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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PARKVIEW HOSPITAL INC

Doing business as

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

Room/suite

11109 PARKVIEW PLAZA DRIVE

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

FORT WAYNE, IN 468451701

D Employer identification number

35-0868085

E Telephone number

(260) 373-8429

G Gross receipts \$ 3,352,981,063

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 1941

M State of legal domicile IN

Part I

Summary

Activities & Governance

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

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

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

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

20

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

13

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6,045

6 Total number of volunteers (estimate if necessary)

459

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

3,315,845

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

788,052

Revenue

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

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

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

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

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

Prior Year

Current Year

1,041,089

1,571,551

1,064,173,440

1,201,079,150

1,890,726

559,066

14,614,715

15,174,183

1,081,719,970

1,218,383,950

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses Subtract line 18 from line 12

2,032,639

1,962,752

0

0

317,145,435

344,557,536

26,664

0

634,088,348

721,124,413

953,293,086

1,067,644,701

128,426,884

150,739,249

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

868,168,767

921,953,901

564,500,500

624,786,701

303,668,267

297,167,200

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

2019-11-11

Date

JEANNE' WICKENS PH CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00240883

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

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

Phone no (574) 232-3992

SOUTH BEND, IN 466240007

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 907,727,276 including grants of \$ 1,962,752) (Revenue \$ 1,203,944,496)
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 ▶ 907,727,276

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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		Yes	No
Check if Schedule O contains a response or note to any line in this Part V		<input checked="" type="checkbox"/>	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 176	
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	6,045	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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 20		
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 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
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	No
b Other officers or key employees of the organization	15b	No
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-A 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) 266-9313

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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,204,781	5,922,643	2,665,718

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 ▶ 206

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOCUSONE SOLUTIONS LLC 13609 CALIFORNIA STREET OMAHA, NE 68154	NURSES	10,772,622
QUEST DIAGNOSTICS NICHOLS INST INC 12346 COLLECTION CENTER DR CHICAGO, IL 60693	DIAGNOSTIC SERVICES	5,070,782
AVANT HEALTHCARE PROFESSIONALS LLC 1211 SEMORAN BLVD SUITE 227 CASSELBERRY, FL 32707	NURSES	3,022,267
FOUNDATION SURGERY AFFILIATE OF FORT WAY 8004 CARNEGIE BLVD FORT WAYNE, IN 46804	MEDICAL SERVICES	2,516,827
ST VINCENT MERCY MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 43608	FLIGHT SERVICES	2,406,396

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 ► 69

Form 990 (2018)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(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	918,617				
	e Government grants (contributions)	1e	622,364				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,570				
	g Noncash contributions included in lines 1a - 1f \$ 38,305						
	h Total. Add lines 1a-1f 1,571,551						
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE	622000	1,160,160,702	1,160,160,702			
	b PHARMACY	446110	20,965,313	19,397,022	1,568,291		
	c LAB SERVICES	621500	14,975,198	14,975,198			
	d INTERUNIT RENT	900099	2,821,840	2,821,840			
	e FWCS CLINICS	621990	681,446	681,446			
	f All other program service revenue		1,474,651	1,020,523	454,128		
	g Total. Add lines 2a-2f 1,201,079,150						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		518,805			518,805	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	4,964,759					
	b Less rental expenses	2,659,340					
	c Rental income or (loss)	2,305,419					
	d Net rental income or (loss)		2,305,419			2,305,419	
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,131,920,887	57,147				
	b Less cost or other basis and sales expenses	2,131,734,527	203,246				
	c Gain or (loss)	186,360	-146,099				
	d Net gain or (loss)		40,261			40,261	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b				
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a CAFETERIA & MEALS		722210	5,545,219		5,545,219		
b ORTHO BILLINGS		541900	3,426,941	2,152,140	1,274,801		
c RESEARCH CENTER		900099	2,054,539	2,054,539			
d All other revenue			1,842,065	681,086	18,625		
e Total. Add lines 11a-11d			12,868,764				
12 Total revenue. See Instructions			1,218,383,950	1,203,944,496	3,315,845		
					9,552,058		
Form 990 (2018)							

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,962,752	1,962,752		
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.	3,820,085		3,820,085	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	190,322	190,322		
7 Other salaries and wages.	256,340,558	255,251,501	1,089,057	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	84,206,571	83,835,311	371,260	
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	71,940		71,940	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	62,964,574	55,578,709	7,385,865	
12 Advertising and promotion.	211,973	195,304	16,669	
13 Office expenses.	24,975,717	22,920,499	2,055,218	
14 Information technology.	853,398	853,398		
15 Royalties.				
16 Occupancy.	15,521,027	14,737,910	783,117	
17 Travel.	1,400,925	1,286,894	114,031	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	613,147	573,095	40,052	
20 Interest.	257,007	257,007		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	47,053,236	46,810,402	242,834	
23 Insurance.	1,714,887	40,151	1,674,736	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	198,451,865	198,451,865		
b PH CLINICAL SUPPORT	152,303,895	152,303,895		
c CORP SERVICE ALLOCATION	141,390,895		141,390,895	
d FEDERAL & STATE INCOME	173,338		173,338	
e All other expenses	73,166,589	72,478,261	688,328	
25 Total functional expenses. Add lines 1 through 24e.	1,067,644,701	907,727,276	159,917,425	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		20,415	1	32,033
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		144,050,406	4	171,620,610
	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		28,272	7	0
	8	Inventories for sale or use		17,163,449	8	19,698,534
	9	Prepaid expenses and deferred charges		981,668	9	1,142,651
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,203,665,467		
	b	Less: accumulated depreciation	10b	525,631,470		
				652,420,943	10c	678,033,997
	11	Investments—publicly traded securities		24,136,518	11	23,541,687
	12	Investments—other securities. See Part IV, line 11		3,240,539	12	2,587,388
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		22,491,443	14	22,491,443
15	Other assets. See Part IV, line 11		3,635,114	15	2,805,558	
16	Total assets. Add lines 1 through 15 (must equal line 34)		868,168,767	16	921,953,901	
Liabilities	17	Accounts payable and accrued expenses		57,481,479	17	61,739,093
	18	Grants payable			18	
	19	Deferred revenue		5,095,483	19	4,188,965
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,611,120	23	5,088,919
	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		496,312,418	25	553,769,724
	26	Total liabilities. Add lines 17 through 25		564,500,500	26	624,786,701
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		303,668,267	27	297,167,200
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		303,668,267	33	297,167,200	
34	Total liabilities and net assets/fund balances		868,168,767	34	921,953,901	

Part XI Reconciliation of Net AssetsCheck 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	1,218,383,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,067,644,701
3	Revenue less expenses Subtract line 2 from line 1	3	150,739,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	303,668,267
5	Net unrealized gains (losses) on investments	5	-1,227,126
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	-156,013,190
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	297,167,200

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PARKVIEW HOSPITAL, INC IS A CHARITABLE, NOT-FOR-PROFIT, COMMUNITY-OWNED HOSPITAL AND CONSISTS OF A 424-BED REGIONAL TERTIARY REFERRAL CENTER (PARKVIEW REGIONAL MEDICAL CENTER), AS WELL AS A 229-BED COMMUNITY HOSPITAL (PARKVIEW HOSPITAL RANDALLIA) AND A 103-BED BEHAVIORAL HEALTH HOSPITAL (PARKVIEW BEHAVIORAL HEALTH), LOCATED IN FORT WAYNE, INDIANA THE SERVICE AREA INCLUDES NORTHEAST INDIANA, NORTHWEST OHIO AND SOUTH CENTRAL MICHIGAN PARKVIEW HOSPITAL, INC IS HOME TO A VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER IN ADDITION TO THE SAMARITAN MEDICAL FLIGHT AND GROUND TRANSPORT SERVICES AND A FULL-SERVICE, 24-HOUR EMERGENCY DEPARTMENT SPECIALTY SERVICES INCLUDE A HEART INSTITUTE, A CERTIFIED PRIMARY STROKE CENTER, WOMEN'S &(SEE SCHEDULE O FOR CONTINUATION)CHILDREN'S HOSPITAL, OUTPATIENT SERVICE CENTER AND CANCER INSTITUTE THE NEWLY CONSTRUCTED PARKVIEW CANCER INSTITUTE OPENED IN JUNE 2018 ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS AS AN ORGANIZATION THAT OPERATES EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES, THE PARKVIEW RESEARCH CENTER HOUSED IN THE MIRRO RESEARCH AND INNOVATION CENTER PROVIDES WORLD-CLASS EDUCATION FOR PARKVIEW CO-WORKERS, PHYSICIANS AND MEDICAL PROFESSIONALS TRAINING TAKES PLACE IN CUTTING-EDGE MEDICAL SIMULATION CLASSROOMS AND TRAINING LABORATORIES MODELED AFTER CURRENT OPERATING ROOMS, EXAM ROOMS, PATIENT ROOMS AND AMBULANCES PATIENT EXPECTATIONS FOR EXCELLENT CARE ARE SUPPORTED BY ENSURING THAT HEALTHCARE PROFESSIONALS ARE FAMILIAR WITH THE MOST INNOVATIVE AND EFFECTIVE TREATMENTS AVAILABLE IN AN EFFORT TO MEET GROWING CONSUMER DEMAND FOR CARE AND SERVICES, THE HOSPITAL BEGAN AN EXPANSION PROJECT OF A SIX-STORY, 168,000 SQUARE FOOT MEDICAL TOWER THAT WILL ACCOMMODATE 72 ADDITIONAL INPATIENT BEDS APPROXIMATELY 63,000 SQUARE FEET OF THE NEW TOWER WILL SERVE AS SHELL SPACE, ALLOWING FOR FUTURE EXPANSION TO SUPPORT FORECASTED INPATIENT AND AMBULATORY CARE GROWTH THE EXPANSION IS SLATED TO OPEN IN 2020 DURING 2018, PARK CENTER, INC BECAME AN AFFILIATE OF PARKVIEW HEALTH INC , WORKING IN TANDEM WITH PARKVIEW BEHAVIORAL HEALTH (PBH) AND PARKVIEW PHYSICIANS GROUP (PPG) TO CREATE A COMPREHENSIVE CONTINUUM OF MENTAL HEALTH CARE PARK CENTER, INC IS A COMMUNITY MENTAL HEALTH CENTER WITH FACILITIES IN FORT WAYNE, AS WELL AS BLUFFTON AND DECATUR BESIDES INTEGRATING SERVICES WHERE APPROPRIATE, THE TWO ORGANIZATIONS PLAN TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES, ENHANCE CLINIC PROCESSES, COORDINATE ADDICTION TREATMENT PROGRAMS AND MAKE CAPITAL INVESTMENTS IN SELECT PARK CENTER FACILITIES PBH WAS AWARDED THE 2018 NDNQI AWARD FOR OUTSTANDING NURSING QUALITY BY PRESS GANEY THIS AWARD RECOGNIZES THE PSYCHIATRIC HOSPITAL THAT HAS ACHIEVED EXCELLENCE IN OVERALL PERFORMANCE IN NURSING QUALITY INDICATORS AND HAS ALSO MADE IMPRESSIVE AND MEASURABLE IMPROVEMENTS IN NURSING PERFORMANCE AND PATIENT OUTCOMES ALSO RELATED TO NURSING EXCELLENCE, PARKVIEW HEALTH SYSTEM, INC , OF WHICH PARKVIEW HOSPITAL, INC IS A PART, CURRENTLY HOLDS MAGNET STATUS, WHICH DEMONSTRATES COMMITMENT TO NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE WHILE CINCINNATI CHILDREN'S HOSPITAL AND PARKVIEW HEALTH, INC HAVE COLLABORATED ON PEDIATRIC TRAUMA CARE FOR SEVERAL YEARS, IN SEPTEMBER 2018 THE TWO ORGANIZATIONS ENTERED INTO AN AFFILIATION TO EXPAND PEDIATRIC CARE IN CARDIOLOGY, GASTROENTEROLOGY AND GENERAL SURGERY TO FAMILIES IN THE FORT WAYNE AREA THE COLLABORATION WILL ALLOW THE PARKVIEW PHYSICIAN AND FAMILIES TO ENGAGE IN TELEHEALTH CONSULTATIONS VIA VIDEO CONFERENCING WITH A SPECIALTY PHYSICIAN AT CINCINNATI CHILDREN'S HOSPITAL WHEN DEVELOPING CHILD CARE PLANS THE HEALTH SYSTEM EARNED THE ADVISORY BOARD WORKPLACE OF THE YEAR AWARD WHICH RECOGNIZES HOSPITALS AND HEALTH SYSTEMS NATIONWIDE THAT HAVE OUTSTANDING LEVELS OF EMPLOYEE ENGAGEMENT THE SYSTEM WAS ALSO NAMED ONE OF AMERICA'S BEST EMPLOYERS BY FORBES MAGAZINE AND WAS RANKED NO 93 OVERALL AND NO 14 IN THE HEALTHCARE AND SOCIAL SERVICES INDUSTRY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT	40 00 1 00	X		X				655,188	0	140,126
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	1 00 56 00	X		X				0	1,447,044	759,330
ALBERT MORRISON DIRECTOR/PH PHYSICIAN	1 00 15 00	X						74,534	598,029	34,991
ABHIJIT SHUKLA DIRECTOR/PH PHYSICIAN	16 00 24 00	X						46,785	352,707	55,346
ERIN LACROSS PVHOS CNO	40 00 0 00	X						280,447	0	86,690
PAUL WILSON PARKC PRESIDENT & CEO	1 00 40 00	X						0	28,637	6,551
IAN BOYCE DIRECTOR	1 00 1 00	X						4,514	0	0
DONOVAN COLEY DIRECTOR	1 00 0 00	X						4,514	0	0
PALERMO GALINDO DIRECTOR	1 00 0 00	X						4,500	0	0
BRENDA GERBER DIRECTOR	1 00 0 00	X						3,264	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			
THOMAS KIMBROUGH DIRECTOR	1 00 0 00	X						4,000	4,637	0
DAVID MCFADDEN DIRECTOR	1 00 0 00	X						4,264	0	0
MARK MICHAEL DIRECTOR	1 00 0 00	X						4,500	0	0
DAVID NECKERS DIRECTOR	1 00 0 00	X						4,264	0	0
GREGG POLLANDER DIRECTOR	1 00 1 00	X						750	150	0
RICHARD ROBINSON DIRECTOR/SECRETARY/TREASURER	1 00 1 00	X						4,514	1,259	0
WILBUR SMITH DIRECTOR	1 00 0 00	X						4,750	0	0
DAN STARR DIRECTOR/CHAIR	1 00 1 00	X						6,514	3,974	0
WENDY STEIN DIRECTOR	1 00 0 00	X						4,764	4,764	0
IRENE WALTERS DIRECTOR/VICE CHAIR	1 00 0 00	X						4,750	4,750	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			
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	1 00 56 00			X				0	869,537	314,918
CHARLES CLARK PVHOS PBH COO	40 00 0 00				X			264,206	0	84,405
MICHAEL GERUE PVHOS PHI COO	40 00 0 00				X			336,785	0	110,169
MARCELINE ROGERS PVHOS VP SURGICAL SVCS	40 00 0 00				X			284,534	0	77,527
MICHAEL MIRRO PVHOS CARO	40 00 0 00				X			607,839	0	138,201
RAE GONTERMAN PVHOS VP OPS-CI	40 00 0 00				X			229,717	0	49,552
JOHN BOWEN PVHOS COO RANDALLIA	40 00 0 00				X			214,976	0	68,182
YUENIAN ZHANG PVHOS CHIEF PHYSICIST	40 00 0 00					X		278,746	0	53,502
JACQUELINE AKEY PVHOS PHYSICIAN	40 00 2 00					X		218,420	45,889	45,770
JOHN STANFORD PVHOS MED DIR CV SURGERY	24 00 0 00					X		243,049	130	8,675

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			
JOSHUA WINEBAUGH PVHOS PHARMACIST	57 00 0 00					X		213,191	0	24,948
KEITH JACKSON PVHOS PHARMACY SPV	43 00 0 00					X		196,502	0	47,209
SUZANNE EHINGER FORMER OFFICER/CURRENT PH CHIEF EXP	0 00 40 00						X	0	624,186	144,427
GREG JOHNSON FORMER KEY EMPLOYEE/CURRENT PH CCIO	0 00 40 00						X	0	559,034	142,220
JUDITH BOERGER FORMER KEY EMPLOYEE/CURRENT PH CNE	0 00 40 00						X	0	461,347	109,228
MARLON WARDLOW FORMER KEY EMPLOYEE/CURRENT PH VP	0 00 40 00						X	0	305,440	83,165
ROGER STIENECKER FORMER HC EMPLOYEE/CURRENT PH MD IP&EP	0 00 40 00						X	0	374,786	44,173
CHRISTOPHER JELLISON FORMER HC EMPLOYEE/CURRENT PH DIR PHAR	0 00 40 00						X	0	236,343	36,413

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

PARKVIEW HOSPITAL INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

35-0868085

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 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

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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

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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

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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

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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

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization PARKVIEW HOSPITAL INC	Employer identification number 35-0868085
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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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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)		(b)
		Yes	No	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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		44,632
j	Total. Add lines 1c through 1i			44,632
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	OTHER ACTIVITIES - REPRESENTS THE PORTION OF THE DUES PAID TO INDIANA HOSPITAL AND HEALTH ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, INDIANA ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC , AMERICAN ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC AND VARIOUS PROFESSIONAL ASSOCIATIONS USED FOR LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	707,386	672,505	642,805	625,781	636,041
b Contributions	14,000		225	535	689
c Net investment earnings, gains, and losses	-63,044	55,081	41,324	27,888	27,585
d Grants or scholarships	7,400	20,200	11,849	11,399	38,534
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	650,942	707,386	672,505	642,805	625,781

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

80 860 %

c

Temporarily restricted endowment

19 140 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,770,319		6,770,319
b Buildings		615,458,970	252,295,607	363,163,363
c Leasehold improvements		12,308,514	7,965,459	4,343,055
d Equipment		485,892,430	238,355,548	247,536,882
e Other		83,235,234	27,014,856	56,220,378
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				678,033,997

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

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

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
EST MEDICARE/MEDICAID SETTLEMENTS	2,716,088
EST 3RD PARTY RECEIVABLES	6,883,072
RESTRICTED FUNDS	339,871
DUE TO/FROM INTERUNIT	543,830,693
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	553,769,724

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: 35-0868085
Name: PARKVIEW HOSPITAL INC

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) PAGE 15 OF ATTACHED FINANCIAL STATEMENTS INCOME TAXES THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE CORPORATION AND CERTAIN AFFILIATED ENTITIES ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CERTAIN SUBSIDIARIES OF THE CORPORATION ARE TAXABLE ENTITIES, THE TAX EXPENSE AND LIABILITIES OF WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH ENTITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2018 AND 2017, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990T FILED BY THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEAR 2014 AND PRIOR</p>

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

PARKVIEW HOSPITAL INC

Employer identification number

35-0868085

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

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

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

a

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

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

Yes

5a

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

5a

Yes

b

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

5b

No

c

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

5c

6a

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

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,813,214	0	17,813,214	1 780 %
b Medicaid (from Worksheet 3, column a)			115,526,062	82,963,455	32,562,607	3 250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			74,158,764	65,586,647	8,572,117	0 860 %
d Total Financial Assistance and Means-Tested Government Programs			207,498,040	148,550,102	58,947,938	5 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,357,589	301,177	4,056,412	0 410 %
f Health professions education (from Worksheet 5)			6,278,829	1,122,166	5,156,663	0 520 %
g Subsidized health services (from Worksheet 6)			1,986,591	775,240	1,211,351	0 120 %
h Research (from Worksheet 7)			531,987	0	531,987	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,556,793	0	1,556,793	0 160 %
j Total. Other Benefits			14,711,789	2,198,583	12,513,206	1 260 %
k Total. Add lines 7d and 7j			222,209,829	150,748,685	71,461,144	7 150 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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						
2 Economic development			40,000	0	40,000	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			40,000		40,000	0 %

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 Healthcare 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	67,156,127	
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	1,095,405	
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	161,921,052
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	182,088,717
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-20,167,665
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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				
2				
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)

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

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW PARKVIEW COM/LOCALHEALTHNEEDS</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW PARKVIEW COM/LOCALHEALTHNEEDS</u>	10 Yes	
a		
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)**

PARKVIEW HOSPITAL INC

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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTPS //WWW PARKVIEW COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //WWW PARKVIEW COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //WWW PARKVIEW COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

PARKVIEW HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

PARKVIEW HOSPITAL INC

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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

How many non-hospital health care facilities did the organization operate during the tax year?	25
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Schedule H (Form 990) 2018

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 6A	THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC (EIN 35-1972384), 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) PREPARED A COMBINED REPORT TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	<p>PART I, LINE 7A THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7B PARKVIEW HOSPITAL, INC ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7C PARKVIEW HOSPITAL, INC ACCEPTS ALL CERTAIN MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS PART I, LINE 7E AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE PART I, LINE 7F AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE 7G COSTS ASSOCIATED WITH THE MOBILE MAMMOGRAPHY PROGRAM AND THE ASSESSMENTS AND REFERRALS OF INDIVIDUALS THROUGH THE PARKVIEW BEHAVIORAL HEALTH ACCESS CENTER WHERE INCLUDED AS SUBSIDIZED HEALTH SERVICES PART I, LINE 7H AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO SUPPORT THE RESEARCH CONDUCTED BY THE PARKVIEW RESEARCH CENTER SPEND IS BASED ON THE OPERATING EXPENSES ASSOCIATED WITH RESEARCH ACTIVITIES OVER AND ABOVE GRANTS AND OTHER REVENUE RECEIVED BY THE CENTER PART I, LINE 7I IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HOSPITAL, INC CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSEPARKVIEW HOSPITAL, INC EXCLUDED \$67,156,127 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, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES ECONOMIC DEVELOPMENT PARKVIEW HOSPITAL, INC HAS A STRONG COMMITMENT TO SUPPORTING AND ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION PARKVIEW INVESTS IN PROJECTS THAT HELP TO IMPROVE THE HEALTH AND INSPIRE THE WELL-BEING OF THE COMMUNITY SUPPORT FOR FRIENDS OF THE RIVER, INC IS A PART OF A MULTIPLE-YEAR PLAN FOR URBAN REVITALIZATION AND THE PROMOTION OF ECONOMIC DEVELOPMENT IN NORTHEAST INDIANA PARKVIEW HOSPITAL, INC HAS PLAYED A SIGNIFICANT ROLE IN THESE EFFORTS AND SUPPORTS THE RIVERFRONT REVITALIZATION PROJECT

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTSTEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS PAGE 12 OF ATTACHED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	<p>IF THE PATIENT CANNOT PAY IN FULL, THE OPTION OF A LOW INTEREST LOAN IS AVAILABLE WITH THE SAME DISCOUNT OFFERED FOR CASH PAYMENTS AS LONG AS THE LOAN IS ARRANGED WITHIN 30 DAYS OF THE FIRST GUARANTOR STATEMENT IF THE PATIENT DEFAULTS ON THE LOAN, THE DISCOUNT WILL BE REVERSED AND THE PATIENT'S ACCOUNT WILL BE PLACED IN A COLLECTION AGENCY INTEREST-FREE PAYMENTS WITH PAY-OUT NOT TO EXCEED TWELVE (12) MONTHS ARE AVAILABLE THE MINIMUM MONTHLY PAYMENT IS \$25 FINANCIAL ASSISTANCE MAY BE AVAILABLE FOR THOSE PATIENTS WHO CANNOT PAY THEIR BILL THOSE OPTIONS ARE GOVERNMENTAL ASSISTANCE OR FREE CARE THROUGH THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM THE HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON PARKVIEW COM OR BY VISITING ANY HOSPITAL CASHIER OFFICE OR BY CALLING PATIENT ACCOUNTING AT 260 266 6700 OR TOLL FREE 855 814 0012 A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE ANYTIME DURING THE APPLICATION PERIOD FAILURE TO MAKE ARRANGEMENTS AS LISTED ABOVE OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING PLACED IN A COLLECTION AGENCY DUE TO NON-PAYMENT THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES WHICH MAY ULTIMATELY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE ADDITIONALLY, THE COLLECTION AGENCY MAY SUE AND OBTAIN A JUDGMENT AGAINST THE PATIENT FOR NON-PAYMENT THESE ACTIONS WILL NOT OCCUR UNTIL 120 DAYS AFTER THE PATIENT IS SENT THEIR FIRST FOLLOW-UP STATEMENT INDICATING THE AMOUNT THEY OWE A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN THOUGH THEY HAVE BEEN PLACED IN A COLLECTION AGENCY IF THE PATIENT WAS SENT THEIR FIRST NOTICE ON THE ACCOUNT FOR WHICH THEY ARE APPLYING FOR FREE CARE BETWEEN 120 DAYS AND THE END OF THE APPLICATION PERIOD, THE ACTIONS ABOVE WILL BE SUSPENDED UNTIL THE FREE CARE APPLICATION ELIGIBILITY IS DETERMINED</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	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 IN ADDITION TO IDENTIFYING HEALTH NEEDS THROUGH THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, PARKVIEW HOSPITAL, INC IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING -OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS-USE OF CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA PLATFORM -OBSERVATIONS BY HEALTHCARE PROFESSIONALS WHO WORK WITH VULNERABLE POPULATIONS-SPECIFIC REQUESTS PROMPTED BY OTHER PROFESSIONALS IN THE COMMUNITYHOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES THE FACILITIES OF PARKVIEW HOSPITAL, INC , CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND PARKVIEW BEHAVIORAL HEALTH ARE LOCATED IN FORT WAYNE, THE PRIMARY URBAN AREA IN THE HEALTH SYSTEM'S SERVICE AREA ACCORDING TO STATS INDIANA 2018, FORT WAYNE REPORTED A POPULATION OF 267,633 AND COMPRISES 71 3 PERCENT OF THE TOTAL ALLEN COUNTY POPULATION NEW HAVEN, THE LARGEST TOWN IN THE COUNTY, ACCOUNTS FOR 4 2 PERCENT OF THE COUNTY POPULATION THE TOTAL POPULATION IN ALLEN COUNTY IS 375,351, A 5 6 PERCENT INCREASE SINCE THE 2010 CENSUS IN 2017, APPROXIMATELY 13 1 PERCENT OF THE POPULATION IN ALLEN COUNTY WAS REPORTED TO BE BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS \$44,525 AND THE MEDIAN HOUSEHOLD INCOME WAS \$52,661 AS OF APRIL 2019, THE UNEMPLOYMENT RATE WAS 2 7 PERCENT A PORTION OF SOUTHEAST FORT WAYNE IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINIC THEIR PRIMARY LOCATION IS LOCATED NEAR DOWNTOWN IN 2014, PARKVIEW AND THE NEIGHBORHOOD HEALTH CLINIC OPENED A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE (PARKVIEW NEIGHBORHOOD HEALTH CLINIC) IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING WHICH PROVIDES HEALTH PREVENTION EDUCATION TO THE LOCAL UNDERSERVED POPULATION ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2019, 19 6 PERCENT OF ALLEN COUNTY RESIDENTS ARE ENROLLED IN MEDICAID AND 9 1 PERCENT ARE UNINSURED IN 2018, FOR PARKVIEW HOSPITAL, INC FACILITIES IN ALLEN COUNTY, 20 3 PERCENT OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 4 6 PERCENT WERE SELF-PAY FOR OUTPATIENT PROCEDURES, 24 6 PERCENT WERE MEDICAID PATIENTS AND 8 2 PERCENT WERE SELF-PAY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC) IN AN EFFORT TO BEST MEET PATIENT NEEDS, AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILEGES AT PARKVIEW HOSPITAL, INC ADDITIONALLY, THE CONTINUING MEDICAL EDUCATION DEPARTMENT'S MEDICAL SYMPOSIUMS HELD THROUGHOUT THE YEAR ARE OPEN TO ALL AREA HEALTHCARE PROFESSIONALS THE MAJORITY OF THE PARKVIEW HOSPITAL, INC BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA PARKVIEW HOSPITAL, INC , HAS FOSTERED CLINICAL RESEARCH SERVICES THROUGH THE PARKVIEW RESEARCH CENTER, TO PARKVIEW HEALTH SYSTEM, INC PHYSICIANS FOR OVER 25 YEARS IT HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE SERVICES DURING THAT TIME THE CENTER HAS CONDUCTED OVER 500 CLINICAL TRIALS CURRENTLY, THERE ARE OVER 150 ACTIVE STUDIES PRIMARILY IN DRUG AND DEVICE CLINICAL RESEARCH IN THE AREAS OF CARDIOLOGY, ONCOLOGY, NEUROLOGY, ORTHOPEDICS AND PSYCHIATRY THE PARKVIEW RESEARCH CENTER RELOCATED TO THE MIRRO CENTER FOR RESEARCH AND INNOVATION UPON ITS COMPLETION IN 2015 THIS \$20 MILLION, 84,000 SQUARE FOOT FACILITY ON THE NORTH CAMPUS FEATURES SPACE FOR RESEARCH, INNOVATION AND EDUCATION AS WELL AS A HIGH-FIDELITY HUMAN PATIENT SIMULATION CENTER THE ADVANCED MEDICAL SIMULATION LAB ALLOWS MULTIDISCIPLINARY CARE TEAMS THE OPPORTUNITY TO ENHANCE CLINICAL AND COMMUNICATION SKILLS IN ORDER TO IMPROVE THE QUALITY OF CARE PROVIDED THE HOSPITAL CONTINUES TO ENHANCE HEALTHCARE EDUCATION AND MEDICAL RESEARCH THROUGH PARTNERSHIPS BETWEEN PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND LOCAL UNIVERSITIES ON THE NORTH-FORT WAYNE CAMPUS, AS WELL AS THE DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN THE HOSPITAL, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY AND WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY WILL BE OFFERED, THUS ADDRESSING A SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEED IN THE COMMUNITY PARKVIEW HOSPITAL, INC CONTINUED WORK ON A \$55 MILLION, MULTI-YEAR RENOVATION AT THE RANDALLIA LOCATION WHILE THIS FACILITY PROVIDES COMMUNITY-CENTRIC HEALTHCARE SERVICES, PARKVIEW HOSPITAL, INC IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS BEGINNING IN 2014, RENOVATIONS HAVE INCLUDED THE FOLLOWING -ADDITION OF THE CENTER FOR WOUND HEALING AND OUTPATIENT INFUSION CENTER -ALL NEW FAMILY BIRTHING CENTER AND STATE-OF-THE-ART INTENSIVE CARE UNIT -LOGISTICS CENTER TO COORDINATE BED MANAGEMENT, EMS, FLIGHT DISPATCH AND OTHER VITAL HEALTH SYSTEM COMMUNICATIONS-PROCEDURAL CENTER ALLOWING FOR IN-PATIENT CATHETERIZATION PROCEDURES -CONSTRUCTION OF AN ADDITIONAL ENTRANCE WITH NEW CENTRALIZED REGISTRATION AREA-RENOVATION OF THE PHYSICAL THERAPY DEPARTMENT -AN EMERGENCY ROOM REMODEL FOCUSED ON BEHAVIORAL HEALTH SECURE HOLD ROOMS-EXISTING SPACE WAS REDESIGNED AND RENOVATED TO HOUSE THE 12-BED MEDICAL/SURGICAL PATIENT CARE UNIT WITH STATE-OF-THE-ART FEATURES-RENOVATION OF 20 PATIENT ROOMS-OTHER INFRASTRUCTURE UPGRADESADDITIONAL UPGRADES INCLUDED THE ADDITION OF SHELL SPACE FOR FUTURE EXPANSION AND RENOVATION OF AN ADDITIONAL 20 PATIENT ROOMS THE NEW CANCER INSTITUTE OPENED ON THE PARKVIEW REGIONAL MEDICAL CENTER CAMPUS IN JUNE 2018 THE 108,000 SQ FT , \$100 MILLION STATE-OF-THE-ART FACILITY USES AN INNOVATIVE PATIENT -CENTERED APPROACH TO CANCER CARE CARE INCLUDES AN INTER-DISCIPLINARY CLINICAL TEAM AND A PERSONAL CARE NAVIGATION PROGRAM ALL CANCER-RELATED SERVICES ARE UNDER ONE ROOF WHETHER ENGAGED IN PREVENTION, TREATMENT OR AFTERCARE EXPANSIVE COMMON AREAS WITH INDOOR GARDENS SEPARATE FROM CLINICAL AREAS ARE AVAILABLE FOR USE BY PATIENTS AND THEIR FAMILIES PARKVIEW HOSPITAL, INC IS DEDICATED TO THE INVESTMENT OF TIME AND RESOURCES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH OVERSIGHT BY THE COMMUNITY HEALTH IMPROVEMENT COMMITTEE COMPOSED OF COMMUNITY LEADERS, MEMBERS OF THE PARK VIEW HOSPITAL, INC BOARD OF DIRECTORS AND HOSPITAL MANAGEMENT, THE COMMUNITY HEALTH IMPROVEMENT PROGRAM PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS IN DEVELOPING AND IMPLEMENTING HEALTH INITIATIVES TO MEET IDENTIFIED COMMUNITY HEALTH NEEDS OUR GOAL IS TO UTILIZE BEST PRACTICES AND INNOVATIVE METHODS TO IMPROVE HEALTH STATUS, PARTICULARLY FOR THE UNDERSERVED PARKVIEW HOSPITAL, INC SUPPORTS THESE COMMUNITY HEALTH IMPROVEMENT EFFORTS THROUGH A COMMITMENT OF UP TO 10 PERCENT OF ITS NET INCOME ON AN ANNUAL BASIS SEVERAL LOCAL HEALTH PARTNERS ASSIST IN IMPROVING</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>G ACCESS TO HEALTHCARE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, N ORTHEAST INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE), A HOPE CENTE R (PREGNANCY CENTER), THE RESCUE MISSION (HOMELESS SHELTER) AND BRIGHTPOINT COVERING KIDS AND FAMILIES ARE JUST A FEW OF OUR PARTNER ORGANIZATIONS ADDITIONALLY, THE HOSPITAL PROVIDES FUNDING TO COMMUNITY TRANSPORTATION NETWORK AS THEY PROVIDE MEDICAL TRANSPORTATION FOR THE SENIOR, DISABLED AND LOW-INCOME POPULATIONS THROUGHOUT THE COMMUNITY INITIATIVES RELATED TO CURRENT HEALTH PRIORITIES INCLUDE SCHOOL-BASED NUTRITION AND ACTIVE LIFESTYLE CURRICULUMS/PROGRAMS, OPENING OF PARKVIEW'S COMMUNITY GREENHOUSE AND LEARNING KITCHEN, MATERNAL /INFANT INTERVENTION PROGRAMS, AND A BEHAVIORAL HEALTH CARE NAVIGATOR PROGRAM THE HOSPITAL FUNDS AND MANAGES AN INTEGRATED COMMUNITY-BASED NURSING PROGRAM THESE REGISTERED NURSES , ALONG WITH A REGISTERED DIETITIAN, REGISTERED RESPIRATORY THERAPIST AND COMMUNITY HEALTH WORKER, DELIVER EDUCATION AND SERVICES OUTSIDE THE FOUR WALLS OF OUR FACILITIES TO ADDRESS COMMUNITY HEALTH ISSUES, ENGAGE FAMILIES THROUGH OUTREACH, AND SERVE POPULATIONS IN OUR COMMUNITY WHO ARE OTHERWISE UNDERSERVED BY THE TRADITIONAL HEALTHCARE SYSTEM OTHER COMMUNITY OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY SERVICES AND INJURY PREVENTION EDUCATION AS A PART OF PROMOTING HEALTHY LIVING, THE HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE WAS DEVELOPED AS A COLLABORATION BETWEEN PARKVIEW HOSPITAL, INC AND ST JOSEPH COMMUNITY HEALTH FOUNDATION IT CONSISTS OF THREE COMPONENTS INCLUDING OUR HEALING KITCHEN, A NUTRITIOUS FOOD PREPARATION COURSE, OPERATION OF FIVE SEASONAL HEAL FARM MARKETS WHERE SNAP AND WIC/SENIOR VOUCHERS ARE DOUBLED AND SUPPORT OF THE GATE (GROWTH IN AGRICULTURE THROUGH EDUCATION) URBAN GARDEN THE HEAL PROGRAM WAS DESIGNED TO DECREASE FOOD INSECURITY AND THE PLIGHT OF FOOD DESERT NEIGHBORHOODS IN ALLEN COUNTY BY IMPROVING ACCESS TO FRESH, LOCAL PRODUCE AND WITH EDUCATION ON FOOD PREPARATION AND PRESERVATION CONSTRUCTION OF THE PARKVIEW GREENHOUSE AND LEARNING KITCHEN WAS COMPLETED IN LATE 2018 THE FACILITY IS LOCATED ON THE PARKVIEW BEHAVIORAL HEALTH CAMPUS, WHICH IS A FEDERALLY DESIGNATED FOOD DESERT AREA THIS FACILITY SERVES AS A HUB FOR PARKVIEW'S NUTRITION-RELATED OUTREACH EDUCATION PROGRAMS FOOD TASTINGS, COOKING DEMONSTRATIONS AND HANDS-ON COOKING CLASSES TO EDUCATE COMMUNITY MEMBERS ON HOW TO SHOP FOR, PREPARE, STORE AND USE FRESH FOODS BEGAN MID -2019</p>

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Form and Line Reference	Explanation
PART VI, LINE 6	<p>IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , PARKVIEW WABASH HOSPITAL, INC , WHITLEY MEMORIAL HOSPITAL, INC , HUNTINGTON MEMORIAL HOSPITAL, INC , AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC THE CORPORATE 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 EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN THE SEVEN-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY/HEALTHY LIFESTYLE PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND HEALTH/WELL-BEING ACROSS THE REGION WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN OUR EFFORTS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

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

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

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	PART V, SECTION B, LINE 5 PARKVIEW HEALTH SYSTEM, INC INCLUDING PARKVIEW HOSPITAL, INC CONDUCTED ITS LAST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 OVER THE COURSE OF ADMINISTERING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM WORKED TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT USED THREE SOURCES OF PRIMARY DATA 1) A PHONE SURVEY OF THE COMMUNITY CONDUCTED ON BEHALF OF PARKVIEW HOSPITAL, INC AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) BY THE EAGLETON CENTER FOR PUBLIC INTEREST POLLING (A CENTER OF RUTGERS UNIVERSITY) COMPLETED IN MARCH 2016, 2) AN ONLINE SURVEY DEVELOPED BY THE IN-PHC AND DISTRIBUTED BY THE HOSPITAL TO AREA PROVIDERS INCLUDING PUBLIC HEALTH OFFICIALS, OTHER HEALTHCARE PROFESSIONALS AND VARIOUS SOCIAL SERVICE ORGANIZATIONS THAT SPECIALIZE IN AIDING VULNERABLE POPULATIONS COMPLETED IN JUNE 2016, AND 3) FOCUS GROUPS WITH SPECIFIC VULNERABLE POPULATIONS, INCLUDING THE HISPANIC/LATINO AND AFRICAN AMERICAN POPULATIONS WERE CONDUCTED BY IN-PHC IN ALLEN, NOBLE AND KOSCIUSKO COUNTIES FOR THE AMISH COMMUNITY IN LAGRANGE COUNTY, A WRITTEN SURVEY WAS DISTRIBUTED THROUGH COMMUNITY LEADERS FOCUS GROUP AND WRITTEN SURVEY DATA COLLECTION WAS COMPLETED IN THE SUMMER OF 2016 CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATA BASE WAS USED TO ACCESS SECONDARY DATA FOR THE SEVEN-COUNTY AREA STATE AND NATIONAL DATA WAS OBTAINED THROUGH THE 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 U S CENSUS BUREAU

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	<p>PART V, SECTION B, LINE 11 SIGNIFICANT HEALTH NEEDS BEING ADDRESSED OBESITY - PARKVIEW HOSPITAL, INC CONTINUED OUTREACH PROGRAMS ESTABLISHED IN 2014 TO ADDRESS OBESITY PRIMARILY IN LOW-INCOME AREAS OF ALLEN COUNTY ACTIONS TO ADDRESS THE ISSUE OF OBESITY CENTER AROUND PROGRAMS THAT ENGAGE CHILDREN AND FAMILIES AND INCLUDE THE FOLLOWING PROGRAMS 1) THE HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE, 2) PLANTING HEALTHY SEEDS FOR 3RD AND 4TH GRADERS, 3) PLANTING HEALTHY SEEDS EARLY CHILDHOOD EDITION, 4) PLANTING HEALTHY SEEDS AFTER-SCHOOL EDITION, 5) TAKING ROOT WELL-BEING CHALLENGE PROGRAM FOR 4TH AND 5TH GRADERS, 6) SIMPLE SOLUTIONS FOR PARENTS OF LOW-INCOME, PRE-SCHOOL CHILDREN AND, 7) THE COMMUNITY NURSING NUTRITION AND DIABETES EDUCATION PROGRAM AND CARDIOVASCULAR/DIABETES SCREENING PROGRAM, 8) CREATION OF THE PARKVIEW COMMUNITY GREENHOUSE AND LEARNING KITCHEN LOCATED IN A DESIGNATED FOOD DESERT AREAPARKVIEW HAS FOCUSED ITS EFFORTS IN AREAS DEEMED TO PRODUCE THE HIGHEST IMPACT FOR OBESITY PREVENTION ANTICIPATED IMPACT INCLUDE THE FOLLOWING 1) INCREASE ACCESS TO FRESH, AFFORDABLE AND LOCALLY GROWN FOOD, 2) INCREASE CONSUMPTION OF FRESH PRODUCE , 3) PROVIDE CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS AND PARENTS OF PRE-SCHOOL CHILDREN RELATED TO PHYSICAL ACTIVITY AND NUTRITION, 4) PROVIDE PREVENTIVE HEALTH AND SKILL-BUILDING CLASSES FOR FAMILIES AND PREGNANT WOMEN, 5) ENHANCE AND INCREASE PROVIDER DIRECTED WELLNESS RESOURCES INCLUDING REFERRALS TO HEALTH MANAGEMENT PROGRAMS IN THE COMMUNITY MATERNAL/CHILD HEALTH - PARKVIEW HOSPITAL, INC HAS DEVELOPED MULTIPLE EVIDENCE-BASED STRATEGIES TO ADDRESS INFANT MORTALITY THROUGH IMPROVED PRENATAL AND INPATIENT CARE AND IN WORKING WITH PARTNER ORGANIZATIONS TO MAKE OUR COMMUNITY A HEALTHIER PLACE FOR FAMILIES STRATEGIES INCLUDE THE FOLLOWING 1) IMPLEMENT PROGRAMS DESIGNED TO REDUCE RISKS AND INCREASE HEALTHY BEHAVIORS AMONG PREGNANT WOMEN, 2) ADDRESS HEALTH DISPARITIES AND SEEK WAYS TO IMPROVE HEALTH OUTCOMES IN THE 46806 ZIP CODE, 3) BUILD UPON EXISTING STRENGTHS TO LEAD THE REGION IN PERINATAL CARE AND SERVICES FOR FAMILIES, 4) INCREASE EFFORTS TO RAISE AWARENESS AND BUILD RELATIONSHIPS WITH COMMUNITY PARTNERS SEVERAL PROGRAMS WERE LAUNCHED OR EXPANDED TO CARRY OUT THE AFOREMENTIONED STRATEGIES AND INCLUDE THE FOLLOWING 1) THE COMMUNITY HEALTH WORKER (CHW) AND COMMUNITY NURSING OUTREACH PROGRAMS PROVIDE HOME VISITS AND SUPPORT GROUP EDUCATION ON SAFE SLEEP, CAR SEAT SAFETY, BREASTFEEDING, PERIOD OF PURPLE CRYING AND BABY AND ME TOBACCO FREE, 2) FOOTPRINTS FOR WAYNE, A COMMUNITY COLLECTIVE IMPACT INITIATIVE, 3) THE FETAL INFANT MORTALITY REVIEW (FIMR) TEAM, A MULTI-DISCIPLINARY GROUP ORGANIZED TO REVIEW CASES OF FETAL AND INFANT DEATHS FOR PREVENTION PURPOSES MENTAL HEALTH - MENTAL AND BEHAVIORAL HEALTH (MBH) JUST LIKE PHYSICAL HEALTH IS A CRUCIAL ASPECT OF OVERALL WELL-BEING FOR INDIVIDUALS WHO RESIDE WITHIN OUR COMMUNITIES IN FACT, MBH IS THE ONE ASPECT OF HEALTH THAT IMPACTS ALL</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	OTHER ASPECTS OF HEALTH STRATEGIES TO ADDRESS MENTAL HEALTH NEEDS IN OUR COMMUNITY INCLU DE THE FOLLOWING 1) ADDRESS THE STIGMA ASSOCIATED WITH MBH THROUGH THE DEVELOPMENT OF COM MON MESSAGING AND STRATEGIES THAT ENCOURAGE INDIVIDUALS TO BE WILLING TO SEEK CARE EARLIER IN THE DISEASE PROCESS, 2) INCREASE AWARENESS OF RESOURCES, I E , THE BEHAVIORAL HEALTH H ELPLINE, MBH RESOURCES WITHIN THE COMMUNITY AND PARKVIEW INCLUDING, EMERGENT AND URGENT CA RE 3) IMPROVE ACCESS TO CARE FOR INDIVIDUALS WHOSE LIVES ARE IMPACTED BY MBH DISORDERS, TH ROUGH ENHANCED PROGRAMMING OPTIONS AND NAVIGATION SERVICES, 4) PROVIDE EDUCATION AND SKILL -BUILDING TRAINING FOR THE COMMUNITY MEMBERS REGARDING SUICIDE AND HOW TO RECOGNIZE AND RE SPOND TO AN INDIVIDUAL IN CRISIS USING THE ZERO SUICIDE MODEL OF CARE EDUCATIONAL PROGRAMO THER HEALTH NEEDS NOT BEING ADDRESSED -TOBACCO USE TOBACCO FREE ALLEN COUNTY (TFAC) IS TH E LEAD ORGANIZATION IN ALLEN COUNTY RELATED TO TOBACCO FREE EFFORTS TFAC PROVIDES INFORMA TION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBL IC POLICY PARKVIEW HOSPITAL, INC IS A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO-FREE CAMPUS -DIABETES, CARDIOVASCULAR DISEASE AND CANCER WHILE PARKVIEW HOSPIT AL DID NOT SELECT THESE CHRONIC DISEASES AS TOP HEALTH PRIORITIES, OUR INTENT IS TO HELP T O PREVENT AND REDUCE THE PRESENCE OF CHRONIC CONDITIONS LIKE THE AFOREMENTIONED DISEASES B Y ADDRESSING OBESITY THROUGH NUTRITION EDUCATION, INCREASED ACCESS TO HEALTHY FOODS, ACTIV E LIVING PROGRAMS AND EDUCATION ON OTHER HEALTHY LIFESTYLE HABITS -DRUGS/ALCOHOL ABUSE AND ADDICTION - ONE OF PARKVIEW HOSPITAL, INC 'S HEALTH PRIORITIES IS MENTAL HEALTH MANY IND IVIDUALS BEING ASSISTED AND REFERRED THROUGH PARKVIEW BEHAVIORAL HEALTH CARE NAVIGATION PR OGRAM ARE AFFECTED BY DRUG AND ALCOHOL ABUSE AND ADDICTION -SEXUALLY TRANSMITTED DISEASES (STDs) THE FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT, IN CONJUNCTION WITH MATTHEW 25 HEAL TH CLINIC, OPERATES A SEXUALLY TRANSMITTED DISEASE (STD) CLINIC THE NE INDIANA POSITIVE R ESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE) PROVIDES STD PREVENTION EDUCATION TO TEE NS AND ADULTS -CHRONIC KIDNEY DISEASE MAJOR RISK FACTORS RELATED TO CHRONIC KIDNEY DISEAS E ARE DIABETES, HIGH BLOOD PRESSURE AND AGE OF 60 AND OLDER THE LOCAL CHAPTER OF THE NATI ONAL KIDNEY FOUNDATION FOCUSES ON PREVENTION EDUCATION AND SERVES AS A RESOURCE TO THOSE A FFECTED BY KIDNEY DISEASE AND THEIR FAMILIES ADDITIONALLY, THE FOUNDATION PROVIDES KIDNEY EARLY EVALUATION PROGRAM (KEEP) HEALTHY KIDNEY SCREENING EVENTS -ASTHMA WHILE ASTHMA WAS NOT SELECTED AS A TOP HEALTH PRIORITY, PARKVIEW HOSPITAL, INC COMMUNITY NURSING PROGRAM ADMINISTERS AN ASTHMA PROGRAM THAT PROVIDES INTERVENTION THAT MOVES PATIENTS BEYOND EMERGE NCY RESCUE CARE TO A MORE PROACTIVE CARE APPROACH THE PROGRAM INCLUDES EDUCATION, INFORMA TION, AND STRATEGIES FOR FOLLOW-UP CARE THAT ARE BOTH INEXPENSIVE AND EFFECTIVE THIS PROG RAM INCORPORATES MULTIPLE BEST

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKVIEW HOSPITAL, INC	<p>PRACTICES, BUNDLES MANY OF THE RESOURCES ALREADY AVAILABLE AND 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 MANAGEMENT -AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE COUNTIES AS A PART OF THIS REGION THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER WHICH PROVIDES A STREAMLINED ACCESS TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT, AND BENEFITS ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES THROUGH THE CARE TRANSITIONS PROGRAM, AGING AND IN-HOME SERVICES PARTNERS WITH PARKVIEW HEALTH IN AN EFFORT TO REDUCE MEDICARE READMISSIONS PARKVIEW HOSPITAL, INC ALSO OFFER SENIOR SERVICES TO THOSE AGE 50 AND OVER IN THEIR LOCAL COMMUNITIES SERVICES INCLUDE HEALTH PREVENTION EDUCATION AND INFORMATION ON COMMUNITY RESOURCES, SELF-CARE AND SAFETY -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, THEN, RECRUITS PHYSICIANS ACCORDINGLY ALLEN COUNTY HAS A STRONG HEALTHCARE SAFETY NET THAT ADDRESSES THE NEEDS OF INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED PARTICIPATING ORGANIZATIONS IN THE SAFETY NET INCLUDE MATTHEW 25 HEALTH AND DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINICS, BOTH OF WHICH ARE SUPPORTED IN PART BY PARKVIEW HOSPITAL, INC , FORT WAYNE-ALLEN COUNTY HEALTH DEPARTMENT AND OTHER HEALTH-RELATED ORGANIZATIONS PARKVIEW ONDEMAND OFFERS TELEHEALTH SERVICES WHERE CLIENTS CAN TALK TO A PRIMARY CARE PHYSICIAN ANYTIME, ANYWHERE THROUGH CONVENIENT VIDEO OR MOBILE APP VISITS WITH THE BIRTH OF THE LOCAL RONALD MCDONALD CARE MOBILE PROGRAM, PARKVIEW PHYSICIANS GROUP BEGAN STAFFING THE UNIT WITH PEDIATRIC PROVIDERS WHO DELIVER HEALTHCARE SERVICES FOR CHILDREN AGES 0 TO 18 THE CARE MOBILE DELIVERS NO-CHARGE SERVICES TO FAMILIES WITHOUT MEDICAL INSURANCE</p>

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 MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	OP PHARMACY
1 2 - BRYAN OH LAB 442 W HIGH STREET BRYAN, OH 43506	LAB DRAW
2 3 - CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE, IN 46805	LAB DRAW
3 4 - PARKVIEW CANCER INSTITUTE LAB 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	LAB DRAW
4 5 - OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE SUITE 050 FORT WAYNE, IN 46845	OP THERAPY
5 6 - LIMA ROAD FAMILY MEDICINE LAB 11055 TWIN CREEKS COVE FORT WAYNE, IN 46804	LAB DRAW
6 7 - ST JOE ROAD LAB SERVICES 5693 YMCA PARK DRIVE FORT WAYNE, IN 46835	LAB DRAW
7 8 - PARKVIEW WOODLAND PLAZA AMBULATORY SITE 1234 DUPONT RD FORT WAYNE, IN 46845	LAB DRAW
8 9 - MONTPELIER OH LAB 935 SNYDER MONTPELIER, OH 43543	LAB DRAW
9 10 - PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845	LAB DRAW
10 11 - PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	CLINICAL RESEARCH
11 12 - RHEUMATOLOGY NEW VISION LAB 3816 NEW VISION DRIVE FORT WAYNE, IN 46845	LAB DRAW
12 13 - CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805	LAB DRAW
13 14 - GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741	LAB DRAW
14 15 - NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825	LAB DRAW

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 - WAYNE DALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	LAB DRAW
1 17 - WAUSEON OH LAB SHOOP AVE 495 S SHOOP AVE WAUSEON, OH 43567	LAB DRAW
2 18 - PRMC MOB11 LAB 11104 PARKVIEW CIRCLE FORT WAYNE, IN 46845	LAB DRAW
3 19 - PARKVIEW CENTER FOR HEALTHY LIVING 1234 E DUPONT RD SUITE 2 FORT WAYNE, IN 46845	HEALTH AND WELLNESS
4 20 - WARSAW DUBOIS LAB 2300 DUBOIS AVE WARSAW, IN 46580	LAB DRAW
5 21 - PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS
6 22 - ARCHBOLD OH LAB 121 WESTFIELD DRIVE ARCHBOLD, OH 43502	LAB DRAW
7 23 - HOBSON LAB 1515 HOBSON ROAD FORT WAYNE, IN 46805	LAB DRAW
8 24 - LAKE AVE 1 LAB 2710 LAKE AVE FORT WAYNE, IN 46805	LAB DRAW
9 25 - TRIER 2 LAB 6130 TRIER RD FORT WAYNE, IN 46815	LAB DRAW

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 37

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY CHILDHOOD ALLIANCE INC 3320 FAIRFIELD AVENUE FORT WAYNE, IN 46807	35-0953465	501(C)(3)	431,521				PROGRAMS TO IMPROVE THE EDUCATIONAL, HEALTH & EMOTIONAL WELL-BEING OF YOUNG CHILDREN
MATTHEW 25 INC 413 EAST JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)	248,446				HEALTHCARE AND DENTAL SERVICES PROVIDED TO THE INDIGENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SAINT FRANCIS OF FORT WAYNE INDIANA INC 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501(C)(3)	175,000				SCHOOL OF NURSING SCHOLARSHIP PROGRAM
THE LUTHERAN HEALTH FOUNDATION OF INDIANA INC 3024 FAIRFIELD AVE FORT WAYNE, IN 46807	35-0886840	501(C)(3)	100,250				HEALING OUR COMMUNITY WITH HOPE 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
NEIGHBORHOOD HEALTH CLINICS INC 1717 S CALHOUN STREET FORT WAYNE, IN 46802	35-1922483	501(C)(3)	90,000				HEALTHCARE SERVICES FOR UNINSURED OR UNDERINSURED PATIENTS
ST JOSEPH COMMUNITY HEALTH FOUNDATION 347 W BERRY STREET STE 101 FORT WAYNE, IN 46802	31-1016570	501(C)(3)	77,439				HEALTHY EATING ACTIVE LIVING INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST INDIANA CHRISTIAN ACTION COUNCIL EDUCATION AND C H A 3630 HOBSON ROAD FORT WAYNE, IN 46815	31-1113254	501(C)(3)	47,046				SUPPORTING STI TESTING PROGRAM
FORENSIC NURSING SPECIALTIES INC 2270 LAKE AVENUE FORT WAYNE, IN 46805	35-1943648	501(C)(3)	42,500				MEDICAL FORENSIC CARE PROGRAM FOR THOSE VICTIMIZED BY SEXUAL ASSAULT AND ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST IN POSITIVE RESOURCE CONNECTION INC 525 OXFORD STREET FORT WAYNE, IN 46806	31-1191147	501(C)(3)	33,750				CASE MANAGEMENT SERVICES FOR INDIGENT AIDS PATIENTS
CANCER SERVICES OF ALLEN COUNTY INC 6316 MUTUAL DRIVE FORT WAYNE, IN 46825	35-0965609	501(C)(3)	30,000				CANCER PATIENT ADVOCATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	13-1788491	501(C)(3)	27,500				CANCER RESEARCH AND PROGRAMS ASSISTING CANCER PATIENTS
MENTAL HEALTH AMERICA IN ALLEN COUNTY INC 2200 LAKE AVE STE 105 FORT WAYNE, IN 46805	46-1326514	501(C)(3)	27,250				SUPPORT FOR INDIVIDUALS FACING MENTAL HEALTH CHALLENGES

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
SCIENCE CENTRAL INC 1950 N CLINTON STR FORT WAYNE, IN 46805	31-1032583	501(C)(3)	25,352				EVENT SPONSORSHIPS TO SUPPORT THIS SCIENCE MUSEUM FOR CHILDREN
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	25,000				PROGRAMS TO LEAD EVERY COACH AND ATHLETE INTO A GROWING RELATIONSHIP WITH JESUS CHRIST AND HIS CHURCH

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
HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY 3835 NORTH RURAL STREET INDIANAPOLIS, IN 46205	35-6005697	501(C)(3)	24,000				HEALTH INSURANCE ENROLLMENT SERVICES FOR THE UNDERSERVED
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABILITIES INC 3320 N CLINTON STREET FORT WAYNE, IN 46805	35-0913541	501(C)(3)	22,500				THERAPY AND WELLNESS PROGRAMS FOR DISABLED CHILDREN & ADULTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT WAYNE BALLET INC 300 E MAIN STREET FORT WAYNE, IN 46802	35-6006394	501(C)(3)	20,000				SPONSORSHIP OF ANNUAL FUNDRAISING EVENT TO BENEFIT THE BALLET
CITY OF FORT WAYNE - PARKS AND RECREATION 705 E STATE STREET FORT WAYNE, IN 46805		GOVT ORG	20,000				PROGRAMS THAT BRING THE COMMUNITY TOGETHER FOR FAMILY FUN ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE RIVER INC 429 EAST DUPONT ROAD 145 FORT WAYNE, IN 46825	05-0608001	501(C)(3)	20,000				PROGRAMS TO SUPPORT FORT WAYNE RIVERS
LEUKEMIA AND LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	18,500				RESEARCH PROGRAMS FOR BLOOD CANCER

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 TRANSPORTATION NETWORK INC 5601 INDUSTRIAL ROAD FORT WAYNE, IN 46825	35-2109955	501(C)(3)	17,500				MEDICAL TRANSPORTATION PROGRAM
HISPANIC LEADERSHIP COALITION OF NORTHEAST INDIANA INC 235 W CREIGHTON AVE FORT WAYNE, IN 46807	20-4336796	501(C)(3)	15,000				GALA SPONSORSHIP TO SUPPORT STUDENT SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKVIEW FOUNDATION INC 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	23-7220589	501(C)(3)	13,822				OPERATIONS
SCAN INC 500 W MAIN STREET FORT WAYNE, IN 46802	31-0899309	501(C)(3)	12,800				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
CROSSROAD CHILD & FAMILY SERVICES INC 2525 LAKE AVE FORT WAYNE, IN 468055457	35-0869050	501(C)(3)	10,000				CHILD AND FAMILY SUPPORT SERVICES
FORT WAYNE MEDICAL SOCIETY FOUNDATION INC 700 BROADWAY STE 316 FORT WAYNE, IN 46802	35-6049685	501(C)(3)	10,000				SPONSORSHIP OF COMMUNITY EVENT PROVIDING MOTHERS-TO-BE WITH EDUCATION, SUPPORT, AND TOOLS TOWARD A HEALTHY PREGNANCY AND DELIVERY

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
LATINOS COUNT INC 428 W SHERWOOD TERRACE FORT WAYNE, IN 46807	46-1151642	501(C)(3)	10,000				SPONSORSHIP OF SCHOLARSHIP PROGRAM
MARCH OF DIMES INC 303 STABLE DRIVE FORT WAYNE, IN 46825	13-1846366	501(C)(3)	10,000				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
NORTHSIDE NEIGHBORHOOD ASSOCIATION INC PO BOX 5394 FORT WAYNE, IN 46895	35-1341282	501(C)(3)	10,000				PROGRAMS TO SUPPORT NEIGHBORHOOD
RESPECT 360 INC PO BOX 309 HUNTERTOWN, IN 46746	47-4090921	501(C)(3)	10,000				PROGRAM THAT PROMOTES SELF RESPECT AND RESPECT FOR OTHERS DESIGNED FOR MIDDLE SCHOOL STUDENTS

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
VERA BRADLEY FOUNDATION FOR BREAST CANCER PO BOX 80201 FORT WAYNE, IN 46898	35-2058177	501(C)(3)	10,000				SUPPORT FOR RESEARCH
HABITAT FOR HUMANITY OF GREATER FORT WAYNE INC 2020 E WASHINGTON BLVD STE 500 FORT WAYNE, IN 46803	35-1687064	501(C)(3)	9,850				SUPPORT FOR BUILDING HOMES FOR THE UNDERSERVED POPULATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESTINY LIFE CENTER CHURCH OF GOD 3601 WARSAW STREET FORT WAYNE, IN 46806	35-2157218	501(C)(3)	9,360				MINISTRY PROGRAM
WOMENS CARE CENTER FOUNDATION INC 360 N NOTRE DAME AVE SOUTH BEND, IN 46617	38-3651599	501(C)(3)	9,000				TO RAISE AWARENESS OF EXPECTANT AND NEW MOTHERS IN NEED OF ASSISTANCE

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 ZOOLOGICAL SOCIETY INC 3411 SHERMAN BLVD FORT WAYNE, IN 46808	35-6068234	501(C)(3)	7,455				TO CONNECT KIDS WITH ANIMALS, STRENGTHEN FAMILIES AND INSPIRE PEOPLE TO CARE ABOUT THE WORLD AROUND THEM
PACK SHACK OF NORTHWEST ARKANSAS INC 1091 E LOWELL AVE CAVE SPRINGS, AR 72718	46-3323793	501(C)(3)	6,261				FEED THE FUNNEL PARTY WHERE MEALS ARE PREPARED FOR THE UNDERSERVED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC PO BOX 50035 PRESCOTT, AZ 86304	13-5613797	501(C)(3)	5,600				GALA SPONSORSHIP SUPPORTING HEART DISEASE RESEARCH AND SERVICES FOR THOSE WITH HEART DISEASE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number

35-0868085

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 No

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 Yes

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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.

See Additional Data Table**Schedule J (Form 990) 2018**

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	FIRST-CLASS OR CHARTER TRAVEL - NON-TAXABLE CHARTER FLIGHTS FOR LEADERSHIP SITE VISITS TO MD ANDERSON, HOUSTON, TX REGARDING PARKVIEW CANCER INSTITUTE BECOMING A CERTIFIED MEMBER OF MD ANDERSON CANCER NETWORK. MICHAEL PACKNETT TRAVEL FOR COMPANIONS - TAXABLE EXPENSE REIMBURSEMENT FOR FAMILY MEMBER PAID TO JOHN BOWEN \$419, CHARLES CLARK \$198, MICHAEL GERUE \$4, BENJAMIN MILES \$2,150, MICHAEL MIRRO \$133, MARCELINE ROGERS \$9, IAN BOYCE \$14, DONOVAN COLEY \$14, BRENDA GERBER \$14, DAVID MCFADDEN \$14, DAVID NECKERS \$14, RICHARD ROBINSON \$14, DAN STARR \$14. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. TAX ON TAXABLE GIFT. RAE GONTERMAN \$235. PERSONAL SERVICES - TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO BENJAMIN MILES \$950. NON-TAXABLE MANDATORY ANNUAL MEDICAL PHYSICAL PAID FOR BENJAMIN MILES \$2,119.

Return Reference	Explanation
PART I, LINE 3	RELATED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF PARKVIEW HOSPITAL, INC 'S CEO/EXECUTIVE DIRECTOR COMPENSATION COMMITTEE OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC INDEPENDENT COMPENSATION CONSULTANT FORM 990 OF OTHER ORGANIZATION COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC

Return Reference	Explanation
PART I, LINE 4B	,SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER \$23,446, MICHAEL GERUE \$18,452, RAY GONTERMAN \$10,008, BENJAMIN MILES \$31,782, MICHAEL MIRRO \$32,451, MARCELINE ROGERS \$15,874, JOHN STANFORD \$55,579, MARLON WARDLOW \$28,496, JEANNE' WICKENS \$28,885 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 \$56,940, JOHN BOWEN \$34,850, CHARLES CLARK \$33,060, SUZANNE EHINGER \$83,594, MICHAEL GERUE \$44,200, RAE GONTERMAN \$21,047, GREG JOHNSON \$75,880, ERIN LACROSS \$31,590, BENJAMIN MILES \$84,992, MICHAEL MIRRO \$78,809, MICHAEL PACKNETT \$698,592, MARCELINE ROGERS \$26,504, MARLON WARDLOW \$28,072, JEANNE' WICKENS \$274,192

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



Additional Data

Software ID:

Software Version:

EIN: 35-0868085

Name: PARKVIEW HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT	(i)	507,288	111,879	36,021	104,242	35,884	795,314	31,782
	(ii)	0	0	0	0	0	0	0
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,060,073	345,323	41,648	723,342	35,988	2,206,374	0
ALBERT MORRISON DIRECTOR/PH PHYSICIAN	(i)	74,534	0	0	375	3,503	78,412	0
	(ii)	596,497	0	1,532	3,009	28,104	629,142	0
ABHIJIT SHUKLA DIRECTOR/PH PHYSICIAN	(i)	46,785	0	0	2,899	3,583	53,267	0
	(ii)	302,666	28,007	22,034	21,851	27,013	401,571	0
ERIN LACROSS PVHOS CNO	(i)	244,610	35,053	784	56,340	30,350	367,137	0
	(ii)	0	0	0	0	0	0	0
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	642,848	176,468	50,221	284,505	30,413	1,184,455	28,885
CHARLES CLARK PVHOS PBH COO	(i)	201,568	57,954	4,684	62,071	22,334	348,611	0
	(ii)	0	0	0	0	0	0	0
MICHAEL GERUE PVHOS PHI COO	(i)	258,044	58,939	19,802	77,200	32,969	446,954	18,452
	(ii)	0	0	0	0	0	0	0
MARCELINE ROGERS PVHOS VP SURGICAL SVCS	(i)	227,450	40,211	16,873	54,855	22,672	362,061	15,874
	(ii)	0	0	0	0	0	0	0
MICHAEL MIRRO PVHOS CARO	(i)	448,972	107,783	51,084	109,059	29,142	746,040	32,451
	(ii)	0	0	0	0	0	0	0
RAE GONTERMAN PVHOS VP OPS-CI	(i)	157,928	33,176	38,613	30,084	19,468	279,269	10,008
	(ii)	0	0	0	0	0	0	0
JOHN BOWEN PVHOS COO RANDALLIA	(i)	213,970	0	1,006	36,064	32,118	283,158	0
	(ii)	0	0	0	0	0	0	0
YUENIAN ZHANG PVHOS CHIEF PHYSICIST	(i)	242,593	34,173	1,980	19,250	34,252	332,248	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE AKEY PVHOS PHYSICIAN	(i)	204,971	7,800	5,649	17,542	20,282	256,244	0
	(ii)	14,874	31,015	0	3,685	4,261	53,835	0
JOHN STANFORD PVHOS MED DIR CV SURGERY	(i)	187,500	0	55,549	7,500	1,170	251,719	55,579
	(ii)	100	0	30	4	1	135	0
JOSHUA WINEBAUGH PVHOS PHARMACIST	(i)	210,933	965	1,293	14,987	9,961	238,139	0
	(ii)	0	0	0	0	0	0	0
KEITH JACKSON PVHOS PHARMACY SPV	(i)	185,539	965	9,998	21,042	26,167	243,711	0
	(ii)	0	0	0	0	0	0	0
SUZANNE EHINGER FORMER OFFICER/CURRENT PH CHIEF EXP	(i)	0	0	0	0	0	0	0
	(ii)	480,080	114,327	29,779	116,594	27,833	768,613	0
GREG JOHNSON FORMER KEY EMPLOYEE/CURRENT PH CCIO	(i)	0	0	0	0	0	0	0
	(ii)	449,856	103,778	5,400	106,130	36,090	701,254	0
JUDITH BOERGER FORMER KEY EMPLOYEE/CURRENT PH CNE	(i)	0	0	0	0	0	0	0
	(ii)	319,956	74,952	66,439	81,690	27,538	570,575	23,446

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARLON WARDLOW FORMER KEY EMPLOYEE/CURRENT PH VP	(i)	0	0	0	0	0	0	0
	(ii)	213,378	44,250	47,812	47,322	35,843	388,605	28,496
ROGER STIENECKER FORMER HC EMPLOYEE/CURRENT PH MD IP&	(i)	0	0	0	0	0	0	0
	(ii)	311,180	42,268	21,338	19,250	24,923	418,959	0
CHRISTOPHER JELLISON FORMER HC EMPLOYEE/CURRENT PH DIR PH	(i)	0	0	0	0	0	0	0
	(ii)	206,631	28,422	1,290	14,290	22,123	272,756	0

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
73-0868085

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HEATHER HURSEY	FAMILY MEMBER OF DIRECTOR ERIN LACROSS	128,143	EMPLOYEE HEATHER HURSEY RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HOSPITAL, INC		No
(2) GRACE COLEY	FAMILY MEMBER OF DIRECTOR DONOVAN COLEY	14,949	EMPLOYEE GRACE COLEY RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HOSPITAL, INC		No
(3) JAN GODFREY	FAMILY MEMBER OF KEY EMPLOYEE RAE GONTERMAN	47,230	EMPLOYEE JAN GODFREY RECEIVED COMPENSATION (INCLUDING TAXABLE AND NONTAXABLE FRINGE BENEFITS TREATED AS COMPENSATION) FROM PARKVIEW HOSPITAL, INC		No

Part V Supplemental Information

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

Return Reference	Explanation
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As Filed Data -

DLN: 93493315037239

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (TOYS, BOOKS, BLANKETS, BABY ITEMS, ETC)	X	1	38,305	ESTIMATED VALUE
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION USED NUMBER OF CONTRIBUTORS FOR LINE 25

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Name of the organization
PARKVIEW HOSPITAL INC

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

35-0868085

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 1A AND 2A	PARKVIEW HEALTH SYSTEM, INC (PH), EIN 35-1972384, IS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION, PARKVIEW HOSPITAL, INC , EIN 35-0868085 THEREFORE, ALL APPLICABLE IRS TAX FILINGS, INCLUDING FORMS 1099, 1096, W-2 AND W-3 ARE REPORTED AND FILED BY PH THE TOTAL NUMBER REPORTED IN BOX 3 OF FORM 1096 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2018 WAS 568 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2018 WAS 13,593 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR THE PARKVIEW HOSPITAL, INC WAS 176 AND 6,045 RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE OFFICERS OF THE BOARD, THE PRESIDENT OF THE CORPORATION, THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE CORPORATE MEMBER, THE IMMEDIATE PAST CHAIR OF THE BOARD IF STILL SERVING AS A MEMBER OF THE BOARD, THE CURRENT PRESIDENT OF THE MEDICAL STAFF, AND SUCH OTHER PERSONS AS IDENTIFIED BY THE CHAIR OF THE BOARD, EACH OF WHOM SHALL BE ENTITLED TO VOTE IN NO EVENT SHALL THE MEMBERS OF THE EXECUTIVE COMMITTEE EXCEED NINE (9) PEOPLE THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION IN ANY MATTER WHEN THE BOARD IS NOT IN SESSION, REPORTING TO THE BOARD FOR RATIFICATION OF ITS ACTION MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED BY THE CHAIR OR BY THREE (3) MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICERS BENJAMIN MILES AND JEANNE' WICKENS HAVE BUSINESS RELATIONSHIPS AS DIRECTORS ON THE BOARDS OF RELATED ENTITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING 2018, THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO THE BYLAWS OF PARKVIEW HOSPITAL, INC ARTICLE V, GOVERNING BODY, SECTION 2, NUMBER AND CHARATERISTICS PARAGRAPH ONE WAS CHANGED AND NOW READS AS FOLLOWS THE BOARD SHALL BE COMPOSED OF NO MORE THAN TWENTY (20) DIRECTORS, INCLUDING THE FOLLOWING EX OFFICIO DIRECTORS PRESIDENT OF THE CORPORATION, THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF PARKVIEW HEALTH SYSTEM, INC OR THE DESIGNATED VICE PRESIDENT OF THE CORPORATE MEMBER, THE PRESIDENT OF THE MEDICAL STAFF, THE IMMEDIATE PAST PRESIDENT OF THE MEDICAL STAFF, PRESIDENT-ELECT OF THE MEDICAL STAFF (IF APPLICABLE), THE CHIEF NURSING OFFICER OF PRMC AND AFFILIATES, AND THE SUPERINTENDENT OF THE FORT WAYNE DISTRICT OF THE UNITED METHODIST CHURCH, AND A DESIGNEE OF PARK CENTER, INC , WHICH DESIGNEE SHALL BE SUBJECT TO THE APPROVAL OF THE BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PURSUANT TO PARKVIEW HEALTH SYSTEM INC 'S BYLAWS, THE SYSTEM AUDIT COMMITTEE MAY ACT ON BEHALF OF THE CORPORATION TO PROVIDE REVIEW OF THE CORPORATION AND ITS SUBSIDIARY CORPORATIONS' FORM 990 FILINGS PARKVIEW HOSPITAL, INC IS A SUBSIDIARY CORPORATION OF PARKVIEW HEALTH SYSTEM, INC AN ELECTRONIC COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES) WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, PRIOR TO FILING WITH THE IRS ON OCTOBER 2, 2019, 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	<p>AS DESCRIBED IN ARTICLE IX SECTION 6, OF THE PARKVIEW HEALTH SYSTEM, INC (PH) BYLAWS, PH ADOPTED PH'S COMPLIANCE POLICY FOR THE ORGANIZATION AND ITS NOT-FOR-PROFIT RELATED ORGANIZATIONS (AND AS LIKEWISE NOTED IN THEIR BYLAWS) WHEN ADDRESSING CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST THIS COMPLIANCE POLICY (COMPLIANCE POLICY #14) REQUIRES THAT EACH BOARD MEMBER, BOARD COMMITTEE MEMBER, AND KEY MANAGEMENT PERSONNEL MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM THIS INFORMATION IS PROVIDED TO THE CHAIRMAN OF THE BOARD (FOR BOARD AND BOARD COMMITTEE MEMBERS) AND TO SENIOR MANAGEMENT (FOR KEY MANAGEMENT PERSONNEL) IN ADDITION, AS TO THE CONDUCT OF BOARD MEETINGS, THE FOLLOWING PROCESS IS FOLLOWED "WHENEVER A PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE IS CONSIDERING A TRANSACTION OR ARRANGEMENT WITH AN ORGANIZATION, ENTITY OR INDIVIDUAL IN WHICH A PERSON COVERED BY THIS POLICY HAS A FINANCIAL OR CONFLICTING INTEREST, THE FOLLOWING SHALL OCCUR 1 THE INTERESTED PERSON MUST DISCLOSE THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS TO THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE, 2 THE INTERESTED PERSON WITH THAT FINANCIAL OR CONFLICTING INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING REGARDING THE TRANSACTION OR ARRANGEMENT HOWEVER, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE FINANCIAL OR CONFLICTING INTEREST, AND 3 THE PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE MUST APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE BOARD MEMBERS PRESENT AT A MEETING THAT HAS A QUORUM, NOT INCLUDING THE VOTE OF THE INTERESTED PERSON THE INTERESTED PERSON MAY NOT VOTE ON THE MATTER A UPON THE REQUEST OF PH OR PH AFFILIATE BOARD OR BOARD COMMITTEE, THE MATTER MAY BE DELEGATED TO THE PH COMPLIANCE COMMITTEE FOR EVALUATION, RECOMMENDATION AND/OR DETERMINATION 4 WHENEVER A FINANCIAL OR CONFLICTING INTEREST IS ADDRESSED BY A PH OR PH AFFILIATE BOARD, NOTICE SHALL BE GIVEN TO THE PH COMPLIANCE OFFICER / GENERAL COUNSEL "</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LINES 15A AND 15B ARE ANSWERED NO IN ACCORDANCE WITH THE IRS INSTRUCTIONS TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABOVE, THE COMPENSATION COMMITTEE OF RELATED ORGANIZATION, PARKVIEW HEALTH SYSTEM, INC , DETERMINES THE COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES

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
PART VII, SECTION A	PARKVIEW CENTER, INC BECAME A RELATED ORGANIZATION ON OCTOBER 1, 2018 DIRECTOR PAUL WILSON IS EMPLOYED BY PARK CENTER, INC AND COMPENSATION IS REPORTED FOR THE PERIOD OF OCTOBER 1, 2018 THROUGH DECEMBER 31, 2018

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET TRANSFERS/ADJUSTMENTS 302,413 CURRENT YEAR EARNINGS TRANSFERRED TO PARENT -155,525,776 INCOME (LOSS) FROM HOSPITAL LAUNDRY SERVICE, INC 268,129 INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC -921,280 BOOK/TAX DIFFERENCES K-1'S -136,676

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

35-0868085

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	N/A	N/A				No			No	
(2) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	N/A	N/A				No			No	
(3) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	IN	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PARKVIEW PROFESSIONAL PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888	REFERENCE LAB	IN	PARKVIEW HOSPITAL INC	C	4,275,409	1,034,460	100.000 %		No
(2) MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	N/A	C					No
(3) WOODLAND PLAZA MEDICAL PARK CONDO ASSOC INC 202 W BERRY ST SUITE 800 FORT WAYNE, IN 46802 35-2058340	CONDO MANAGEMENT	IN	N/A	C					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PARKVIEW FOUNDATION INC	C	698,953	PART VII SUPPLEMENTAL INFORMATION
(2) PARKVIEW PROFESSIONAL PROGRAMS INC	Q	4,525,300	PART VII SUPPLEMENTAL INFORMATION

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

[illegible]

Part VII **Supplemental Information**

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

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



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	HEALTH CARE	IN	501(C)(3)	LINE 12C, III-FI	N/A		No
10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 23-7220589	FUND MGMT	IN	501(C)(3)	LINE 12A, I	PARKVIEW HOSPITAL INC	Yes	
10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2064353	OCCUP HEALTH	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
10 JOHN KISSINGER DRIVE WABASH, IN 46992 47-1753440	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
909 EAST STATE BLVD FORT WAYNE, IN 46805 35-1135451	COMPREHENSIVE MENTAL HEALTH CENTER	IN	501(C)(3)	LINE 10	PARKVIEW HEALTH SYSTEM INC		No