AROUND PROGRAMS THAT ENGAGE CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING P ROGRAMS 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 H EALTHY SEEDS AFTER-SCHOOL EDITION, 5) TAKING ROOT WELL-BEING CHALLENGE PROGRAM FOR 4TH AN D 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 HAVE THE HIGHEST IMPACT FOR OBESITY PREVENTION ANTICIPATED IMPACT INCLUDE THE FOLLOWING 1) INCREASE ACCE SS 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 SKIL L-BUILDING CLASSES FOR FAMILIES AND PREGNANT WOMEN, 5) ENHANCE AND INCREASE PROVIDER DIREC TED WELLNESS RESOURCES INCLUDING REFERRALS TO HEALTH MANAGEMENT PROGRAMS IN THE COMMUNITY ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC WILL CONTINUE TO PARTNER WITH PARKVIEW HOSPIT AL, INC IN ITS EFFORTS TO PROMOTE HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY PREVENTION EDUCATION IN ALLEN COUNTY COMMUNITY OUTREACH CERTIFIED ATHLETIC TR AINER (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO ACTIVITIE S OF HEALTHY LIVING, I E , NUTRITION CLASSES FOR OUR CLUB SPORT TEAMS, INJURY PREVENTION C LASSES AT AREA HIGH SCHOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES THIS APPROACH P ROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE OTHER HEALTH NEEDS NOT BEI NG ADDRESSED -TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN A LLEN COUNTY RELATED TO TOBACCO FREE EFFORTS TFAC PROVIDES INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY PARKVIEW HOSP ITAL IS A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO FREE CAMPUS -DIABET ES, CARDIOVASCULAR DISEASE AND CANCER - WHILE PARKVIEW HOSPITAL DID NOT SELECT THESE CHRON IC DISEASES AS TOP HEALTH PRIORITIES, OUR INTENT IS TO HELP TO PREVENT AND REDUCE THE PRES ENCE OF CHRONIC CONDITIONS LIKE THE AFOREMENTIONED DISEASES BY ADDRESSING OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO HEALTHY FOODS, ACTIVE LIVING PROGRAMS AND EDUCATI ON ON OTHER HEALTHY LIFESTYLE HABITS -DRUGS/ALCOHOL ABUSE AND ADDICTION - ONE OF PARKVIEW HOSPITAL'S HEALTH PRIORITIES IS MENTAL HEALTH MANY OF INDIVIDUALS BEING ASSISTED AND REF ERRED THROUGH PARKVIEW BEHAVIO

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
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC	RAL HEALTH CARE NAVIGATION PROGRAM ARE AFFECTED BY DRUG AND ALCOHOL ABUSE AND ADDICTION -S EXUALLY TRANSMITTED DISEASES (STDS) - THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT, IN CO NJUNCTION WITH MATTHEW 25 HEALTH CLINIC, OPERATES A SEXUALLY TRANSMITTED DISEASE (STD) CLI NIC THE NE INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE) PROVIDES S TD 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 OLDE R THE LOCAL CHAPTER OF THE NATIONAL KIDNEY FOUNDATION FOCUSES ON PREVENTION EDUCATION AND SERVES AS A RESOURCE TO THOSE AFFECTED BY KIDNEY DISEASE AND THEIR FAMILIES 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 ADMI NISTERS AN ASTHMA PROGRAM THAT PROVIDES AN INTERVENTION THAT MOVES PATIENTS BEYOND EMERGEN CY RESCUE CARE TO A MORE PROACTIVE CARE APPROACH THE PROGRAM INCLUDES EDUCATION, INFORMAT ION, AND STRATEGIES FOR FOLLOW-UP CARE THAT ARE BOTH INEXPENSIVE AND EFFECTIVE THIS PROGR AM INCORPORATES MULTIPLE BEST PRACTICES, BUNDLES MANY OF THE RESOURCES ALREADY AVAILABLE A ND IN USE, AND APPLIES PRINCIPLES OF CASE MANAGEMENT/CARE NAVIGATION AND PROVIDES SERVICES TO PATIENTS IN A SERIES OF ONE-ON-ONE CONTACTS OVER TIME TO FACILITATE LONG-TERM ASTHMA M ANAGEMENT -AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA SERVES OLDER ADULTS, PE RSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE COUNTIES AS A PART OF THIS REGION TH IS NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGE NCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCE SS TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT, AND BENEFITS ENROLLMENT ACROS S A SPECTRUM OF LONG-TERM CARE SERVICES THROUGH THE CARE TRANSITIONS PROGRAM, AGING AND I N-HOME SERVICES PARTNERS WITH PARKVIEW HEALTH IN AN EFFORT TO REDUCE MEDICARE READMISSIONS -PRIMARY CARE ACCESS - INCREASING ACCESS TO HEALTHCARE IS A STRATEGIC INITIATIVE FOR THE HEALTH SYSTEM PARKVIEW CONDUCTS PERIODIC STUDIES TO DETERMINE THE AREAS WHERE PHYSICIANS ARE NEEDED AND RECRUITS PHYSICIANS ACCORDINGLY ALLEN COUNTY HAS A STRONG HEALTHCARE SAFET Y NET THAT ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED PARTICIP ATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBO RHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC , FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH -RELATED ORGANIZATIONS

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - PARKVIEW PHYSICIANS GROUP 11108 PARKVIEW CIRCLE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
1	2 - PARKVIEW PHYSICIANS GROUP 11109 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
2	3 - PARKVIEW PHYSICIANS GROUP 11123 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
3	4 - PARKVIEW PHYSICIANS GROUP 3909 NEW VISION DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
4	5 - PARKVIEW PHYSICIANS GROUP 11141 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
5	6 - PARKVIEW PHYSICIANS GROUP 11104 PARKVIEW CIRCLE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
6	7 - IMAGING SYSTEMS HOLDINGS LLC 3707 NEW VISION DRIVE FORT WAYNE, IN 46845	IMAGING SERVICES
7	8 - PARKVIEW PHYSICIANS GROUP 1818 CAREW ST FORT WAYNE, IN 46805	PHYSICIAN OFFICE
8	9 - PARKVIEW PHYSICIANS GROUP 2003 STULTS RD HUNTINGTON, IN 46750	PHYSICIAN OFFICE
9	10 - PARKVIEW PHYSICIANS GROUP 1270 E SR 205 COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
10	11 - PARKVIEW PHYSICIANS GROUP 1515 HOBSON RD FORT WAYNE, IN 46805	PHYSICIAN OFFICE
11	12 - PARKVIEW PHYSICIANS GROUP 3810 NEW VISION DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
12	13 - PARKVIEW PHYSICIANS GROUP 1355 MARINERS DR WARSAW, IN 46582	PHYSICIAN OFFICE
13	14 - PARKVIEW PHYSICIANS GROUP 2708 GUILFORD ST HUNTINGTON, IN 46750	PHYSICIAN OFFICE
14	15 - PARKVIEW PHYSICIANS GROUP 1331 MINNICH RD NEW HAVEN, IN 46774	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - PARKVIEW PHYSICIANS GROUP 8911 LIBERTY MILLS RD FORT WAYNE, IN 46804	PHYSICIAN OFFICE
1	17 - PARKVIEW PHYSICIANS GROUP 104 NICHOLAS PLACE AVILLA, IN 46710	PHYSICIAN OFFICE
2	18 - PARKVIEW ORTHO PERFORMANCE CENTER LLC 11130 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	PHYSICAL THERAPY SERVICES
3	19 - PARKVIEW PHYSICIANS GROUP 306 E MAUMEE ST ANGOLA, IN 46703	PHYSICIAN OFFICE
4	20 - PARKVIEW PHYSICIANS GROUP 2231 CAREW ST FORT WAYNE, IN 46805	PHYSICIAN OFFICE
5	21 - PARKVIEW PHYSICIANS GROUP 6920 POINTE INVERNESS WAY STE 120 FORT WAYNE, IN 46804	PHYSICIAN OFFICE
6	22 - PARKVIEW PHYSICIANS GROUP 11143 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
7	23 - PARKVIEW PHYSICIANS GROUP 710 N EAST ST WABASH, IN 46992	PHYSICIAN OFFICE
8	24 - PARKVIEW PHYSICIANS GROUP 326 SAWYER RD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
9	25 - PARKVIEW PHYSICIANS GROUP 10515 ILLINOIS RD FORT WAYNE, IN 46814	PHYSICIAN OFFICE
10	26 - PARKVIEW PHYSICIANS GROUP 2710 LAKE AVE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
11	27 - PARKVIEW PHYSICIANS GROUP 6130 TRIER RD FORT WAYNE, IN 46815	PHYSICIAN OFFICE
12	28 - PARKVIEW PHYSICIANS GROUP 512 N PROFESSIONAL WAY KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
13	29 - PARKVIEW PHYSICIANS GROUP 885 W CONNEXION WAY COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
14	30 - PARKVIEW PHYSICIANS GROUP 5104 N CLINTON ST FORT WAYNE, IN 46825	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - PARKVIEW PHYSICIANS GROUP 1104 N WAYNE ST NORTH MANCHESTER, IN 46962	PHYSICIAN OFFICE
1	32 - PARKVIEW PHYSICIANS GROUP 1025 MANCHESTER AVE WABASH, IN 46992	PHYSICIAN OFFICE
2	33 - PARKVIEW PHYSICIANS GROUP 1464 LINCOLNWAY SOUTH LIGONIER, IN 46767	PHYSICIAN OFFICE
3	34 - PARKVIEW PHYSICIANS GROUP 207 N TOWNLINE RD LAGRANGE, IN 46761	PHYSICIAN OFFICE
4	35 - PARKVIEW PHYSICIANS GROUP 3816 NEW VISION DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
5	36 - PARKVIEW PHYSICIANS GROUP 4665 SR5 SOUTH WHITLEY, IN 46787	PHYSICIAN OFFICE
6	37 - PARKVIEW PHYSICIANS GROUP 11115 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	PHYSICIAN OFFICE
7	38 - PARKVIEW PHYSICIANS GROUP 4084 N US HWY 33 CHURUBUSCO, IN 46723	PHYSICIAN OFFICE
8	39 - PARKVIEW PHYSICIANS GROUP 401 SAWYER ROAD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
9	40 - PARKVIEW PHYSICIANS GROUP 2402 LAKE AVE FORT WAYNE, IN 46805	PHYSICIAN OFFICE
10	41 - PARKVIEW PHYSICIANS GROUP 13430 MAIN ST GRABILL, IN 46741	PHYSICIAN OFFICE
11	42 - PARKVIEW PHYSICIANS GROUP 8607 TEMPLE DR FORT WAYNE, IN 46809	PHYSICIAN OFFICE
12	43 - PARKVIEW PHYSICIANS GROUP 1655 N CASS ST WABASH, IN 46992	PHYSICIAN OFFICE
13	44 - PARKVIEW PHYSICIANS GROUP 2814 THEATER AVE HUNTINGTON, IN 46750	PHYSICIAN OFFICE
14	45 - PARKVIEW PHYSICIANS GROUP 8175 W US 20 SHIPSHEWANA, IN 46565	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - PARKVIEW PHYSICIANS GROUP 2600 N DETROIT ST SR9 LAGRANGE, IN 46761	PHYSICIAN OFFICE
1	47 - PARKVIEW PHYSICIANS GROUP 6108 MAPLECREST RD FORT WAYNE, IN 46835	PHYSICIAN OFFICE
2	48 - PARKVIEW PHYSICIANS GROUP 8028 CARNEGIE BLVD FORT WAYNE, IN 46804	PHYSICIAN OFFICE
3	49 - PARKVIEW PHYSICIANS GROUP 620 W NORTH ST COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
4	50 - PARKVIEW PHYSICIANS GROUP 1314 E 7TH ST AUBURN, IN 46706	PHYSICIAN OFFICE
5	51 - PARKVIEW PHYSICIANS GROUP 3828 NEW VISION DR FORT WAYNE, IN 46845	PHYSICIAN OFFICE
6	52 - PARKVIEW ORTHO CENTER LLC 11420 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	SURGERY CENTER
7	53 - PARKVIEW PHYSICIANS GROUP 817 TRAIL RIDGE RD ALBION, IN 46701	PHYSICIAN OFFICE
8	54 - PARKVIEW PHYSICIANS GROUP 577 GEIGER DR ROANOKE, IN 46783	PHYSICIAN OFFICE
9	55 - PARKVIEW PHYSICIANS GROUP 410 SAWYER RD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
10	56 - PARKVIEW PHYSICIANS GROUP 420 SAWYER RD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
11	57 - PARKVIEW PHYSICIANS GROUP 150 GROWTH PARKWAY ANGOLA, IN 46703	PHYSICIAN OFFICE
12	58 - PARKVIEW PHYSICIANS GROUP US HWY 30 WEST PIERCETON, IN 46562	PHYSICIAN OFFICE
13	59 - PARKVIEW PHYSICIANS GROUP 1129 FIRST STREET HUNTINGTON, IN 46750	PHYSICIAN OFFICE
14	60 - PARKVIEW PHYSICIANS GROUP 15707 OLD LIMA RD HUNTERTOWN, IN 46748	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
61	61 - PARKVIEW PHYSICIANS GROUP 3946 ICE WAY FORT WAYNE, IN 46805	PHYSICIAN OFFICE
1	62 - PARKVIEW PHYSICIANS GROUP 213 FAIRVIEW BLVD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
2	63 - PARKVIEW PHYSICIANS GROUP 7030 POINTE INVERNESS WAY FORT WAYNE, IN 46804	PHYSICIAN OFFICE
3	64 - PARKVIEW PHYSICIANS GROUP 10012 AUBURN PARK DR FORT WAYNE, IN 46825	PHYSICIAN OFFICE
4	65 - PARKVIEW PHYSICIANS GROUP 2500 E BELLEFONTAINE RD HAMILTON, IN 46742	PHYSICIAN OFFICE
5	66 - PARKVIEW PHYSICIANS GROUP 1517 CATALPA ST FORT WAYNE, IN 46802	PHYSICIAN OFFICE
6	67 - PARKVIEW PHYSICIANS GROUP 3303 TRIER RD FORT WAYNE, IN 46815	PHYSICIAN OFFICE
7	68 - NORTHEAST INDIANA CANCER CENTER LLC 516 E MAUMEE STREET ANGOLA, IN 46703	MEDICAL SERVICES
8	69 - PARKVIEW PHYSICIANS GROUP 344 N MAIN ST COLUMBIA CITY, IN 46725	PHYSICIAN OFFICE
9	70 - PARKVIEW PHYSICIANS GROUP 2200 RANDALLIA DR FORT WAYNE, IN 46805	PHYSICIAN OFFICE
10	71 - PARKVIEW PHYSICIANS GROUP 412 SAWYER RD KENDALLVILLE, IN 46755	PHYSICIAN OFFICE
11	72 - PARKVIEW PHYSICIANS GROUP 3905 CARROLL RD FORT WAYNE, IN 46818	PHYSICIAN OFFICE
12	73 - FOUNDATION SURGERY AFF OF FT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804	SURGERY CENTER
13	74 - PARKVIEW PHYSICIANS GROUP 5693 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	PHYSICIAN OFFICE
14	75 - PARKVIEW PHYSICIANS GROUP 1234 E DUPONT RD FORT WAYNE, IN 46825	PHYSICIAN OFFICE

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

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

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

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

Name and address	Type of Facility (describe)
76 76 - PARKVIEW PHYSICIANS GROUP 2930 LAKE AVE FORT WAYNE, IN 46805	PHYSICIAN OFFICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316001237

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I General Information on Grants and Assistance

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

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

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

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

	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table								
(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 . . . . . ▶ 77

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: 35-1972384
Name: PARKVIEW HEALTH SYSTEM INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARKVIEW FOUNDATION INC 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	23-7220589	501 (C) 3	1,379,176				OPERATIONS
INDIANA-PURDUE FOUNDATION AT FT WAYNE 2101 E COLISEUM BLVD FORT WAYNE, IN 46805	35-6033698	501 (C) 3	356,500				SCHOOL OF NURSING PROGRAM & SPONSORSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF FORT WAYNE ONE EAST MAIN STREET FORT WAYNE, IN 46802		GOVT ORG	150,000				CAPITAL MAINTENANCE & IMPROVEMENT FUND FOR PARKVIEW FIELD
EMERGENCY MEDICINE EDUCATIONAL FOUNDATION OF NORTHEAST INDIANA 3640 NEW VISION DRIVE FORT WAYNE IN, IN 46845	46-5584998	501 (C) 3	150,000				SUPPORT EMERGENCY MEDICINE PROVIDE EDUCATION AND TRAINING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF DEKALB COUNTY 533 NORTHE STREET AUBURN, IN 46706	35-0868958	501 (C) 3	132,500				CAPITAL CAMPAIGN
FORT WAYNE URBAN LEAGUE INC 2135 S HANNA STREET FORT WAYNE, IN 46803	35-0869052	501 (C) 3	122,000				SPONSORSHIP OF ANNUAL EVENTS TO SUPPORT NEEDED SERVICES PROVIDED TO VULNERABLE POPULATIONS

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
OAKWOOD FOUNDATION INC 110 W BERRY STREET STE 2105 FORT WAYNE, IN 46802	35-1893123	501 (C) 3	89,000				CHAUTAUQUA WAWASEE PROGRAMS - HEROIN & PRESCRIPTION PAINKILLER FORUM, HIGH SCHOOL ASSEMBLY PROGRAMS
FORT WAYNE COMMUNITY SCHOOLS 1200 SOUTH CALHOUN STREET FORT WAYNE, IN 46802		GOVT ORG	70,250				HOMELESS ASSISTANCE PROGRAM "BACK-TO-SCHOOL" CLOTHES AND SUPPLIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE, IN 46807	35-1778767	501 (C) 3	58,100				AFTER-SCHOOL AND SUMMER PROGRAMS THAT PROVIDE POSITIVE, EDUCATIONAL EXPERIENCES FOR LOW-INCOME CHILDREN
AFRICAN-AMERICAN HEALTHCARE ALLIANCE OF FORT WAYNE INC 4950 IRIS AVENUE FORT WAYNE, IN 46825	35-2134195	501 (C) 3	55,100				EVENT SPONSORSHIP FOR HEALTHCARE 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
SUPER SHOT INC 1 CANAL PLACE FORT WAYNE, IN 46802	35-2122575	501 (C) 3	55,000				IMMUNIZATION PROGRAMS
FORT 4 FITNESS 2826 S CALHOUN STREET FORT WAYNE, IN 46807	26-1936423	501 (C) 3	52,745				PROGRAMS PROMOTING PHYSICAL FITNESS - SPONSORSHIP OF ANNUAL SPRING CYCLING AND FALL WALK/RUN EVENTS

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	52,500				MEDICAL FIELD STUDENT RESEARCH FELLOWSHIP PROGRAM
FORT WAYNE BALLET 300 E MAIN STREET FORT WAYNE, IN 46802	35-6006394	501 (C) 3	50,000				SPONSORSHIP OF ANNUAL FUNDRAISING EVENT TO BENEFIT THE BALLET

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
WILLIAMS COUNTY FAMILY YMCA ONE FABER DRIVE BRYAN, OH 43506	34-1448529	501 (C) 3	50,000				CAPITAL CAMPAIGN
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET FORT WAYNE, IN 46802	35-0886850	501 (C) 3	44,000				PROGRAMS FOSTERING YOUTH DEVELOPMENT, HEALTHY LIVING & SOCIAL RESPONSIBILITY

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

(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	43,984				EVENT SPONSORSHIP TO SUPPORT EARLY CHILDHOOD DEVELOPMENT AND EDUCATION PROGRAMS
SCAN INC 500 W MAIN STREET FORT WAYNE, IN 46802	31-0899309	501 (C) 3	41,500				SPONSORSHIP FOR DUCK RACE BENEFITTING THE PREVENTION OF CHILD ABUSE AND NEGLECT

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
HEARCARE CONNECTION INC 9604 COLDWATER ROAD FORT WAYNE, IN 46825	45-2803181	501 (C) 3	31,000				PROVIDE AUDIOLOGY SERVICES TO THOSE WHO QUALIFY FINANCIALLY
ARTS UNITED OF GREATER FORT WAYNE INC 300 EAST MAIN STR FORT WAYNE, IN 46802	35-0992067	501 (C) 3	30,000				SPONSORSHIP OF MIDDLE WAVES MUSIC FESTIVAL

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
WAGON WHEEL THEATRE INC 2515 E CENTER STREET WARSAW, IN 46580	26-3885020	501 (C) 3	28,500				THREATRE PRODUCTION SPONSORSHIPS
NORTHEAST INDIANA INNOVATION CENTER 3201 STELLHORN ROAD FORT WAYNE, IN 46815	35-2097779	501 (C) 3	27,300				SPONSOR OF IDEAS AT WORK LUNCHEON TO SUPPORT BUSINESS AND OTHER ORGANIZATIONAL DEVELOPMENT

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
BLACKHAWK CHRISTIAN SCHOOL 7400 EAST STATE BLVD FORT WAYNE, IN 46815	35-1285808	501 (C) 3	27,000				SCHOLARSHIPS FOR THE LOCAL GLOBAL LEADERSHIP SUMMIT
ALWAYS 100 INC 3946 ICE WAY FORT WAYNE, IN 46805	45-3586802	501 (C) 3	26,700				SPORTS & ATHLETIC TRAINING PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT WAYNE AIR SHOW INC 111 E WAYNE STREET FORT WAYNE, IN 46804	45-4229251	501 (C) 3	25,000				SUPPORT OF FORT WAYNE AIR SHOW AND DONATION TO THE WOUNDED WARRIOR FOUNDATION
CAMERON HOSPITAL FOUNDATION 416 E MAUMEE ST ANGOLA, IN 46703	35-1722087	501 (C) 3	24,800				CAMERON HOSPITAL PROGRAMS

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
IVY TECH COMMUNITY COLLEGE NORTHEAST 3800 NORTH ANTHONY BLVD FORT WAYNE, IN 46805	23-7073977	501 (C) 3	23,300				STUDENT SCHOLARSHIP PROGRAMS
NEW BEGINNINGS CHURCH 4119 S LAFAYETTE FORT WAYNE, IN 46806	90-0905114	501 (C) 3	21,500				SPONSOR BLACK EMPOWERMENT THURSDAY'S EVENT

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
TROY CENTER SCHOOL 709 W BUSINESS 30 COLUMBIA CITY, IN 46725	46-0634748	501 (C) 3	20,000				SCHOOL PROGRAMS
VINCENT VILLAGE INC 2827 HOLTON AVE FORT WAYNE, IN 46806	35-1780135	501 (C) 3	20,000				TRANSITIONAL HOUSING 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
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABILITIES 3320 N CLINTON STREET FORT WAYNE, IN 46805	35-0913541	501 (C) 3	18,500				PROGRAMS TO SUPPORT EMPOWERMENT OF PEOPLE WITH DISABILITIES
WOLF LAKE FREE HEALTH CLINIC 524 BRANCH COURT COLUMBIA CITY, IN 46725	35-2355801	501 (C) 3	18,000				PATIENT ASSISTANCE FUND

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
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST INDIANA 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	35-1950376	501 (C) 3	17,500				CAPITAL CAMPAIGN & PROGRAMS PROVIDING SUPPORT FOR ALL PEDIATRIC FAMILIES
FORT WAYNE MEDICAL SOCIETY FOUNDATION INC 750 BROADWAY STE 250 FORT WAYNE, IN 46802	35-6049685	501 (C) 3	16,600				CLINICAL TRAINING PROGRAMS & HEALTHIER MOMS & BABIES PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501 (C) 3	15,500				SPONSORSHIP 2016 HUMANITARIAN OF THE YEAR
HISPANIC LEADERSHIP COALITION OF NORTHEAST INDIANA INC C/O CENTER FOR NON-VIOLENCE 235 W CREIGHTON STREET FORT WAYNE, IN 46807	20-4336796	501 (C) 3	15,000				SCHOLARSHIPS FOR HISPANIC EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNER CITY HOPE CORPORATION PO BOX 12045 FORT WAYNE, IN 46862	35-1967440	501 (C) 3	15,000				SUPPORTING MISS VIRGINIA'S FOOD PANTRY PROVIDING FOOD TO ALL IN NEED, COMMITTED TO THE WELFARE OF THE POOR AND NEEDY WHO REQUIRE FOOD ASSISTANCE
ERIN'S HOUSE 5670 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	35-1884264	501 (C) 3	14,880				PROGRAMS SUPPORTING CHILDREN WHO HAVE SUFFERED THE DEATH OF A LOVED ONE

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
CANTERBURY SCHOOL INC 3210 SMITH RD FORT WAYNE, IN 46804	35-1410931	501 (C) 3	14,600				SUPPORT FOR SCHOOL PROGRAMS
VERA BRADLEY FOUNDATION FOR BREAST PO BOX 80201 FORT WAYNE, IN 46898	35-2058177	501 (C) 3	13,600				BREAST CANCER RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMBASSY THEATRE FOUNDATION INC 125 W JEFFERSON BLVD FORT WAYNE, IN 46802	23-7355731	501 (C) 3	13,238				SPONSORSHIP FOR EXPERIENCE THE EMBASSY
RESCUE MISSION 301 W SUPERIOR STREET FORT WAYNE, IN 46802	35-1054670	501 (C) 3	11,750				PROGRAMS PROVIDING RESTORATIVE CARE TO MEN, WOMEN AND CHILDREN EXPERIENCING A HOMELESS CRISIS

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
CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE, IN 46805	35-2026647	501 (C) 3	11,000				JOB AND LIFE SKILLS PROGRAMS DESIGNED FOR THOSE WITH A MENTAL HEALTH DIAGNOSIS
LEAGUE FOR THE BLIND AND DISABLED 5821 S ANTHONY BLVD FORT WAYNE, IN 46816	35-0876341	501 (C) 3	11,000				PROGRAMS TO PROMOTE OPPORTUNITIES THAT EMPOWER PEOPLE WITH DISABILITIES

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
INDIANA UNIVERSITY FOUNDATION SHOWALTER HOUSE PO BOX 500 BLOOMINGTON, IN 47402	35-6018940	501 (C) 3	10,500				SUPPORT FOR SCHOLARSHIPS
MUSTARD SEED FURNITURE BANK OF 3636 ILLINOIS ROAD FORT WAYNE, IN 46804	35-2149283	501 (C) 3	10,500				PROGRAMS SUPPORTING IN-KIND FURNITURE DONATIONS TO THOSE IN NEED

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 INDIANA CHRISTIAN ACTION COUNCIL EDUCATION AND C H A 3630 HOBSON ROAD FORT WAYNE, IN 46815	31-1113254	501 (C) 3	10,250				EVENT SPONSORSHIP TO SUPPORT PREGNANCY TESTING, SERVICES AND EDUCATION FOR EXPECTANT AND NEW MOTHERS
ADAMS COUNTY MEMORIAL HOSPITAL AND DEVELOPMENT FOUNDATION 1100 MERCER AVENUE PO BOX 151 DECATUR, IN 46733	35-1432587	501 (C) 3	10,000				HOSPITAL PROGRAMS - SPONSORSHIP FOR THE FOUNDATION GOLF CLASSIC

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
ALLEN CO FT WAYNE HISTORICAL SOCIETY INC 302 E BERRY STREET FORT WAYNE, IN 46802	35-1043456	501 (C) 3	10,000				SPONSORSHIP FOR FESTIVAL OF GINGERBREAD 2016
ARTLINK INC 437 E BERRY ST STE 202 FORT WAYNE, IN 46802	35-1461761	501 (C) 3	10,000				SPONSORSHIP FOR EXHIBITS, EDUCATIONAL PROGRAMS AND EVENTS

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
BRIDGE OF GRACE COMPASSIONATE MINISTRIES 5100 GAYWOOD DRIVE FORT WAYNE, IN 46806	45-4056745	501 (C) 3	10,000				SPONSORSHIP FOR COMPASSIONATE MINISTRIES CENTER AND ITS PROGRAMS AND PROJECTS
INTERDISCIPLINARY COMMUNITY AUTISM NETWORK INC 409 E COOK ROAD STE 100 FORT WAYNE, IN 46825	46-3859598	501 (C) 3	10,000				AUTISM SPECTRUM DISORDER PROGRAMS

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
UNITY PERFORMING ARTS FOUNDATION INC PO BOX 10394 FORT WAYNE, IN 46852	35-2110907	501 (C) 3	10,000				SUPPORT FOR CHARACTER/ARTISTRY/LEADERSHIP DEVELOPMENT FOR CHILDREN AND ADOLESCENTS
WABASH COUNTY CONVENTION & VISITORS BUREAU INC 221 S MIAMI STREET WABASH, IN 46995	35-1972564	501 (C) 3	10,000				PROGRAMS TO PROMOTE THE DEVELOPMENT & GROWTH OF THE CONVENTION RECREATION & VISITOR INDUSTRY IN WABASH COUNTY INDIANA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EUELL A WILSON CENTER INC 1512 OXFORD STREET FORT WAYNE, IN 46806	35-1893381	501 (C) 3	10,000				EDUCATIONAL, SOCIAL, & PERFORMING ARTS PROGRAMS & SPIRITUAL DEVELOPMENT TO EMPOWER YOUTH AND THEIR FAMILIES
YLNI YOUNG LEADERS OF NORTHEAST IN INC PO BOX 10774 FORT WAYNE, IN 46853	13-4307681	501 (C) 3	10,000				PROGRAMS TO DEVELOP & RETAIN EMERGING YOUNG LEADERS THROUGH COMMUNITY, PROFESSIONAL AND SOCIAL ENGAGEMENT

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
JUNIOR ACHIEVEMENT NORTHERN INDIANA 601 NOBLE DRIVE FORT WAYNE, IN 46825	35-0922731	501 (C) 3	9,780				EXPERIENTIAL-BASED LIFE SKILL PROGRAMS FOR CHILDREN
UNIVERSITY OF SAINT FRANCIS 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501 (C) 3	8,755				SPONSORSHIP FOR SCHOOL OF NURSING 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
DEKALB COUNTY COMMUNITY FOUNDATION INC 700 S MAIN STREET PO BOX 111 AUBURN, IN 46706	35-1992897	501 (C) 3	8,700				DONATION TO SUPPORT OBERKISER SCHOLARSHIP FUND
BLESSINGS IN A BACKPACK 111 EAST WAYNE ST STE 555 FORT WAYNE, IN 46802	26-2627847	501 (C) 3	8,600				FOOD DISTRIBUTION PROGRAM 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
THREE RIVERS FESTIVAL 102 THREE RIVERS NORTH FORT WAYNE, IN 46802	35-1338028	501 (C) 3	8,500				SPONSORSHIP FOR FIREWORKS, KIDS FUN RUN, INTERNATIONAL VILLAGE
TRINE UNIVERSITY INC 1 UNIVERSITY AVENUE ANGOLA, IN 46703	35-0715530	501 (C) 3	8,030				SPONSORSHIP FOR STUDENT 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
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	13-1788491	501 (C) 3	8,000				CANCER RESEARCH AND PROGRAMS ASSISTING CANCER PATIENTS
COVENANT COMMUNITY DEVELOPMENT CORPORATION 3420 E PAULDING ROAD FORT WAYNE, IN 46816	47-4667808	501 (C) 3	8,000				SPONSOR OF SOFTBALL FIELD DEVELOPMENT

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
INDIANA CENTER FOR NURSING INC 9302 N MERIDIAN ST STE 365 INDIANAPOLIS, IN 46260	38-3697192	501 (C) 3	8,000				SPONSORSHIP FOR ICN NURSING GALA
FORT WAYNE AREA YOUTH FOR CHRIST 6427 OAKBROOK PARKWAY FORT WAYNE, IN 46825	35-1051837	501 (C) 3	7,500				EDUCATIONAL PROGRAMS WITH A FOCUS ON CHRISTIAN RELIGIOUS VALUES TO CHILDREN RANGING IN AGE FROM MIDDLE-SCHOOL TO HIGH SCHOOL TEENS

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 TRAILS INC 300 E MAIIN STREET STE 130 FORT WAYNE, IN 46802	42-1545637	501 (C) 3	7,000				SPONSORSHIP FOR PUFFERBELLY 5K
REPLENISH COMMUNITY FOUNDATION 21010 SOUTHBANK STR 2005 STERLING, VA 20165	27-2937293	501 (C) 3	7,000				SUPPORT TO PURCHASE, PACKAGE AND DISTRIBUTE MEALS TO CHILDREN IN THE COMMUNITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE, IN 46855	31-1100607	501 (C) 3	6,750				OPERATIONS & PROGRAMS PROVIDING FOOD TO LOW-INCOME INDIVIDUALS & FAMILIES
MARCH OF DIMES 303 STABLE DRIVE FORT WAYNE, IN 46825	13-1846366	501 (C) 3	6,600				RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY

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
NORTHWEST ALLEN COUNTY SCHOOLS 13119 COLDWATER ROAD FORT WAYNE, IN 46845		GOVT ORG	6,500				STUDENT SCHOLARSHIPS AND STAFF PROFESSIONAL DEVELOPMENT
STEUBEN COUNTY HUMANE SOCIETY INC PO BOX 204 ANGOLA, IN 46703	23-7208051	501 (C) 3	6,500				SUPPORT OF ANIMAL CARE PROGRAMS

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
AMANI FAMILY SERVICES INC 2456 LAKE AVENUE FORT WAYNE, IN 46805	41-2205791	501 (C) 3	6,000				SPONSORSHIP FOR CARE FOR IMMIGRANTS & REFUGEES IN CRISIS
BETTER BUSINESS BUREAU 4011 PARNELL AVENUE FORT WAYNE, IN 46805	35-1499536	501 (C) 3	6,000				TORCH AWARD TITLE SPONSORSHIP

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 MUSEUM OF ART 311 EAST MAIN ST FORT WAYNE, IN 46802	35-0953440	501 (C) 3	6,000				PROGRAMS TO COLLECT, PRESERVE AND PRESENT ART THROUGHOUT THE REGION
ST VINCENT DE PAUL CHURCH 1502 EAST WALLEN ROAD FORT WAYNE, IN 46825	35-1003124	501 (C) 3	5,800				MISSION TRIP TO HONDURAS

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
BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CTR RD FORT WAYNE, IN 46825	35-1090327	501 (C) 3	5,500				SAINTS ALIVE SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS - TAXABLE EXPENSE REIMBURSEMENT FOR FAMILY MEMBER PAID TO RAYMOND DUSMAN $79, ROBERT GODLEY $190, SCOTT JAMES $105, MICHAEL PACKNETT $79, NEIL SHARMA $105 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - TAX ON TAXABLE GIFT CERTIFICATE PAID TO MICHAEL GRABOWSKI $12, DENA JACQUAY $71, MARK PIERCE $71, JAMES STAPEL $95, JAMES WITMER $113 PERSONAL SERVICES - TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO ROBERT GODLEY $500, DOUGLAS GRAY $500, NEIL SHARMA $500 NON-TAXABLE MANDATORY ANNUAL MEDICAL PHYSICAL PAID FOR JUDITH BOERGER $3,071, RONALD DOUBLE $3,032, RAYMOND DUSMAN $4,023, SUZANNE EHINGER $3,233, RICK HENVEY $3,097, DENA JACQUAY $3,161, MARK KADLEC $3,372, MICHAEL PACKNETT $6,386, MITCHELL STUCKY $2,488, JEANNE' WICKENS $2,965
PART I, LINES 4A-B	SEVERANCE PAYMENT JOHN MEISTER $161,615 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER $34,253, THOMAS BOND $15,819, JEFFREY BROOKES $17,783, RICK HENVEY $15,031, DENA JACQUAY $10,738 JOHN MEISTER $30,842, JILL OSTREM $15,794, MICHAEL PACKNETT $419,516, MARK PIERCE $16,862, STANTON RISSER $6,041, PHILIP SMITH $10,847, JAMES STAPEL $74,230, DONNA VAN VLERAH $17,753, JAMES WITMER $262,885 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, THOMAS BOND $52,678, JEFFREY BOORD $55,250, JEFFREY BROOKES $53,356, BARBARA CLAYTON $51,000, RONALD DOUBLE $63,124, RAYMOND DUSMAN $119,000, SUZANNE EHINGER $78,795, RICK HENVEY $92,854, DENA JACQUAY $46,750, SCOTT JAMES $38,250, MARK KADLEC $63,037, GREG JOHNSON $66,300, JOSHUA KLINE $61,200, MICHAEL PACKNETT $645,500 MARK PIERCE $52,700, STANTON RISSER $22,005, NEIL SHARMA $59,500, PHILIP SMITH $22,801, JAMES STAPEL $40,789, DAVID STOREY $59,433, MITCHELL STUCKY $70,040, DONNA VAN VLERAH $44,540, JEANNE' WICKENS $57,021, JAMES WITMER $16,894
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

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(I)	999,068	525,000	542,942	669,350	43,194	2,779,554	419,516
	(II)	0	0	0	0	0	0	0
1RAYMOND DUSMAN DIRECTOR/VICE CHAIR/PH CHIEF PHY EXE	(I)	715,989	262,500	40,380	148,150	41,040	1,208,059	0
	(II)	0	0	0	0	0	0	0
2ROBERT GODLEY DIRECTOR/PH PHYSICIAN	(I)	596,495	116,320	33,287	29,150	34,064	809,316	0
	(II)	0	0	0	0	0	0	0
3JOSHUA KLINE DIRECTOR/PH PHYSICIAN	(I)	335,464	75,475	20,791	84,461	31,802	547,993	0
	(II)	0	0	0	0	0	0	0
4ALAN MCGEE DIRECTOR/PH SVR LINE LEADER	(I)	387,250	0	18,000	0	0	405,250	0
	(II)	0	0	0	0	0	0	0
5LARRY ROWLANDDIRECTOR	(I)	256,750	0	0	0	0	256,750	0
	(II)	0	0	0	0	0	0	0
6JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	(I)	329,339	15,000	28,030	60,171	19,158	451,698	0
	(II)	0	0	0	0	0	0	0
7RICK HENVEY PH CHIEF OPERATING OFFICER	(I)	594,524	204,825	54,555	103,454	37,760	995,118	15,031
	(II)	0	0	0	0	0	0	0
8STANTON RISSER INTERIM PH CFO - PARTIAL YEAR/PH VP	(I)	193,037	116,196	8,927	40,555	27,057	385,772	6,041
	(II)	0	0	0	0	0	0	0
9NEIL SHARMA PRESIDENT PARKVIEW CANCER INSTITUTE	(I)	768,550	98,656	19,423	69,872	12,974	969,475	0
	(II)	39,693	0	0	3,128	581	43,402	0
10SUZANNE EHINGER PH CHIEF EXPERIENCE OFFICER	(I)	452,008	173,813	25,524	110,595	31,845	793,785	0
	(II)	0	0	0	0	0	0	0
11MITCHELL STUCKY PH PHYSICIAN EXECUTIVE OFFICER	(I)	444,592	151,281	23,964	99,190	31,228	750,255	0
	(II)	0	0	0	0	0	0	0
12RONALD DOUBLE PH CHIEF INFORMATION OFFICER	(I)	391,018	139,243	44,900	94,924	14,458	684,543	0
	(II)	0	0	0	0	0	0	0
13GREG JOHNSON PH CHIEF CLINICAL INTEGRATION OFFCR	(I)	410,670	137,034	2,622	88,780	28,889	667,995	0
	(II)	0	0	0	0	0	0	0
14MARK KADLEC PH SVP & COO - PPG	(I)	356,125	136,156	25,745	70,325	31,889	620,240	0
	(II)	0	0	0	0	0	0	0
15JAMES WITMER PH SVP FACILITY DESIGN & OVERSIGHT	(I)	129,066	82,798	304,651	33,333	8,383	558,231	262,885
	(II)	0	0	0	0	0	0	0
16DAVID STOREY PH SVP GENERAL COUNSEL	(I)	383,983	131,102	1,140	77,983	32,516	626,724	0
	(II)	0	0	0	0	0	0	0
17JUDITH BOERGER PH CHIEF NURSING EXECUTIVE	(I)	314,273	108,586	55,753	67,775	27,570	573,957	34,253
	(II)	0	0	0	0	0	0	0
18THOMAS BOND PH CHIEF MEDICAL OFFICER-PPG	(I)	343,871	113,781	18,393	80,503	31,586	588,134	15,819
	(II)	0	0	0	0	0	0	0
19DENA JACQUAY PH CHIEF HUMAN RESOURCES OFFICER	(I)	326,208	98,604	38,650	70,600	37,036	571,098	10,738
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 JEFFREY BROOKES PH MEDICAL DIR - COMMUNITY HOSPITALS	(I)	0	117,697	24,946	21,434	7,284	171,361	17,783
	(II)	318,012	0	237	47,822	- 16,250	- 382,321	0
1 MARK PIERCE PH CHIEF MED INFORMATICS OFFICER	(I)	311,028	116,250	25,384	68,600	32,849	554,111	16,862
	(II)	0	0	0	0	- 0	- 0	0
2 BARBARA CLAYTON PH SVP REVENUE CYCLE/PAYOR STRATEGIE	(I)	302,387	107,568	25,267	80,150	24,635	540,007	0
	(II)	0	0	0	0	- 0	- 0	0
3 JAMES STAPEL PH MEDICAL DIR INTEGRATION & DEV'T	(I)	241,284	88,101	84,987	72,589	23,714	510,675	74,230
	(II)	0	0	0	0	- 0	- 0	0
4 DONNA VAN VLERAH PH SVP SUPPORT DIVISION	(I)	250,046	80,377	37,834	63,090	7,786	439,133	0
	(II)	0	0	0	0	- 0	- 0	0
5 JOHN MEISTER PH SVP DELIVERY SYSTEM INTEGRATION	(I)	2,139	82,500	274,108	11,633	4,113	374,493	30,842
	(II)	0	0	0	0	- 0	- 0	0
6 JEFFREY BOORD PH CHIEF QUALITY & SAFETY OFFICER	(I)	332,824	0	19,699	57,215	32,857	442,595	0
	(II)	0	0	0	0	- 0	- 0	0
7 SCOTT JAMES PH SVP & COO SVR LINE LEADER-CANCER	(I)	246,307	78,735	1,191	48,465	29,791	404,489	0
	(II)	0	0	0	0	- 0	- 0	0
8 PHILIP SMITH PH SVP STRATEGY & BUSINESS DEV'T	(I)	219,849	57,968	13,788	34,972	21,610	348,187	0
	(II)	0	0	0	0	- 0	- 0	0
9 MATTHEW GROTHAUS PH PHYSICIAN	(I)	721,262	2,670	3,236	12,314	24,254	763,736	0
	(II)	275,671	91,374	1,248	6,236	- 12,284	- 386,813	0
10 DOUGLAS GRAY PH PHYSICIAN	(I)	826,545	178,300	20,298	29,150	38,432	1,092,725	0
	(II)	0	0	0	0	- 0	- 0	0
11 MICHAEL GRABOWSKI PH PHYSICIAN	(I)	750,159	159,752	21,311	27,031	33,072	991,325	0
	(II)	72,995	0	0	2,119	- 2,592	- 77,706	0
12 DAVID LLOYD PH PHYSICIAN	(I)	753,920	141,966	26,812	23,850	34,847	981,395	0
	(II)	0	0	0	0	- 0	- 0	0
13 DUANE HOUGENDOBLER PH PHYSICIAN	(I)	767,794	147,991	4,481	29,150	34,823	984,239	0
	(II)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY	35-1602316	45471ABQ4	08-27-2009	264,703,254	SEE PART VI	X			X		X
B	INDIANA FINANCE AUTHORITY	35-1602316	45471AAS1	08-27-2009	223,665,000	SEE PART VI		X		X		X
C	INDIANA FINANCE AUTHORITY	35-1602316	45471AHR6	05-24-2012	94,631,826	SEE PART VI		X		X		X
D	INDIANA FINANCE AUTHORITY	35-1602316	NONEAVAIL	08-17-2016	58,000,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	108,345,000		5,860,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	264,704,689	223,915,573	94,631,897	58,000,000
4	Gross proceeds in reserve funds	20,587,493			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,453,166	1,369,431	1,022,698	
8	Credit enhancement from proceeds		193,601		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		149,086,870		12,789,479
11	Other spent proceeds	261,251,523	73,265,671	93,609,200	
12	Other unspent proceeds				45,210,521
13	Year of substantial completion	2009	2011	2012	

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 350 %		0 260 %		0 140 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 350 %		0 260 %		0 140 %		0 %	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	1 430 %		0 580 %		2 090 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K NOTE TO READER	ENTITY 2 DESIGNATION USED SOLELY TO ACCOMMODATE REPORTING FIFTH BOND ISSUE ENTITY 2 IS NOT A DIFFERENT ENTITY THAN ENTITY 1

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

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

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

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART I, COLUMN F, LINE D	SERIES 2016B - NEW MONEY FOR THE CONSTRUCTION OF NEW CANCER INSTITUTE IN FORT WAYNE, IN

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

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART II, COLUMN B, LINE 3	THIS AMOUNT INCLUDES INTEREST OF $250,573 EARNED ON PROJECT AND COST OF ISSUANCE FUNDS

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART II, COLUMN C, LINE 3	THIS AMOUNT INCLUDES INTEREST OF $71 EARNED ON COST OF ISSUANCE FUNDS

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART III, COLUMNS A-D, LINE 7	THE AMOUNT OF PRIVATE PAYMENT HAS NOT BEEN CALCULATED, HOWEVER, THE BONDS ARE NOT PRIVATE ACTIVITY BONDS BECAUSE THEY DO NOT MEET THE PRIVATE BUSINESS USE TEST

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART III, COLUMNS A-C, LINES 8A-C	THE ORGANIZATION HAS SUBMITTED A REQUEST TO THE IRS TO ENTER INTO A VOLUNTARY CLOSING AGREEMENT WITH RESPECT TO THE BOND-FINANCED PROPERTY THAT WAS SOLD

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN A, LINE 2C	REBATE CALCULATION PERFORMED ON AUGUST 27, 2014

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN B, LINE 2C	BOND ISSUE MET THE 24 MONTH REBATE SPENDING EXCEPTION CALCULATION PERFORMED ON DECEMBER 8, 2011

Return Reference	Explanation
ENTITY 1, SCHEDULE K, PART IV, COLUMN C, LINE 2C	REBATE CALCULATION PERFORMED ON DECEMBER 4, 2012

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART I, COLUMN F, LINE A	SERIES 2016C - FULL REFUNDING OF ALL OUTSTANDING SERIES 2010 BOND ISSUE WHICH WAS REISSUED MAY 24, 2012

Return Reference	Explanation
ENTITY 2, SCHEDULE K, PART III, COLUMN A, LINE 7	THE AMOUNT OF PRIVATE PAYMENT HAS NOT BEEN CALCULATED, HOWEVER, THE BOND IS NOT A PRIVATE ACTIVITY BOND BECAUSE IT DOES NOT MEET THE PRIVATE BUSINESS USE TEST

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY	35-1602316	NONEAVAIL	08-17-2016	27,280,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	745,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	27,280,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	27,280,000			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GALILEO MANAGEMENT SERVICES LLC	ENTITY OF WHICH DIRECTOR LARRY ROWLAND OWNED A 35% OR GREATER INTEREST	250,000	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH		No
(2) KRIS CONKLIN	FAMILY MEMBER OF OFFICER STANTON RISSER	49,668	EMPLOYEE KRIS CONKLIN RECEIVED COMPENSATION FROM PARKVIEW HEALTH SYSTEM, INC		No
(3) BROOKS CONSTRUCTION	ENTITY OF WHICH DIRECTOR MARGARET BROOKS OWNED A 35% OR GREATER INTEREST	594,166	VENDOR ARRANGEMENT - TRANSACTIONS WERE ENTERED INTO AT ARM'S LENGTH		No
(4) KYLEE BENNETT	FAMILY MEMBER OF KEY EMPLOYEE SUZANNE EHINGER	41,880	EMPLOYEE KYLEE BENNETT RECEIVED COMPENSATION FROM PARKVIEW HEALTH SYSTEM, 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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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 1A AND 2A	PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION AS WELL AS RELATED ENTITIES THEREFORE, ALL APPLICABLE IRS TAX FILINGS, INCLUDING FORMS 1099, 1096, W-2 AND W-3 ARE REPORTED AND FILED BY PH THE TOTAL NUMBER REPORTED IN BOX 3 OF FORM 1096 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 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 PARKVIEW HEALTH SYSTEM, INC WAS 297 AND 4,053 RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF A MAXIMUM OF EIGHT (8) MEMBERS, INCLUDING THE FOLLOWING THE PARKVIEW HEALTH BOARD CHAIR WHO SHALL ALSO SERVE AS CHAIR OF THE COMMITTEE, THE PARKVIEW HEALTH BOARD VICE CHAIR, THE PARKVIEW HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFICER AND UP TO FIVE (5) "AT LARGE" MEMBERS NOMINATED ANNUALLY BY THE GOVERNANCE COMMITTEE AND APPOINTED BY THE PARKVIEW HEALTH BOARD CHAIR, ALL OF WHOM SHALL BE INDEPENDENT ALL MEMBERS SHALL HAVE VOTING RIGHTS AT THE DISCRETION OF THE CHAIR, OTHERS MAY BE INVITED TO PARTICIPATE IN EXECUTIVE COMMITTEE MEETINGS WITHOUT VOTE THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION IN ANY MATTER WHEN THE BOARD IS NOT IN SESSION IN ADDITION, THE COMMITTEE SHALL PERFORM ALL RESPONSIBILITIES DELEGATED TO IT BY THE BOARD AND MAY EXERCISE ALL POWERS OF THE BOARD, PROVIDED, HOWEVER, THE COMMITTEE MAY NOT (I) APPROVE PARKVIEW HEALTH STRATEGIC PLANS, (II) FILL BOARD VACANCIES, (III) AMEND OR REPEAL THE BYLAWS OF PARKVIEW HEALTH OR (IV) TAKE ANY OTHER ACTION PROHIBITED BY LAW OR PROHIBITED BY PARKVIEW HEALTH'S BYLAWS OR ARTICLES OF INCORPORATION THE DUTIES OF THE EXECUTIVE COMMITTEE SHALL BE MORE FULLY SET FORTH IN THE EXECUTIVE COMMITTEE CHARTER APPROVED FROM TIME TO TIME BY A MAJORITY VOTE OF THE BOARD THE EXECUTIVE COMMITTEE SHALL MEET NO LESS FREQUENTLY THAN QUARTERLY, ON ALTERNATE MONTHS FROM THE BOARD AND SHALL PROVIDE REGULAR REPORTS TO THE FULL BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	REGARDING LINES 15A AND 15B, TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABO VE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISO R AND THE REVIEW OF APPROPRIATE COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATIO N COMMITTEE OF THE GOVERNING BODY CONSISTING OF MEMBERS WHO DO NOT HAVE A CONFLICT OF INTE REST 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 HEA LTH BYLAWS THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD MEMBE RS PARKVIEW'S INDEPENDENT CONSULTANT PREPARES A COMPETITIVE COMPENSATION ANALYSIS USING D ATA FROM MULTIPLE PUBLISHED SURVEYS PREPARED BY INDEPENDENT FIRMS FOR POSITIONS THAT ARE F UNCTIONALLY COMPARABLE IN SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS ON BOTH A REGIONAL AND NATIONAL BASIS THE INDEPENDENT CONSULTANT PROVIDES A STATEMENT OF REASONAB LENESS OF THE COMPENSATION PROVIDED TO THE CEO AS WELL AS ALL EXECUTIVES AT THE VICE PRESI DENT LEVEL AND ABOVE ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS THE BOARD APPROVES A NY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS APPROVAL IS ALSO PROVIDED F OR 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 PROV IDER INCENTIVE COMPENSATION PLAN (PICP) OFFICES OR POSITIONS REVIEWED AT THE 2016 MEETING PRESIDENT AND CHIEF EXECUTIVE OFFICER PARKVIEW HEALTH EXECUTIVE VICE PRESIDENT CHIEF PHY SICIAN EXECUTIVE CHIEF OPERATING OFFICER PARKVIEW HEALTH CHIEF EXPERIENCE OFFICER PHYSICIA N EXECUTIVE OFFICER PARKVIEW PHYSICIANS GROUP PRESIDENT PARKVIEW REGIONAL MEDICAL CENTER A ND AFFILIATES CHIEF CLINICAL INTEGRATION OFFICER CHIEF FINANCIAL OFFICER CHIEF INFORMATION OFFICER SENIOR VICE PRESIDENT GENERAL COUNSEL SENIOR VICE PRESIDENT CHIEF OPERATING OFFIC ER PARKVIEW PHYSICIANS GROUP CHIEF QUALITY AND SAFETY OFFICER SENIOR VICE PRESIDENT REVENU E CYCLE AND PAYOR STRATEGIES CHIEF HUMAN RESOURCES OFFICER CHIEF NURSING EXECUTIVE SENIOR VICE PRESIDENT STRATEGIC INITIATIVES CHIEF ACADEMIC AND RESEARCH OFFICER CHIEF MEDICAL INF ORMATICS OFFICER CHIEF MEDICAL OFFICER PARKVIEW PHYSICIANS GROUP MEDICAL DIRECTOR COMMUNIT Y HOSPITALS MEDICAL DIRECTOR INTEGRATION AND DEVELOPMENT CHIEF OPERATING OFFICER - RANDALL IA CHIEF NURSING OFFICER - PARKVIEW REGIONAL MEDICAL CENTER AND AFFILIATES PRESIDENT - PAR KVIEW CANCER CENTER SENIOR VICE PRESIDENT CHIEF OPERATING OFFICER SERVICE LINE LEADER BEHA VIORAL HEALTH SENIOR VICE PRESIDENT CHIEF OPERATING OFFICER SERVICE LINE LEADER ORTHO SENI OR VICE PRESIDENT CHIEF OPERAT

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINES 7, 9, 15 & 20	CERTAIN ITEMS HAVE BEEN RECLASSED ON THE BEGINNING OF YEAR BALANCE SHEET IN ORDER TO BE CONSISTENT WITH IRS FORM 990 INSTRUCTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET ADJUSTMENT TRANSFERS 20,419 BOOK/TAX DIFF FROM K-1'S 15,922,487 CURRENT YEAR EARNINGS TRANSFERRED FROM 501(C)3'S 185,241,221 AMORTIZE BOND SWAP OCI 42,600 ADJUST OCI FOR PENSION 16,316,268 CLEAR DUE TO/FROM PARKVIEW WHITLEY LONG TERM CARE -57,953,341

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
PARKVIEW HEALTH SYSTEM INC

Employer identification number
35-1972384

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NEW VISION PROFESSIONAL PARK LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	REAL ESTATE	IN	1,062,138	9,075,576	PARKVIEW HEALTH SYSTEM INC
(2) TRICON DIEBOLD DEVELOPMENT LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 46-4037822	REAL ESTATE	IN	0	0	PARKVIEW HEALTH SYSTEM INC
(3) PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2147600	MEDICAL SERVICES	IN			N/A

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

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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	44,023,887	55,548,099		No		Yes		60 000 %
(2) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	258,152	357,417		No		Yes		51 000 %
(3) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	-4,694,236	17,249,682		No		Yes		90 000 %
(4) WABASH MRI LLC 710 N EAST ST WABASH, IN 46992 20-4352572	EQUIPMENT LEASING	IN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)PARKVIEW PROFESSIONAL PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888	REFERENCE LAB	IN	N/A	C					No
(2)MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	PARKVIEW HEALTH SYSTEM INC	C	25,110,445	1,770,978	100 000 %		No
(3)WOODLAND PLAZA MEDICAL PARK CONDO ASSOC INC 202 W BERRY ST SUITE 800 FORT WAYNE, IN 46802 35-2058340	CONDO MANAGEMENT	IN	PARKVIEW HEALTH SYSTEM INC	C	99,880	194,802	92 300 %		No

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 35-0868085	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(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	Yes	
(3) 207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(4) 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(5) 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2089183	FUND MGMT	IN	501(C)(3)	LINE 12A, I	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Yes	
(6) 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(7) 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 31-1190239	FUND MGMT	IN	501(C)(3)	LINE 12A, I	WHITLEY MEMORIAL HOSPITAL INC	Yes	
(8) 2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(9) 2001 STULTS ROAD HUNTINGTON, IN 46750 32-0012095	FUND MGMT	IN	501(C)(3)	LINE 12A, I	HUNTINGTON MEMORIAL HOSPITAL INC	Yes	
(10) 710 N EAST ST WABASH, IN 46992 47-1753440	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC	Yes	
(11) 710 N EAST ST WABASH, IN 46992 35-1921445	FUND MGMT	IN	501(C)(3)	LINE 12A, I	PARKVIEW WABASH HOSPITAL INC	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HUNTINGTON MEMORIAL HOSPITAL INC	A	1,227,307	PART VII SUPPLEMENTAL INFORMATION
(1)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	A	1,524,115	PART VII SUPPLEMENTAL INFORMATION
(2)	PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	A	439,854	PART VII SUPPLEMENTAL INFORMATION
(3)	PARKVIEW FOUNDATION INC	A	122,724	PART VII SUPPLEMENTAL INFORMATION
(4)	PARKVIEW HOSPITAL INC	A	4,516,041	PART VII SUPPLEMENTAL INFORMATION
(5)	WHITLEY MEMORIAL HOSPITAL INC	A	2,889,659	PART VII SUPPLEMENTAL INFORMATION
(6)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	A	1,511,652	PART VII SUPPLEMENTAL INFORMATION
(7)	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	A	56,572	PART VII SUPPLEMENTAL INFORMATION
(8)	PARKVIEW FOUNDATION INC	B	1,379,176	PART VII SUPPLEMENTAL INFORMATION
(9)	PARKVIEW FOUNDATION INC	C	515,383	PART VII SUPPLEMENTAL INFORMATION
(10)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	D	5,896,241	PART VII SUPPLEMENTAL INFORMATION
(11)	WHITLEY MEMORIAL HOSPITAL INC	D	6,893,500	PART VII SUPPLEMENTAL INFORMATION
(12)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	D	16,842,368	PART VII SUPPLEMENTAL INFORMATION
(13)	HUNTINGTON MEMORIAL HOSPITAL INC	J	1,227,307	PART VII SUPPLEMENTAL INFORMATION
(14)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	J	1,524,115	PART VII SUPPLEMENTAL INFORMATION
(15)	PARKVIEW OCCUPATIONAL HEALTH CENTERS INC	J	439,854	PART VII SUPPLEMENTAL INFORMATION
(16)	PARKVIEW FOUNDATION INC	J	122,724	PART VII SUPPLEMENTAL INFORMATION
(17)	PARKVIEW HOSPITAL INC	J	4,516,041	PART VII SUPPLEMENTAL INFORMATION
(18)	WHITLEY MEMORIAL HOSPITAL INC	J	2,889,659	PART VII SUPPLEMENTAL INFORMATION
(19)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	J	1,511,652	PART VII SUPPLEMENTAL INFORMATION
(20)	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	J	56,572	PART VII SUPPLEMENTAL INFORMATION
(21)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	K	115,755	PART VII SUPPLEMENTAL INFORMATION
(22)	PARKVIEW HOSPITAL INC	K	1,543,604	PART VII SUPPLEMENTAL INFORMATION
(23)	PARKVIEW WABASH HOSPITAL INC	K	60,249	PART VII SUPPLEMENTAL INFORMATION
(24)	WHITLEY MEMORIAL HOSPITAL INC	K	554,245	PART VII SUPPLEMENTAL INFORMATION

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	L	9,313,924	PART VII SUPPLEMENTAL INFORMATION
(1)	PARKVIEW HOSPITAL INC	L	116,737,329	PART VII SUPPLEMENTAL INFORMATION
(2)	HUNTINGTON MEMORIAL HOSPITAL INC	L	6,981,000	PART VII SUPPLEMENTAL INFORMATION
(3)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	L	4,820,000	PART VII SUPPLEMENTAL INFORMATION
(4)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	L	7,609,000	PART VII SUPPLEMENTAL INFORMATION
(5)	MIDWEST COMMUNITY HEALTH ASSOCIATES INC	L	3,515,000	PART VII SUPPLEMENTAL INFORMATION
(6)	PARKVIEW FOUNDATION INC	L	158,000	PART VII SUPPLEMENTAL INFORMATION
(7)	MANAGED CARE SERVICES LLC	L	627,000	PART VII SUPPLEMENTAL INFORMATION
(8)	PARKVIEW PROFESSIONAL PROGRAMS INC	L	589,000	PART VII SUPPLEMENTAL INFORMATION
(9)	PARKVIEW WABASH HOSPITAL INC	L	5,884,000	PART VII SUPPLEMENTAL INFORMATION
(10)	WHITLEY MEMORIAL HOSPITAL INC	L	8,417,000	PART VII SUPPLEMENTAL INFORMATION
(11)	PARKVIEW HOSPITAL INC	Q	96,464,458	PART VII SUPPLEMENTAL INFORMATION
(12)	HUNTINGTON MEMORIAL HOSPITAL INC	Q	4,108,134	PART VII SUPPLEMENTAL INFORMATION
(13)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	Q	2,106,195	PART VII SUPPLEMENTAL INFORMATION
(14)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	Q	3,895,380	PART VII SUPPLEMENTAL INFORMATION
(15)	PARKVIEW WABASH HOSPITAL INC	Q	5,753,846	PART VII SUPPLEMENTAL INFORMATION
(16)	WHITLEY MEMORIAL HOSPITAL INC	Q	4,674,018	PART VII SUPPLEMENTAL INFORMATION
(17)	WHITLEY MEMORIAL HOSPITAL INC	R	57,953,341	PART VII SUPPLEMENTAL INFORMATION
(18)	PARKVIEW HOSPITAL INC	S	136,971,537	PART VII SUPPLEMENTAL INFORMATION
(19)	HUNTINGTON MEMORIAL HOSPITAL INC	S	15,569,259	PART VII SUPPLEMENTAL INFORMATION
(20)	COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC	S	3,135,762	PART VII SUPPLEMENTAL INFORMATION
(21)	COMMUNITY HOSPITAL OF NOBLE COUNTY INC	S	15,586,713	PART VII SUPPLEMENTAL INFORMATION
(22)	WHITLEY MEMORIAL HOSPITAL INC	S	13,977,951	PART VII SUPPLEMENTAL INFORMATION
(23)	MANAGED CARE SERVICES LLC	S	237,497	PART VII SUPPLEMENTAL INFORMATION