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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization
PARKVIEW HOSPITAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11109 PARKVIEW PLAZA DRIVE

City or town, state or province, country, and ZIP or foreign postal code
FORT WAYNE, IN 468451701

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

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

D Employer identification number
35-0868085

E Telephone number
(260) 373-8429

G Gross receipts \$ 1,451,868,867

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	20
4	13
5	6,383
6	607
7a	8,599,423
7b	592,749

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,571,551	2,825,235
9 Program service revenue (Part VIII, line 2g)	1,201,079,150	1,366,744,141
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	559,066	862,717
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,174,183	15,710,204
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,218,383,950	1,386,142,297

Expenses

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,962,752	1,632,677
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	344,557,536	377,483,142
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶2,419,478		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	721,124,413	862,354,881
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,067,644,701	1,241,470,700
19 Revenue less expenses. Subtract line 18 from line 12	150,739,249	144,671,597

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	921,953,901	983,318,582
21 Total liabilities (Part X, line 26)	624,786,701	543,201,876
22 Net assets or fund balances. Subtract line 21 from line 20	297,167,200	440,116,706

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

2021-03-12
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 <input type="checkbox"/> if self-employed	PTIN P01320603
Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680			
Firm's address ▶ 330 E JEFFERSON BLVD PO BOX 7 SOUTH BEND, IN 466240007	Phone no. (574) 232-3992			

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 (2019)

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 \$ 1,051,452,136 including grants of \$ 1,632,677) (Revenue \$ 1,364,178,408)
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 ► 1,051,452,136

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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	155
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 6,383			
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)? 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).	4a		No	
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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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 720, Schedule N.	15	Yes		
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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 ☐

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

● 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.

See instructions for the order in which to list the persons above.

☐ 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)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,970,691	7,814,116	2,410,114

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 ▶ 254

	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	13,411,544
QUEST DIAGNOSTICS PO BOX 912512 PASADENA, CA 91110	DIAGNOSTIC SERVICES	4,327,596
AVANT HEALTHCARE PROFESSIONALS LLC 1211 SEMORAN BLVD SUITE 227 CASSELBERRY, FL 32707	NURSES	3,914,576
TOTAL RENAL CARE INC PO BOX 781607 PHILADELPHIA, PA 19178	MEDICAL SERVICES	2,815,223
HOSPITAL LAUNDRY SERVICES INC 3322 CAVALIER DRIVE FORT WAYNE, IN 46808	LAUNDRY SERVICES	2,508,925

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 ▶ 75

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

Form **990** (2019)

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	1,632,677	1,632,677		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,227,402		4,227,402	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	204,691	204,691		
7 Other salaries and wages	275,125,519	273,856,683	1,268,836	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	97,925,530	97,465,196	460,334	
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	70,383		70,383	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,140,036	62,105,512	8,034,524	
12 Advertising and promotion	232,584	203,366	29,218	
13 Office expenses	26,157,004	23,373,879	2,783,125	
14 Information technology	286,828	286,802	26	
15 Royalties				
16 Occupancy	15,582,492	14,622,904	959,588	
17 Travel	1,531,169	1,430,452	100,717	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	449,395	421,160	28,235	
20 Interest	290,812	290,812		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,281,869	52,247,317	34,552	
23 Insurance	1,995,438	35,275	1,960,163	
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	237,747,734	237,747,734		
b PH CLINICAL SUPPORT	196,642,876	196,642,876		
c CORP SERVICE ALLOCATION	166,898,664		166,898,664	
d FEDERAL & STATE INCOME	165,000		165,000	
e All other expenses	91,882,597	88,884,800	578,319	2,419,478
25 Total functional expenses. Add lines 1 through 24e	1,241,470,700	1,051,452,136	187,599,086	2,419,478
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		32,033	1	20,551	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		171,620,610	4	194,765,679	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		19,698,534	8	17,938,846	
	9	Prepaid expenses and deferred charges		1,142,651	9	963,189	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,274,727,320			
	b	Less: accumulated depreciation	10b	567,711,518	678,033,997	10c	707,015,802
	11	Investments—publicly traded securities		23,541,687	11	26,470,418	
	12	Investments—other securities. See Part IV, line 11		2,587,388	12	2,288,614	
	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		2,805,558	15	11,364,040	
16	Total assets. Add lines 1 through 15 (must equal line 34)		921,953,901	16	983,318,582		
Liabilities	17	Accounts payable and accrued expenses		61,739,093	17	78,337,864	
	18	Grants payable			18		
	19	Deferred revenue		4,188,965	19	3,006,407	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		5,088,919	23	6,319,440	
	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		553,769,724	25	455,538,165	
	26	Total liabilities. Add lines 17 through 25		624,786,701	26	543,201,876	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		297,167,200	27	440,116,706	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		297,167,200	32	440,116,706		
33	Total liabilities and net assets/fund balances		921,953,901	33	983,318,582		

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	1,386,142,297
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,241,470,700
3	Revenue less expenses. Subtract line 2 from line 1	3	144,671,597
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	297,167,200
5	Net unrealized gains (losses) on investments	5	2,142,315
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	-3,864,406
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	440,116,706

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

Additional Data

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

Form 990 (2019)

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 INSTITUTE), 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 COMPREHENSIVE STROKE(SEE SCHEDULE O FOR CONTINUATION)CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICE CENTER AND CANCER INSTITUTE. AS AN ORGANIZATION THAT OPERATES EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES, THE PARKVIEW RESEARCH CENTER HOUSED IN THE PARKVIEW MIRRO CENTER FOR 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 ADDITION TO TRAINING AND EDUCATION, THE MIRRO CENTER FOR RESEARCH AND INNOVATION CENTER HOUSES THE HEALTH SERVICES AND INFORMATICS RESEARCH GROUP, WHICH IS COMPRISED OF INTERDISCIPLINARY SCIENTISTS, PROJECT MANAGERS AND USER EXPERIENCE SPECIALISTS. THIS TEAM WORKS ON A BROAD ARRAY OF PROJECTS, INCLUDING INVESTIGATOR-INITIATED RESEARCH, PROGRAM EVALUATION, PILOT STUDIES, COMMUNITY SURVEY STUDIES AND USER EXPERIENCE PROJECTS THAT IMPROVE THE USABILITY OF HEALTHCARE TECHNOLOGIES. EXAMPLES OF THEIR PROJECTS INCLUDE YOUTH MENTAL HEALTH RESEARCH, INNOVATIVE PRACTICE MODEL EVALUATION, SCREENING FOR AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND SUPPORTING PEOPLE LIVING WITH CHRONIC DISEASE. MUCH OF THIS TEAM'S WORK LEADS TO PUBLICATION IN PEER-REVIEWED JOURNALS, PRESENTATIONS AT TOP-TIER SCIENTIFIC CONFERENCES, AND THE DISSEMINATION OF FINDINGS TO OUR LOCAL PUBLIC HEALTH AND GOVERNMENT OFFICIALS TO INFLUENCE PUBLIC HEALTH POLICY.PARKVIEW REGIONAL MEDICAL CENTER IS CURRENTLY UNDERGOING EXPANSION OF ITS CORE TOWER IN RESPONSE TO A GROWING NUMBER OF PEOPLE THAT CONTINUE TO CHOOSE PARKVIEW AS THEIR PREFERRED PROVIDER FOR CARE. THIS EXPANSION IS NEEDED AS PARKVIEW HOSPITAL, INC. HAD INSUFFICIENT INPATIENT BED CAPACITY TO MEET THE GROWING DEMAND. THE EXPANSION CONSISTS OF CONSTRUCTION OF A SIX-STORY, 168,000-SQUARE-FOOT MEDICAL TOWER. THE NEW TOWER WILL ALLOW THE HOSPITAL TO ADD 72 NEW INPATIENT BEDS AND 100 NEW CLINICAL POSITIONS, WITH ROUGHLY 63,000 SQUARE FEET OF ADDITIONAL SPACE. THIS SURPLUS WILL NOT ONLY ALLOW FOR FUTURE EXPANSION PLANS BUT WILL ALSO CONTINUE TO SUPPORT PROJECTED INPATIENT DEMAND AND AMBULATORY CARE GROWTH.DURING 2018, PARK CENTER, INC. BECAME AN AFFILIATE OF PARKVIEW HEALTH INC., WORKING IN TANDEM WITH PARKVIEW BEHAVIORAL HEALTH INSTITUTE (PBHI) AND PARKVIEW PHYSICIANS GROUP (PPG) TO CREATE A COMPREHENSIVE CONTINUUM OF MENTAL HEALTH SERVICES. 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 SUBSTANCE USE DISORDER PROGRAMS AND MAKE CAPITAL INVESTMENTS IN SELECT PARK CENTER FACILITIES.PBHI WAS AWARDED THE 2019 NDNQI AWARD FOR OUTSTANDING NURSING QUALITY BY PRESS GANEY. THIS AWARD RECOGNIZES EXCELLENCE IN OVERALL PERFORMANCE IN NURSING QUALITY INDICATORS AS WELL AS THE HOSPITAL'S MEASURABLE IMPROVEMENTS IN NURSING PERFORMANCE AND PATIENT OUTCOMES. NURSING EXCELLENCE IS EVIDENT ELSEWHERE WITHIN PARKVIEW HEALTH SYSTEM, INC., OF WHICH PARKVIEW HOSPITAL, INC. IS A PART. PARKVIEW HEALTH CURRENTLY HOLDS MAGNET STATUS, WHICH DEMONSTRATES COMMITMENT TO NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. THE HEALTH SYSTEM EARNED THE ADVISORY BOARD WORKPLACE OF THE YEAR AWARD (2019), 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. 171 OVERALL AND NO. 16 IN THE HEALTHCARE AND SOCIAL SERVICES INDUSTRY. FIVE PARKVIEW HOSPITALS WERE HONORED AMONG THE 2019 BEST PLACES TO WORK IN HEALTHCARE. ADDITIONALLY, PARKVIEW REGIONAL MEDICAL CENTER WAS RECOGNIZED WITH AN 'A' FOR FALL 2019 LEAPFROG HOSPITAL SAFETY GRADE, BASED ON ITS PERFORMANCE IN PREVENTING MEDICAL ERRORS, INJURIES, ACCIDENTS, INFECTIONS AND OTHER SITUATIONS THAT WOULD CAUSE HARM TO PATIENTS.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 AN AFFILIATION TO EXPAND PEDIATRIC CARE IN CARDIOLOGY, GASTROENTEROLOGY AND GENERAL SURGERY TO FAMILIES IN THE FORT WAYNE AREA. THE COLLABORATION WILL ALLOW PARKVIEW PHYSICIANS AND FAMILIES TO ENGAGE IN TELEHEALTH CONSULTATIONS VIA VIDEO CONFERENCING WITH SPECIALTY PHYSICIANS AT CINCINNATI CHILDREN'S HOSPITAL WHEN DEVELOPING PEDIATRIC-CARE PLANS.AS OF 2019, THE PARKVIEW HEART INSTITUTE AT PARKVIEW HOSPITAL, INC. IS IN AFFILIATION WITH THE CLEVELAND CLINIC HEART & VASCULAR INSTITUTE. THIS AFFILIATION FORTHWARDS THE OPPORTUNITY FOR PROVIDERS FROM THE PARKVIEW HEART INSTITUTE TO COLLABORATE AND INNOVATE WITH PROVIDERS A PART OF THE U.S. NEWS & WORLD REPORT'S NO 1. RANKED CARDIOLOGY AND HEART SURGERY PROGRAM AT THE CLEVELAND CLINIC HEART & VASCULAR INSTITUTE. THROUGH THIS COLLABORATION, THE PARKVIEW HEART INSTITUTE AND ITS PATIENTS HAVE ACCESS TO THE BEST PRACTICES, LATEST TREATMENTS, TECHNOLOGY AND INNOVATIONS THAT HAD LED THE CLEVELAND CLINIC HEART & VASCULAR INSTITUTE TO ITS NO. 1 RANKING FOR THE LAST 25 YEARS. ALSO, IN 2019, PARKVIEW CANCER INSTITUTE BECAME A CERTIFIED MEMBER OF MD ANDERSON CANCER NETWORK, A PROGRAM OF MD ANDERSON CANCER CENTER, AND IS THE LEADING CANCER CENTER IN THE NATION AND A GLOBAL LEADER IN CANCER CARE. THIS COLLABORATIVE EFFORT BROUGHT THE NATION'S LEADING CANCER EXPERTISE TO PATIENTS HERE AT PARKVIEW. AS A CERTIFIED MEMBER OF MD ANDERSON CANCER NETWORK, PARKVIEW GAINED ACCESS TO THE PIONEERING CLINICAL GUIDELINES, TREATMENT PLANS AND BEST PRACTICES DEVELOPED BY THE EXPERTS AT MD ANDERSON. CERTIFIED SPECIALISTS AT THE PARKVIEW CANCER INSTITUTE ALSO HAVE DIRECT ACCESS TO MD ANDERSON EXPERTS TO CONSULT AND COLLABORATE ON CASES. IN ADDITION, PARKVIEW CAN NOW OFFER PATIENTS ACCESS TO SELECT CLINICAL TRIALS, SURGICAL OPTIONS NOT AVAILABLE ANYWHERE ELSE IN THE REGION, AND HIGHLY RESPECTED SECOND OPINIONS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	1.00 56.00	X		X				0	3,051,353	797,690
JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	1.00 56.00			X				0	843,129	327,919
MICHAEL MIRRO PVHOS CARO	40.00				X			1,015,385	0	60,167
JUDITH BOERGER FORMER KEY EMPLOYEE/CURRENT PH CNE	0.00 40.00						X	0	749,123	114,131
BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT	40.00 6.00	X		X				657,275	0	145,678
GREG JOHNSON FORMER KEY EMPLOYEE/CURRENT PH CCIO	0.00 41.00						X	0	562,568	147,677
ALBERT MORRISON DIRECTOR/PH PHYSICIAN	1.00 39.00	X						50,247	589,437	41,526
ABHIJIT SHUKLA DIRECTOR/PH PHYSICIAN	1.00 38.00	X						56,974	392,705	58,094
DANIEL GARMAN FORMER KEY EMPLOYEE	0.00 1.00						X	0	459,924	0
MICHAEL GERUE PVHOS PHI COO	40.00				X			357,482	0	61,551

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			
ROGER STIENECKER FORMER HC EMPLOYEE/CURRENT PH IP&EP	0.00 40.00						X	0	349,814	38,951
ERIN LACROSS PVHOS CNO	40.00	X						320,690	0	58,444
JOHN BOWEN PVHOS COO RANDALLIA	40.00				X			339,362	0	39,731
MARCELINE ROGERS PVHOS VP & CURRENT PH VP	40.00 40.00				X			156,814	147,810	55,301
MARLON WARDLOW FORMER KEY EMPLOYEE/CURRENT PH SVP	0.00 40.00						X	0	293,545	59,439
CHARLES CLARK PVHOS PBH COO	40.00 1.00				X			260,527	0	90,313
YUENIAN ZHANG PVHOS CHIEF PHYSICIST	40.00					X		281,457	0	56,556
JEFFREY BROWN PVHOS PHYSICIAN	40.00					X		254,250	0	30,387
CHRISTOPHER JELLISON FORMER HC EMPLOYEE/CURRENT PH VP	0.00 40.00						X	0	237,218	34,298
KEITH JACKSON PVHOS HHIP SPV	43.00					X		205,556	0	50,570

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			
EDWARD STRUBEL III PVHOS DIR PHARMACY	40.00					X		195,610	0	55,048
MOLLY CAIN PVHOS SVP NEUROLOGY	40.00				X			211,702	0	33,417
FEN-LEI CHANG PVHOS PHYSICIAN	24.00					X		212,083	0	7,332
LINDA FRANCIES PVHOS VP NURSING	40.00				X			198,320	0	15,487
PAUL WILSON PARKC PRESIDENT & CEO	1.00 40.00	X						0	128,037	30,407
RAE GONTERMAN FORMER KEY EMPLOYEE	0.00						X	138,207	0	0
DAN STARR DIRECTOR/CHAIR	1.00 1.00	X						6,250	4,340	0
THOMAS KIMBROUGH DIRECTOR	1.00 1.00	X						4,500	4,316	0
DONOVAN COLEY DIRECTOR	1.00	X						4,750	0	0
PALERMO GALINDO DIRECTOR	1.00	X						4,750	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILBUR SMITH DIRECTOR	1.00	X						4,750	0	0
MARK MICHAEL DIRECTOR	1.00	X						4,500	0	0
IAN BOYCE DIRECTOR	1.00	X						4,250	0	0
BRENDA GERBER DIRECTOR	1.00	X						4,250	0	0
RICHARD ROBINSON DIRECTOR/SECRETARY/TREASURER	1.00	X						4,250	0	0
WENDY STEIN DIRECTOR	1.00	X						4,250	0	0
IRENE WALTERS DIRECTOR/VICE CHAIR	1.00	X						4,250	0	0
DAVID MCFADDEN DIRECTOR	1.00	X						4,000	0	0
DAVID NECKERS DIRECTOR	1.00	X						4,000	0	0
GREGG POLLANDER DIRECTOR	1.00 1.00	X						0	797	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019

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.		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		47,133
j	Total. Add lines 1c through 1i			47,133
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 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 instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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	650,942	707,386	672,505	642,805	625,781
b Contributions	454,072	14,000		225	535
c Net investment earnings, gains, and losses	193,952	-63,044	55,081	41,324	27,888
d Grants or scholarships	22,201	7,400	20,200	11,849	11,399
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,276,765	650,942	707,386	672,505	642,805

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 ▶ 76.790 %

c

Temporarily restricted endowment ▶ 23.210 %

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		6,584,819		6,584,819
b Buildings		622,430,756	270,555,751	351,875,005
c Leasehold improvements		12,562,665	9,078,026	3,484,639
d Equipment		506,305,315	257,734,691	248,570,624
e Other		126,843,765	30,343,050	96,500,715
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				707,015,802

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EST. MEDICARE/MEDICAID SETTLEMENTS	9,622,725
(3) EST. 3RD PARTY SETTLEMENTS	4,446,824
(4) RESTRICTED FUNDS	392,221
(5) DUE TO/FROM INTERUNIT	441,076,395
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	455,538,165

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 AND OPERATIONS RELATED TO PATIENT-FOCUSED CANCER CARE.

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): 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, 2019 AND 2018, 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 2015 AND PRIOR.</p>

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,935,311	0	20,935,311	1.810 %
b Medicaid (from Worksheet 3, column a)			108,422,208	92,002,809	16,419,399	1.420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			76,934,110	74,157,334	2,776,776	0.240 %
d Total Financial Assistance and Means-Tested Government Programs			206,291,629	166,160,143	40,131,486	3.470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,107,207	1,452,778	3,654,429	0.320 %
f Health professions education (from Worksheet 5)			7,135,959	1,220,504	5,915,455	0.510 %
g Subsidized health services (from Worksheet 6)			2,044,499	983,716	1,060,783	0.090 %
h Research (from Worksheet 7)			1,269,039	96,000	1,173,039	0.100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,414,205	0	1,414,205	0.120 %
j Total. Other Benefits			16,970,909	3,752,998	13,217,911	1.140 %
k Total. Add lines 7d and 7j			223,262,538	169,913,141	53,349,397	4.610 %

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			41,000	0	41,000	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			29,275	0	29,275	0 %
9 Other						
10 Total			70,275		70,275	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	83,865,407	
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	753,957	
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	185,370,515	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	195,419,632	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,049,117	
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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>19</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>HTTPS://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>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 20

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 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>NOTE TO READER REGARDING PART I, LINES 7B & 7K PARKVIEW HOSPITAL, INC. EXPERIENCED A REDUCTION IN ITS TOTAL COMMUNITY BENEFIT PERCENTAGE FROM 2018 TO 2019 PRIMARILY DUE TO THE FINANCIAL IMPACT OF CERTAIN MEDICAID STATE DISPROPORTIONATE SHARE HOSPITAL (DSH) ELIGIBILITY BENEFITS (REFLECTED IN SCHEDULE H, PART I, LINE 7B). DUE TO TIMING OF DSH QUALIFICATION OF PARKVIEW HOSPITAL, INC., THE RECEIPT OF BENEFITS OF DSH ELIGIBILITY FOR STATE FISCAL YEARS 2018 AND 2019 OCCURRED DURING THE 2019 TAX YEAR. 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 \$83,865,407 OF BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES. 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 OF FORT WAYNE PARKS AND RECREATION AND FRIENDS OF THE RIVER, INC. IS A PART OF A MULTIPLE-YEAR PLAN FOR URBAN REVITALIZATION, RIVERFRONT DEVELOPMENT AND THE PROMOTION OF ECONOMIC GROWTH IN NORTHEAST INDIANA. PARKVIEW HOSPITAL, INC. HAS PLAYED A SIGNIFICANT ROLE IN THESE EFFORTS AND SUPPORTS ACTIVITIES THAT ENGAGE FAMILIES IN THE USE OF PROMENADE PARK, THE FIRST PHASE OF RIVERFRONT DEVELOPMENT. THE PARK IS HOME TO THE PARKVIEW TREE CANOPY TRAIL, A SECTION OF THE RIVERGREENWAY TRAIL ALONG THE BANKS OF THE ST. MARYS, ST. JOSEPH AND MAUMEE RIVERS. WORKFORCE DEVELOPMENT: ORGANIZED IN PART TO PROMOTE CLINICAL EDUCATION, PARKVIEW HOSPITAL, INC., PARTNERS WITH NUMEROUS AREA EDUCATIONAL INSTITUTIONS. THESE PARTNERSHIPS FOSTER A VARIETY OF STUDENT LEARNING OPPORTUNITIES IN THE HEALTHCARE FIELD FOR HIGH SCHOOL AND COLLEGE STUDENTS. THE STUDENT SERVICES DEPARTMENT COORDINATES CLINICAL EDUCATIONAL EXPERIENCES BY OFFERING JOB SHADOWING AND INTERNSHIPS. JOB SHADOWING ALLOWS STUDENTS TO OBSERVE A CO-WORKER FOR THE PURPOSE OF GAINING GENERAL KNOWLEDGE ABOUT A SPECIFIC CLINICAL CAREER. THE GOAL OF THE INTERNSHIP PROGRAM IS TO PROVIDE CAREER EXPLORATION WITH A WORKPLACE MENTOR TO BRIDGE THE CONNECTION BETWEEN ACADEMIC LEARNING AND WORK-RELATED EXPERIENCES, PROVIDE AN OPPORTUNITY TO REFINE CAREER CHOICES, AND TO CREATE A SMOOTH TRANSITION INTO POST-SECONDARY EDUCATION OR THE WORLD OF WORK.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER GENERALLY ACCEPTED ACCOUNTING STANDARDS IS REPORTED IN ACCORDANCE WITH ASU 2014-09 AND HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15. TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES ACCOUNTING FOR BAD DEBT EXPENSE IS CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS AT PAGES 13 AND 25 - 29.

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:PAGES 13 AND 25 - 29 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 THIRTY-SIX (36) 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:	<p>DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B. IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, PARKVIEW HOSPITAL, INC. ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF. PARKVIEW HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:- HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS- OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKER'S)- REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.) - PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE COMMUNITY BOARDS IN THE COMMUNITY- OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS) KEY HOSPITAL 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.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.THE FACILITIES OF PARKVIEW HOSPITAL, INC., CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND THE PARKVIEW BEHAVIORAL HEALTH INSTITUTE, ARE LOCATED IN ALLEN COUNTY. ACCORDING STATS INDIANA, ALLEN COUNTY, OR MORE SPECIFICALLY FORT WAYNE, INDIANA IS THE LARGEST URBAN AREA WITHIN THE HEALTH SYSTEM'S SERVICE AREA WITH A POPULATION OF 379,299 (2019). THE MEDIAN INCOME OF ALLEN COUNTY RESIDENTS IS APPROXIMATELY \$54,473, WITH 13.5% LIVING BELOW THE FEDERAL POVERTY LEVEL (2018). APPROXIMATELY 89.7% OF ALLEN COUNTY RESIDENTS HAVE HEALTH INSURANCE WITH 22.8% OF RESIDENTS HAVING PUBLIC HEALTH INSURANCE ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE.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 2019, FOR PARKVIEW HOSPITAL, INC. FACILITIES (PARKVIEW HOSPITAL RANDALLIA, PARKVIEW REGIONAL MEDICAL CENTER, AND PARKVIEW BEHAVIORAL HEALTH) IN ALLEN COUNTY, 22.7 PERCENT OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 5.3 PERCENT WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 15.9 PERCENT WERE MEDICAID PATIENTS AND 5.0 PERCENT WERE SELF-PAY.ALLEN COUNTY IS ALSO SERVED BY LUTHERAN HEALTH NETWORK, A FOR-PROFIT HEALTH SYSTEM OPERATING THREE HOSPITAL FACILITIES IN ALLEN COUNTY. 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 AND OTHER SERVICES TO PROMOTE HEALTHY LIVING PRACTICES TO THE LOCAL UNDERSERVED POPULATION. ALSO, LOCATED IN FORT WAYNE, A FREE MEDICAL, DENTAL AND VISION CLINIC, MATTHEW 25, SERVES UNINSURED, LOW-INCOME INDIVIDUALS IN NORTHEAST INDIANA AND NORTHWEST OHIO. PARKVIEW HOSPITAL, INC. PROVIDES FINANCIAL AND IN-KIND SUPPORT TO THE AFOREMENTIONED CLINICS.</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.). PARKVIEW HOSPITAL, INC. SEEKS TO DELIVER EXCELLENT CARE TO EVERY PATIENT, EVERY DAY. IN DOING SO, THE HOSPITAL HAS DEVELOPED ITS INFRASTRUCTURE, POLICIES AND PROCEDURES TO ALIGN WITH THIS GOAL. THIS INCLUDES HAVING A BOARD OF DIRECTORS FOR PARKVIEW HOSPITAL, INC. THAT IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS RESIDING WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA; AND EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. WHILE THESE TWO COMPONENTS ARE CENTRAL IN PROVIDING THE HOSPITAL WITH A STRONG FOUNDATION, IT TAKES A LOT MORE THAN THIS TO MEET THE HOSPITAL'S STANDARD OF DELIVERING EXCELLENT CARE TO EVERY PATIENT EVERY DAY. TO PARKVIEW HOSPITAL, INC. IT EXTENDS TO FURTHERING RESEARCH, PROMOTING EDUCATION, ADVANCING CLINICAL CARE, AND BUILDING A STRONG COMMUNITY. IN FURTHERING RESEARCH DURING THE FIRST 25 YEARS OF ITS OPERATION, THE PARKVIEW RESEARCH CENTER, IN CONJUNCTION WITH PHYSICIAN PARTNERS, HAS COMPLETED MORE THAN 500 CLINICAL STUDIES THAT HAVE ENHANCED HEALTHCARE FOR EVERYONE. HISTORICALLY, THE FOCUS HAS BEEN ON "BENCH-TO-BEDSIDE" RESEARCH - TESTING THE EFFECTIVENESS OF EMERGING PHARMACEUTICALS, MEDICAL DEVICES AND PROTOCOLS. THIS PROCESS HAS BEEN TRADITIONALLY KNOWN WITHIN THE HEALTHCARE INDUSTRY AS TRANSLATIONAL RESEARCH, DESCRIBING HOW MEDICAL DISCOVERIES ARE PROVEN EFFECTIVE THROUGHOUT PATIENT CARE. HOWEVER, AS THE DELIVERY OF HEALTHCARE CONTINUED TO CHANGE, TRANSLATIONAL RESEARCH HAD EVOLVED TO IDENTIFY WHICH NEW MEDICAL THERAPIES ARE BEST SUITED FOR MANAGING SPECIFIC CHRONIC DISEASES. IN CONJUNCTION WITH GENETIC TESTING AND PATIENT-FOCUSED COUNSELING, TRANSLATIONAL RESEARCH CAN HELP PARKVIEW HOSPITAL, INC. ADOPT THE HIGHEST-QUALITY AND SAFEST MEDICAL CARE PRACTICES BASED UPON THE PATIENT'S NEEDS FOR TREATMENT AND PREVENTION. TO PROVIDE OPPORTUNITIES THAT WILL OPEN NEW DOORS AND, POTENTIALLY, REVOLUTIONIZE HEALTHCARE AND SAVE LIVES, THE PARKVIEW RESEARCH CENTER WAS LATER HOUSED WITHIN THE PARKVIEW MIRROR CENTER FOR RESEARCH AND INNOVATION UPON COMPLETION OF CONSTRUCTION IN 2015. THIS \$20 MILLION, 84,000-SQUARE-FOOT FACILITY LOCATED ON THE NORTH-FORT WAYNE CAMPUS FEATURES MORE SPACE FOR RESEARCH, INNOVATION AND EDUCATION. EDUCATION TAKES MANY FORMS AT THE PARKVIEW MIRROR CENTER FOR RESEARCH AND INNOVATION. FOR EXAMPLE, THROUGHOUT THE YEAR MEDICAL PROFESSIONALS IN THE COMMUNITY CAN ATTEND MEDICAL SYMPOSIUMS OFFERED BY THE HOSPITAL'S CONTINUING EDUCATION DEPARTMENT. EDUCATION ALSO TAKES PLACE THROUGH THE ADDITION OF A STATE-OF-THE-ART MEDICAL SIMULATION LAB FEATURING SOME OF THE MOST ADVANCED MEDICAL SIMULATION TECHNOLOGY AVAILABLE TODAY. INDIVIDUAL PHYSICIANS AS WELL AS TEAMS OF CLINICAL PROFESSIONALS TRAIN IN ONE OF THREE LABS EQUIPPED WITH HIGH-FIDELITY MEDICAL MANIKINS. THE MEDICAL SIMULATION LAB ALSO FEATURES ADVANCED VIRTUAL REALITY SYSTEMS FOR TRAINING ON ENDOVASCULAR, LAPAROSCOPIC AND UROLOGICAL PROCEDURES. AS A STEWARD OF CONTINUING EDUCATION AND IMPROVING HEALTHCARE DELIVERY, PARKVIEW HOSPITAL, INC. VIA THE PARKVIEW MIRROR CENTER FOR RESEARCH AND INNOVATION FOUND A WAY TO BRING THE LEARNING EXPERIENCE OFFERED BY ITS ADVANCED SIMULATION LAB BEYOND ITS WALLS AND INTO THE COMMUNITY. IN DOING SO, AN AMBULANCE DONATED BY THE WABASH FIRE DEPARTMENT WAS FITTED WITH MEDICAL SIMULATION TECHNOLOGY TO CREATE THE PARKVIEW ADVANCED MOBILE MEDICAL SIMULATION LAB. IT FEATURES HIGH-FIDELITY MANIKINS AND A DEDICATED TEAM OF TECHNICIANS THAT ENABLES THE MOBILE UNIT TO SIMULATE REALISTIC CARDIAC EVENTS, AMPUTATION, CRUSH INJURIES, MATERNAL/FETAL ISSUES, AIRWAY, MEDICAL RESCUES, AND MANY MORE. THIS ADVANCEMENT ALLOWS FOR MORE HEALTHCARE PROVIDERS AND FIRST RESPONDERS IN THE REGION TO DEVELOP AND EXPAND THEIR SKILL SET WITHIN AN INTERACTIVE, SAFE LEARNING ENVIRONMENT. THE HEALTH SYSTEM CONTINUES TO ENHANCE HEALTHCARE EDUCATION AND MEDICAL RESEARCH THROUGH PARTNERSHIPS BETWEEN PARKVIEW MIRROR CENTER FOR RESEARCH AND INNOVATION AND LOCAL UNIVERSITIES ON THE NORTH-FORT WAYNE CAMPUS, AS WELL AS 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 PROVIDES ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE. IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE OFFERED, THUS ADDRESSING SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEEDS IN THE COMMUNITY. SINCE THE PARKVIEW REGIONAL MEDICAL CENTER OPENED IN 2012, THE HEALTH SYSTEM EXPERIENCED A GROWING DEMAND FOR CARE AND SERVICES THROUGHOUT THE GROWING DOWNTOWN AREA OF FORT WAYNE, INDIANA. MANY RESIDENTS CONTINUE TO CHOOSE THIS LOCATION AS THEIR PREFERRED SOURCE OF HEALTH CARE.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>E SINCE 1953. TO MEET THE INCREASED NEEDS OF THE CITY'S GROWING DOWNTOWN AREA, \$55 MILLION WERE ALLOCATED TO IMPROVE THE PARKVIEW RANDALLIA CAMPUS. SOME OF THE IMPROVEMENTS INCLUDE : AN EXPANDED INTENSIVE CARE UNIT, UPDATED AND REMODELED FAMILY BIRTHING CENTER, STATE-OF- THE-ART OPERATING THEATERS, SERVICE IMPROVEMENTS, A CARDIAC CATHETERIZATION LAB, AND OTHER RENOVATIONS TO THE FACILITY'S EXTERIOR. 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 A N 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 REGIONAL MEDICAL CENTER IS CURRENTLY UNDERGOING EXPANSION OF ITS CORE TOWER IN RESPONSE TO A GROWING NUMBER OF PEOPLE THAT CONTINUE TO CHOOSE PARKVIEW AS THEIR PREFERRED PROVIDER FOR CARE. THIS EXPANSION IS NEEDED AS PARKVIEW HOSPITAL, INC. HAD INSUFFICIENT INPATIENT BED CAPACITY TO MEET THE GROWING DEMAND. THE EXPANSION CONSISTS OF CONSTRUCTION OF A SIX-STORY, 168,000-SQUARE-FOOT MEDICAL TOWER. THE NEW TOWER WILL ALLOW THE HOSPITAL TO ADD 72 NEW INPATIENT BEDS AND 100 NEW CLINICAL POSITIONS, WITH ROUGHLY 63,000 SQUARE FEET OF ADDITIONAL SPACE. THIS SURPLUS WILL NOT ONLY ALLOW FOR FUTURE EXPANSION PLANS BUT WILL ALSO CONTINUE TO SUPPORT PROJECTED INPATIENT DEMAND AND AMBULATORY CARE GROWTH.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 COMPRISED OF COMMUNITY LEADERS, MEMBERS OF THE PARKVIEW HOSPITAL, INC. BOARD OF DIRECTORS AND HOSPITAL MANAGEMENT, THE COMMUNITY HEALTH IMPROVEMENT PROGRAM PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS TO PROMOTE HEALTH AND 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 ACCESS TO HEALTH CARE. MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, NORTHEAST INDIANA POSITIVE RESOURCE CONNECTION (FORMERLY THE AIDS TASK FORCE), A HOPE CENTER (PREGNANCY CENTER), THE RESCUE MISSION (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, THE OPENING OF PARKVIEW'S COMMUNITY GREENHOUSE AND LEARNING KITCHEN, MATERNAL/INFANT INTERVENTION PROGRAMS, AND A BEHAVIORAL HEALTHCARE 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 WORKERS, DELIVER EDUCATION AND SERVICES OUTSIDE THE WALLS OF OUR FACILITIES TO ADDRESS COMMUNITY HEALTH ISSUES, ENGAGE VULNERABLE FAMILIES, AND PROMOTE HEALTH IN POPULATIONS WHO ARE OTHERWISE UNDERSERVED BY THE TRADITIONAL HEALTHCARE SYSTEM. OTHER COMMUNITY OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY SERVICES AND INJURY PREVENTION EDUCATION. (NARRATIVE CONTINUED AFTER PART VI, LINE 7)</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.; DEKALB MEMORIAL HOSPITAL, INC. (AFFILIATED OCTOBER 2019); PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC 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 AND SUPPORTS THEIR RESPECTIVE COUNTY THROUGH INVESTMENTS OF COMMUNITY HEALTH IMPROVEMENT DOLLARS AND PROGRAMMING 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 SIX-COUNTY AREA AS PART OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES A BOARD OF DIRECTORS, WHICH CONSISTS OF REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL AT ALL TIMES BE CONSIDERED TO BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, SUPPLEMENTAL INFORMATION, LINE 5, CONT'D	<p>CONTINUED FROM ABOVE: PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).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; THE OPERATION OF FIVE HEAL FARMERS 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 CREATED TO DECREASE FOOD INSECURITY IN FOOD DESERT NEIGHBORHOODS ACROSS ALLEN COUNTY BY IMPROVING ACCESS TO FRESH, LOCAL PRODUCE AND PROVIDE 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 INSTITUTE 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, EDUCATE COMMUNITY MEMBERS ON WAYS TO SHOP FOR, PREPARE, STORE AND USE FRESH FOODS BEGAN MID-2019. CLASSES ARE HELD WEEKLY AND ARE PROVIDED AT NO COST FOR COMMUNITY MEMBERS.</p>

Additional Data

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

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

Section A. Hospital Facilities (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			

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 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSUL TED:WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HOSPITAL, INC. AND THE INDIANA PARTNERSHIP FO R HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM WERE DILIGENT IN ENSURING THE INPUT FROM PERS ONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY'S VULNERABLE POPULATIONS WERE CONS IDERED. IN GATHERING QUALITATIVE COMMUNITY INPUT, PARKVIEW HOSPITAL, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA COLLECTED VIA AN ONLINE SURVEY OF PARKVI EW HEALTH SYSTEM, INC. HEALTHCARE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC .) AND COMMUNITY SERVICE PROVIDERS REPRESENTING ALLEN COUNTY'S VULNERABLE POPULATIONS. ADD ITIONALLY, THE HEALTH SYSTEMS CHNA RESEARCH PARTNERS CONDUCTED A RANDOMIZED SURVEY OF THE COMMUNITY RESIDENTS IN EACH PARKVIEW HEALTH COUNTY. 2) SECONDARY DATA GATHERED FROM CONDU E NT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES, E MPHASIZING THE SOCIAL AND ENVIRONMENTAL FACTORS CONTRIBUTING TO LOCAL HEALTH DISPARITIES.I N ADDITION TO DATA COLLECTION, PARKVIEW HOSPITAL, INC. TURNED TO THE COMMUNITY AND PARTNER ING ORGANIZATIONS REPRESENTING VULNERABLE POPULATIONS WHEN SELECTING AND PRIORITIZING ALLE N COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD PRIORITIZED HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS METHOD, ALSO KNOWN AS THE BASIC PRIORITY R ATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEA LTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TE CHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CAL CULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS. THE INDIANA PARTNERSHIP FOR HEALTHY COMMU NITIES PRESENTED AN OVERVIEW OF THE REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING THE PARKVIEW HEALTH SYSTEM. IN TOTAL OVER 60 INDIVIDUALS PARTICIPATED IN THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL SERVICE LINES, COMMUNITY H OSPITALS, HEALTHCARE PROVIDERS/PHYSICIANS, EXECUTIVE LEADERSHIP TEAM, COMMUNITY HEALTH AND HOSPITAL BOARD OF DIRECTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSS ION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIE D IN THE CHNA. ULTIMATELY, THE GROUP VOTED ON SUBSTANCE USE DISORDER/MENTAL HEALTH, AS THE SHARED HEALTH PRIORITY ACROSS THE HEALTH SYSTEM.AS A CONTINUATION OF THE PRIORITIZATION P ROCESS, PARKVIEW HOSPITAL, INC. (ALLEN COUNTY) FORMED AN INTERNAL, MULTI-DISCIPLINARY ADVI SORY COUNCIL TO SELECT ADDITIO</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.	NAL HEALTH PRIORITIES FOR PARKVIEW HOSPITAL, INC. THIS GROUP OF STAKEHOLDERS MET ON AUGUST 16, 2019 AND DISCUSSED THE RESULTS OF THE CHNA. AFTER A THOUGHTFUL REVIEW OF THE DATA AND EXTENSIVE DISCUSSION, THE ADVISORY COMMITTEE SELECTED MATERNAL/CHILD HEALTH AND CARDIOVAS CULAR DISEASE/DIABETES AS ADDITIONAL PRIORITIES. WE ALSO HELD THREE COMMUNITY SESSIONS TO SHARE THE ALLEN COUNTY CHNA RESULTS AND TO GATHER FEEDBACK FROM LOCAL NON-PROFIT AND PUBLI C HEALTH ORGANIZATIONS. IN EACH COMMUNITY ENGAGEMENT MEETING, PARTICIPANTS WORKED IN SMALL GROUPS TO COMPLETE A "ROADMAP" OUTLINING THEIR VISION FOR OUR COMMUNITY, POTENTIAL INTERV ENTIONS, BARRIERS AND OTHER FACTORS RELATED TO THE HOSPITAL'S THREE HEALTH PRIORITIES. ADD ITIONALLY, THE TOP THREE HEALTH PRIORITIES WERE PRESENTED TO AND ADOPTED BY PARKVIEW HOSPI TAL'S COMMUNITY HEALTH IMPROVEMENT COMMITTEE, A COMMITTEE OF THE HOSPITAL BOARD OF DIRECTO RS.

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: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES: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: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES: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: DESCRIBE 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:UPON COMPLETION OF THE 2019 CHNA, PARKVIEW HOSPITAL, INC. AND PARTNERING COMMUNITY ORGANIZATIONS IDENTIFIED THE FOLLOWING AS ALLEN COUNTY'S TOP HEALTH CONCERNS: SUBSTANCE USE DISORDER/MENTAL HEALTH; CARDIOVASCULAR DISEASE AND DIABETES; AND MATERNAL/CHILD HEALTH. WHILE THE NEEDS OF ALLEN COUNTY HAVE EVOLVED SINCE 2016, THE NEEDS OF 2019 ARE STILL VERY SIMILAR, FOR EXAMPLE: - 2016 OBESITY VS. 2019 CARDIOVASCULAR DISEASE AND DIABETES- 2016 MENTAL HEALTH VS. 2019 SUBSTANCE USE DISORDER AND MENTAL HEALTH- 2016 AND 2019 MATERNAL/CHILD HEALTHDUE TO THE SIMILARITY, PARKVIEW HOSPITAL, INC. PLANS TO CONTINUE BUILDING UPON THE HEALTH INITIATIVE S THAT BEGAN AFTER THE 2016 CHNA WHILE ADDRESSING ADDITIONAL PRIORITIES IDENTIFIED ON THE 2019 CHNA. IN RESPONSE TO THE 2019 CHNA, PARKVIEW HOSPITAL, INC. CREATED OUR IMPLEMENTATION STRATEGY (POSTED MAY 2020), WHICH PROVIDES A COMPREHENSIVE SUMMARY OF THE HOSPITALS CURRENT PLANNED HEALTH PROMOTION INITIATIVES. IN SUMMATIVE FORM, THE IMPLEMENTATION STRATEGY REPORTED THE FOLLOWING FOR EACH DEFINED HEALTH CONCERN TO BE ADDRESSED: SUBSTANCE USE DISORDER/MENTAL HEALTH - TO ADDRESS SUBSTANCE USE DISORDER/MENTAL HEALTH, PARKVIEW HOSPITAL, INC. WITH SUPPORT FROM THE PARKVIEW BEHAVIORAL INSTITUTE, DEFINED THREE GOALS SPECIFIC TO THE NEEDS OF ALLEN COUNTY: 1) REDUCE THE NUMBER OF OPIOID OVERDOSES AND DEATHS DUE TO OVERDOSE IN ALLEN COUNTY. TO ACHIEVE THIS GOAL, PARKVIEW HOSPITAL, INC. WILL BACK A PEER SUPPORT GROUP THAT PARTNERS PEOPLE WITH A RECOVERY COACH WHO SEEKS TO DEVELOP AN INDIVIDUALIZED PERSONAL SUPPORT AND RECOVERY PLAN.2) REDUCE THE NUMBER OF PRE-TERM BIRTHS DUE TO SUBSTANCE USE IN ALLEN COUNTY. TO ADDRESS ITS SECOND GOAL, THE PERINATAL SUBSTANCE USE NAVIGATOR PROGRAM WAS STARTED. THIS PROGRAM IS EXCLUSIVELY FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDER. IT OFFERS WOMEN A HELPING HAND VIA A NURSE NAVIGATOR WHO COORDINATES CARE AND TRACKS PATIENTS TO ENSURE THEY HAVE ACCESS TO THE RESOURCES THEY NEED TO ACHIEVE THE BEST OUTCOMES.3) DECREASE THE NUMBER OF SUICIDE DEATHS FOR ALL AGE GROUPS IN ALLEN COUNTY. TO ACHIEVE ITS THIRD GOAL, PARKVIEW HOSPITAL, INC. DECIDED TO CONTINUE AND GROW ITS EFFORTS THROUGH THE ZERO SUICIDE PROGRAM. THIS PROGRAM PROVIDES EDUCATION AND SKILL-BUILDING TRAINING FOR THE COMMUNITY MEMBERS REGARDING SUICIDE AND HOW TO RECOGNIZE AND RESPOND TO AN INDIVIDUAL IN CRISIS USING THE ZERO SUICIDE MODEL OF CARE.CARDIOVASCULAR DISEASE & DIABETES - TO ADDRESS CARDIOVASCULAR DISEASE AND DIABETES, PARKVIEW HOSPITAL, INC. AND ITS PARTNERS DEFINED THE FOLLOWING GOALS AND INTERRELATED PROGRAMS: 1) REDUCE ADULT AND CHILDHOOD OBESITY IN ALLEN COUNTY. THIS GOAL WILL BE ADDRESSED THROUGH:A. TAKING ROOT HEALTH CHALLENGE: A PROGRAM CONTINUING FROM THE 2</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.	<p>016 CHNA THAT PARTNERS WITH FORT WAYNE COMMUNITY SCHOOLS TO OFFER 4TH AND 5TH GRADERS THE OPPORTUNITY TO PARTICIPATE IN AEROBIC EXERCISE AND NUTRITIONAL EDUCATION. B. HEALTH EATING ACTIVE LIVING (HEAL) INITIATIVE: THIS INITIATIVE KEYS IN ON INCREASING ACCESSIBILITY AND CONSUMPTION OF FRESH PRODUCE IN UNDERSERVED AND FOOD DESERT AREAS IN ALLEN COUNTY. C. FITK IDS360 (A STAGE TWO PEDIATRIC OBESITY TREATMENT PROGRAM): PROGRAM FOCUSES ON IMPROVING OBE SOGENIC RISK SCORES AND WELL-BEING BEHAVIORS OF PARTICIPANTS (CHILDREN AGES 5 TO 17 AND TH EIR FAMILIES).2) REDUCE THE LONG-TERM COMPLICATIONS AND SLOW THE PROGRESSION ASSOCIATED WI TH DIABETES FOR VULNERABLE POPULATIONS WITH PRE-DIABETES OR A DIABETES DIAGNOSIS. THIS IS A CONTINUED PURSUIT FROM THE HOSPITALS 2013 CHNA THAT WILL BE ADDRESSED VIA THE DIABETES E DUCATION PROGRAM. THIS PROGRAM ALLOWS VULNERABLE POPULATIONS TO HAVE ACCESS TO DIABETES AN D HEALTHY LIFESTYLE EDUCATION CLASSES (INCLUDING THE AADE 7 SELF-CARE BEHAVIORS), AND OPPO RTUNITIES FOR SCREENING AND A1C TESTING. 3) REDUCE EFFECTS OF FOOD INSECURITY AND IMPACT O F CHRONIC DISEASE FOR THOSE REFERRED TO THE PROGRAM. TO MEET THIS GOAL, PARKVIEW INITIATED VEGGIE RX (A NUTRITION PRESCRIPTION PROGRAM) THAT WORKS TO INCREASE ACCESS TO AND INTAKE OF FRESH PRODUCE AND REDUCE THE EFFECTS OF CHRONIC DISEASE THROUGH DIETARY INTERVENTIONS.4) PREVENT OVERWEIGHT/OBESITY IN CHILDREN PARTICIPANTS DURING THE CRITICAL EARLY YEARS FROM 0 TO 3 YEARS OF AGE. TO MEET THIS GOAL PARKVIEW HOSPITAL, INC. WILL CONTINUE ITS WORK WIT H THE SIMPLE SOLUTIONS FOR HEALTHY LIVING PROGRAM. THIS PROGRAM OFFERS FAMILY GOAL SETTING AND EDUCATION SESSIONS WITH THE PURPOSE OF INCREASING GOOD NUTRITION, PHYSICAL ACTIVITY A ND OTHER HEALTHY HABITS AMONG YOUNG FAMILY PARTICIPANTS.5) DECREASE THE RISKS ASSOCIATED W ITH OBESITY AND CHRONIC ILLNESS FOR UNINSURED PARTICIPANTS. THIS EFFORT WILL BE ADDRESSED VIA THE NUTRITION/EXERCISE PROGRAM THAT OFFERS COOKING DEMONSTRATIONS, EXERCISE SESSIONS A ND NUTRITION EDUCATION. 6) PROMOTE HEALTH AND WELL-BEING AND REDUCE FOOD INSECURITY. TO AC COMPLISH THIS GOAL, PARKVIEW HOSPITAL, INC. WILL WORK WITH THE PARKVIEW COMMUNITY GREENHOU SE AND LEARNING KITCHEN STRATEGICALLY POSITIONED WITHIN A DESIGNATED FOOD DESERT WITHIN TH E COMMUNITY. WITHIN THE GREENHOUSE AND LEARNING KITCHEN, PARTICIPANTS CAN OBTAIN AND LEARN HOW TO GROW VEGETABLES AND COOK NUTRITIOUS MEALS FOR THEIR FAMILIES. IN ADDITION, MANY OF THE INITIATIVES MENTIONED ABOVE (I.E. HEAL INITIATIVE, SIMPLE SOLUTIONS, VEGGIE RX, ETC.) HOLD EDUCATION SESSIONS WITHIN THIS FACILITY TO INCREASE ACCESS FOR ALLEN COUNTY'S VULNER ABLE POPULATIONS. MATERNAL/CHILD HEALTH - PARKVIEW HOSPITAL, INC. HAS DEVELOPED MULTIPLE E VIDENCE-BASED STRATEGIES TO ADDRESS INFANT MORTALITY THROUGH IMPROVED PRENATAL AND INPATIE NT CARE AND IN WORKING WITH PARTNER ORGANIZATIONS TO MAKE OUR COMMUNITY A HEALTHIER PLACE FOR FAMILIES. THE FOLLOWING GOALS AND EFFORTS TO ADDRESS EACH GOAL WERE IDENTIFIED: 1) RED UCE THE NUMBER OF INFANT (<1 Y</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.	<p>EAR OF AGE) DEATHS IN ALLEN COUNTY DUE TO UNSAFE SLEEP. TO MEET THIS GOAL, THE CONTINUATIO N OF THE SAFE SLEEP CLASSES AND PACK 'N PLAY DISTRIBUTION PROGRAM IS NEEDED. THIS PROGRAM PROVIDES PARTICIPANTS WITH FREE SAFE SLEEP EDUCATION, DISTRIBUTION OF A SAFE SLEEP KIT (IN CLUDING A PACK 'N PLAY CRIB), CULTURAL SUPPORT AND IN-HOME ENVIRONMENTAL SAFE SLEEP INSPEC TIONS. 2) INCREASE THE NUMBER OF NEW MOMS IN PRIORITY POPULATIONS WHO ENGAGE IN EXCLUSIVE BREASTFEEDING. THIS GOAL IS BEING ADDRESSED THROUGH COMMUNITY BREASTFEEDING CLASSES AND SU PPORT PROGRAM. THIS PROGRAM PROVIDES PARTICIPANTS WITH INSTRUCTION ON BREASTFEEDING HEALTH BENEFITS, MECHANICS AND RESOURCES FOR ONGOING SUPPORT. 3) REDUCE VEHICULAR DEATH AND INJU RY OF INFANTS IN ALLEN COUNTY. TO ADDRESS THIS GOAL, THE CONTINUED COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRAM WILL PROVIDE ONE-ON-ONE CAR SEAT INSTALLATION EDUCATION ALONG WITH C ULTURAL SUPPORT AND INTERPRETATION SERVICES IF NEEDED. 4) DECREASE THE NUMBER OF INFANT (< 1 YEAR OF AGE) MORTALITY RATE IN ALLEN COUNTY. TO MEET THIS GOAL, PARKVIEW HOSPITAL, INC. HAS BEEN WORKING WITH THE FETAL INFANT MORTALITY REVIEW (FIMR) INITIATIVE. FIMR IS A MULTI DISCIPLINARY GROUP ORGANIZED TO REVIEW CASES OF FETAL AND INFANT DEATHS FOR PREVENTION PUR POSES. THE PROGRAM SEEKS TO PROVIDE PARTICIPANTS WITH IMPROVED REFERRALS TO COMMUNITY RESO URCES AND A BETTER UNDERSTANDING OF BARRIERS AND SOCIAL NEEDS. 5) DECREASE THE RATE OF PRE -TERM BIRTHS. IN EFFORT TO MEET THIS GOAL, THE COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRA M HAS BEEN MONITORING VISIT ATTENDANCE. THE PROGRAM SEEKS TO DECREASE THE NUMBER OF "NO SH OW" PRENATAL FOR PROGRAM PARTICIPANTS BY REDUCING ACCESS BARRIERS TO CARE. IT WILL ACCOMPL ISH THIS BY SCREENING FOR TRANSPORTATION RELIABILITY, IDENTIFYING SOCIAL NEEDS, CO-CREATIN G INSURANCE AND TRANSPORTATION GOALS, AND THEN CONNECTING PARTICIPANTS WITH COMMUNITY RESO URCES. 6) IMPROVE THE HEALTH OF PREGNANT WOMEN AND INFANTS IN ALLEN COUNTY. THIS GOAL IS B EING ADDRESSED THROUGH EFFORTS TO REDUCE FOOD INSECURITY VIA THE COMMUNITY HEALTH WORKER (SAFETY PIN) PROGRAM. INTERVENTIONS INCLUDE: FOOD INSECURITY SCREENING, REFERRALS TO RESOUR CES, COACHING RELATED TO PREPARATION AND FOLLOW THROUGH IN OBTAINING RESOURCES.SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED:BASED UPON FEASIBILITY AND AVAILABLE PUBLIC HEALTH INTER VENTIONS, THE HEALTH NEEDS DEFINED BELOW ARE NOT BEING ADDRESSED BY PARKVIEW HOSPITAL, INC . FEASIBILITY INCLUDES THE SUITABILITY, COMMUNITY ACCEPTABILITY, AVAILABILITY OF RESOURCES , PRE-EXISTING COMMUNITY AGENCIES, COST-BENEFIT RATIO AND LEGALITY OF POTENTIAL INTERVENTI ONS. EVEN THOUGH PARKVIEW HOSPITAL, INC. IS NOT ADDRESSING THE FOLLOWING NEEDS SPECIFICALL Y, THE HOSPITAL MAINTAINS CORRESPONDENCE WITH EXTERNAL AGENCIES ADDRESSING THESE NEEDS. (N ARRATIVE CONTINUED AFTER PART V, LINE 16C)</p>

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
PART V, SECTION B, LINE 11, CONT'D	DESCRIBE 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:SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED CONT'D:AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA (AIHS) SERVES OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE COUNTIES IN NORTHEAST INDIANA. THIS NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION IS A FEDERAL AND STATE DESIGNATED AREA AGENCY ON AGING AND AN AGING AND DISABILITY RESOURCE CENTER THAT PROVIDES 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, AIHS PARTNERS WITH PARKVIEW HEALTH TO REDUCE MEDICARE READMISSIONS. IN ADDITION, THE AGENCY SERVES AS THE INITIAL COORDINATOR AND FISCAL AGENT FOR HONORING CHOICES INDIANA, WHICH IS AN INITIATIVE COMMITTED TO PROMOTING AND SUSTAINING ADVANCE CARE PLANNING (ACP) ACROSS THE STATE. HONORING CHOICES INDIANA ENSURES THAT INDIVIDUALS' FUTURE HEALTHCARE PREFERENCES ARE DISCUSSED, DOCUMENTED, AND HONORED. THROUGH HONORING CHOICES, PARKVIEW AND AIHS WORK TOGETHER TO TRAIN ACP FACILITATORS, PROMOTE BEST PRACTICE AND INCREASE PUBLIC AWARENESS ABOUT THE VALUE OF DISCUSSING HEALTH CARE DECISION MAKING IN ADVANCE OF MEDICAL CRISIS.OBESITY - WHILE WE ARE NOT ADDRESSING OBESITY SPECIFICALLY, COMBATTING THE LONG-TERM IMPACT OF OBESITY IS FOUNDATIONAL TO OUR CURRENT EFFORTS RELATED TO CARDIOVASCULAR HEALTH AND DIABETES. WE PLAN TO CONTINUE AND BUILD ON OUR CURRENT COMMUNITY EFFORTS AIMED AT REDUCING/PREVENTING OBESITY AND IMPROVING HEALTHY LIVING PRACTICES AS A MEANS OF PREVENTING AND/OR TREATING CHRONIC DISEASE IN OUR COMMUNITY. TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY, INDIANA, RELATED TO TOBACCO-FREE EFFORTS. TFAC PROVIDES INFORMATION ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY AT THE STATE LEVEL. THEIR GOALS INCLUDE DECREASING YOUTH AND ADULT TOBACCO USE, INCREASING PROTECTIONS AGAINST SECONDHAND SMOKE, AND BUILDING/MAINTAINING THE LOCAL TOBACCO CONTROL INFRASTRUCTURE. PARKVIEW HOSPITAL, INC. IS ALSO A SOURCE OF SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO FREE CAMPUS. IN ADDITION, PARKVIEW HOSPITAL, INC. HOLDS A PROGRAM, NICOTINE FREE FOR BABY AND ME CLASSES TO HELP PREGNANT WOMEN TO QUIT SMOKING.

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
PART V, SECTION B, LINE 3E:	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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 - PARKVIEW CANCER INSTITUTE LAB 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE, IN 46845	LAB DRAW
2 3 - BRYAN OH LAB 442 W HIGH STREET BRYAN, OH 43506	LAB DRAW
3 4 - CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE, IN 46805	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 - PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE, IN 46845	LAB DRAW
8 9 - PARKVIEW WOODLAND PLAZA AMBULATORY SITE 1234 DUPONT RD FORT WAYNE, IN 46845	LAB DRAW
9 10 - ARCHBOLD OH LAB 121 WESTFIELD DRIVE ARCHBOLD, OH 43502	LAB DRAW
10 11 - CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE, IN 46805	LAB DRAW
11 12 - MONTPELIER OH LAB 935 SNYDER MONTPELIER, OH 43543	LAB DRAW
12 13 - PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	CLINICAL RESEARCH
13 14 - RHEUMATOLOGY NEW VISION LAB 3816 NEW VISION DRIVE FORT WAYNE, IN 46845	LAB DRAW
14 15 - NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE, IN 46825	LAB DRAW

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

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

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

Name and address	Type of Facility (describe)
16 16 - GRABILL MAIN LAB 13430 MAIN ST GRABILL, IN 46741	LAB DRAW
1 17 - WAYNE DALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE, IN 46809	LAB DRAW
2 18 - WAUSEON OH LAB SHOOOP AVE 495 S SHOOOP AVE WAUSEON, OH 43567	LAB DRAW
3 19 - PARKVIEW CENTER FOR HEALTHY LIVING 1234 E DUPONT RD SUITE 2 FORT WAYNE, IN 46845	HEALTH AND WELLNESS
4 20 - PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE, IN 46805	HEALTH FITNESS

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number

35-0868085

Part I 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 ▶ 27

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 3800 NORTH ANTHONY FORT WAYNE, IN 46805	35-0953465	501(C)(3)	401,673				PROGRAMS TO IMPROVE THE EDUCATIONAL, HEALTH & EMOTIONAL WELL-BEING OF YOUNG CHILDREN
UNIVERSITY OF SAINT FRANCIS OF FORT WAYNE INDIANA INC 2701 SPRING STREET FORT WAYNE, IN 46808	35-0886846	501(C)(3)	175,500				SCHOOL OF NURSING SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEW 25 INC 413 EAST JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501(C)(3)	271,284				MEDICAL, DENTAL, HEARING AND VISION SERVICES PROVIDED TO UNINSURED, LOW-INCOME RESIDENTS OF NORTHEAST INDIANA AND NORTHWEST OHIO
NEIGHBORHOOD HEALTH CLINICS INC 1717 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	35-1922483	501(C)(3)	100,000				HEALTHCARE SERVICES FOR UNINSURED OR UNDERINSURED PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH COMMUNITY HEALTH FOUNDATION INC 347 WEST BERRY STREET SUITE 101 FORT WAYNE, IN 46802	31-1016570	501(C)(3)	58,945				HEALTHY EATING ACTIVE LIVING INITIATIVE
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	57,500				HEART DISEASE RESEARCH AND SERVICES FOR THOSE WITH HEART DISEASE

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)	55,000				MEDICAL TRANSPORTATION PROGRAM FOR THE UNDERSERVED
JOSHUA HAND INC 4202 HESSEN CASSEL RD FORT WAYNE, IN 46806	45-4723576	501(C)(3)	50,000				PROGRAMS AND OPERATIONS

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
FORENSIC NURSING SPECIALTIES INC DBA FORT WAYNE SEXUAL ASSAULT TREATMENT 1420 KERRWAY COURT FORT WAYNE, IN 46805	35-1943648	501(C)(3)	50,000				MEDICAL FORENSIC CARE PROGRAM FOR THOSE VICTIMIZED BY SEXUAL ASSAULT AND ABUSE
NORTHEAST INDIANA CHRISTIAN ACTION COUNCIL EDUCATION & CHARITABLE FUND 3630 HOBSON ROAD FORT WAYNE, IN 46805	31-1113254	501(C)(3)	49,400				PREGNANCY TESTING, SERVICES AND EDUCATION FOR EXPECTANT AND NEW MOTHERS

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 POSITIVE RESOURCE CONNECTION INC 525 OXFORD STREET FORT WAYNE, IN 46806	31-1191147	501(C)(3)	45,000				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)	45,000				ADVOCATE PROGRAM FOR THOSE WITH A CANCER DIAGNOSIS

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
MENTAL HEALTH AMERICA IN ALLEN COUNTY INC 1025 WEST RUDISILL - BOX 8 FORT WAYNE, IN 46807	46-1326514	501(C)(3)	35,000				SUPPORT FOR INDIVIDUALS FACING MENTAL HEALTH CHALLENGES
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABILITIES INC 3320 NORTH CLINTON STREET FORT WAYNE, IN 46805	35-0913541	501(C)(3)	30,000				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
HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY 1100 W 42ND STREET INDIANAPOLIS, IN 46208	35-6005697	GOVT ORG	26,250				HEALTH INSURANCE ENROLLMENT SERVICES FOR THE UNDERSERVED
FRIENDS OF THE RIVER INC 429 EAST DUPONT ROAD 145 FORT WAYNE, IN 46825	05-0608001	501(C)(3)	21,000				PROGRAMS TO SUPPORT FORT WAYNE RIVERS

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
AGING AND IN HOME SERVICES OF NORTHEAST INDIANA INC 2927 LAKE AVE FORT WAYNE, IN 46805	35-1341437	501(C)(3)	20,000				MEAL VOUCHER NUTRITION PROGRAM
YMCA OF GREATER FORT WAYNE 347 W BERRY STREET SUITE 500 FORT WAYNE, IN 46802	35-0886850	501(C)(3)	19,000				PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL

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
LEUKEMIA AND LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	17,500				BLOOD CANCER RESEARCH
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW SUITE 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	15,500				CANCER RESEARCH AND SERVICES FOR THOSE WITH A CANCER DIAGNOSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES INC 303 STABLE DRIVE FORT WAYNE, IN 46825	13-1846366	501(C)(3)	10,000				RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY
FORT WAYNE MEDICAL SOCIETY FOUNDATION INC 709 CLAY STREET SUITE 101 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
FORT WAYNE CLUB HOUSE INC DBA THE CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE, IN 46805	35-2026647	501(C)(3)	10,000				JOB AND LIFE SKILLS PROGRAM DESIGNED FOR THOSE WITH A MENTAL HEALTH DIAGNOSIS
NORTHSIDE NEIGHBORHOOD ASSOCIATION INC PO BOX 12691 FORT WAYNE, IN 46864	35-1341282	501(C)(3)	10,000				PROGRAMS TO SUPPORT NEIGHBORHOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF NORTHEAST INDIANA INC DBA BRIGHTPOINT 227 EAST WASHINGTON BOULEVARD FORT WAYNE, IN 46853	35-1111819	501(C)(3)	8,750				HEALTH INSURANCE ENROLLMENT PROGRAM
PACK SHACK OF NORTHWEST ARKANSAS INC 1091 E LOWELL AVENUE CAVE SPRINGS, AR 72718	46-3323793	501(C)(3)	8,000				FEED THE FUNNEL WHERE MEALS ARE PROVIDED 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
STANDING AGAINST VIOLENCE EVERYDAY PO BOX 80354 FORT WAYNE, IN 46898	46-3274069	501(C)(3)	5,453				SPECIALIZED TRAINING AND EQUIPMENT FOR FORT WAYNE POLICE DEPARTMENT EMERGENCY SERVICES TEAM

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input 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 type="checkbox"/> Tax idemnification 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 on 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 on 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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS - TAXABLE EXPENSE REIMBURSEMENT FOR FAMILY MEMBER PAID TO: BENJAMIN MILES \$916 PERSONAL SERVICES - TAXABLE ALLOWANCE FOR FINANCIAL PLANNING PAID TO: BENJAMIN MILES \$675 NON-TAXABLE MANDATORY ANNUAL MEDICAL PHYSICAL PAID FOR: BENJAMIN MILES \$2,270
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.
PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS THE FOLLOWING INDIVIDUALS PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLANS. BENEFITS EARNED UNDER THE PLANS WILL FUND THE EMPLOYEES' EVENTUAL RETIREMENT BENEFIT. THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR THE EMPLOYEES' YEARS OF SERVICE TO THE ORGANIZATION AND THE AMOUNT OF THE BENEFITS MAY VARY FROM YEAR TO YEAR. THE FOLLOWING INDIVIDUALS VESTED IN A PORTION OF THEIR DEFERRED COMPENSATION PLANS, WHICH IS TREATED AS TAXABLE INCOME TO THE INDIVIDUALS AT THE TIME OF VESTING. THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III): JUDITH BOERGER \$309,409; MICHAEL GERUE \$14,819; DANIEL GARMAN \$459,924; RAY GONTERMAN \$138,207; BENJAMIN MILES \$32,390; MICHAEL MIRRO \$439,070; MICHAEL PACKNETT \$1,637,768; MARCELINE ROGERS \$13,366; AMOUNTS LISTED ABOVE THAT HAVE BEEN REPORTED AS DEFERRED COMPENSATION ON PRIOR FORM 990 WILL ALSO BE REFLECTED IN SCHEDULE J, PART II, COLUMN (F). FOR EXAMPLE, THE AMOUNT OF \$1,637,768 REPORTED AS REQUIRED FOR MR. PACKNETT WAS A RESULT OF THE VESTING OF SUCH AMOUNT UNDER THE TERMS OF THE RESPECTIVE PLANS. HOWEVER, THESE AMOUNTS WERE PREVIOUSLY REPORTED IN MR. PACKNETT'S DEFERRED COMPENSATION OVER MORE THAN 10 YEARS AS THE AMOUNTS WERE DEFERRED UNDER THE PLANS. AS SUCH, THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN (F) IS AN INDICATION OF AMOUNTS THAT HAVE BEEN REPORTED TWICE, ONCE AS A DEFERRAL AND ONCE AS VESTED. 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. 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. DEFERRALS REPORTED IN SCHEDULE J, PART II, COLUMN (C) INCLUDE: JUDITH BOERGER \$58,647; CHARLES CLARK \$37,400; GREG JOHNSON \$78,157; BENJAMIN MILES \$87,541; MICHAEL PACKNETT \$733,744; JEANNE' WICKENS \$281,719;
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				
1MICHAEL PACKNETT DIRECTOR/PH PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,115,831	248,595	1,686,927	758,944	38,746	3,849,043	1,637,768
1JEANNE' WICKENS PH CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	689,476	131,971	21,682	295,719	32,200	1,171,048	0
2MICHAEL MIRRO PVHOS CARO	(i)	464,801	92,514	458,070	30,800	29,367	1,075,552	439,070
	(ii)	0	0	0	0	0	0	0
3JUDITH BOERGER FORMER KEY EMPLOYEE/CURRENT PH CNE	(i)	0	0	0	0	0	0	0
	(ii)	330,389	66,841	351,893	83,847	30,284	863,254	309,409
4BENJAMIN MILES DIRECTOR/PVHOS PRESIDENT	(i)	521,812	99,771	35,692	107,141	38,537	802,953	32,390
	(ii)	0	0	0	0	0	0	0
5GREG JOHNSON FORMER KEY EMPLOYEE/CURRENT PH CCEO	(i)	0	0	0	0	0	0	0
	(ii)	482,957	74,709	4,902	108,957	38,720	710,245	0
6ALBERT MORRISON DIRECTOR/PH PHYSICIAN	(i)	50,024	0	223	605	2,657	53,509	0
	(ii)	586,822	0	2,615	7,095	31,169	627,701	0
7ABHIJIT SHUKLA DIRECTOR/PH PHYSICIAN	(i)	56,974	0	0	3,193	4,168	64,335	0
	(ii)	353,675	16,638	22,392	22,007	28,726	443,438	0
8DANIEL GARMAN FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	459,924
	(ii)	0	0	459,924	0	0	459,924	0
9MICHAEL GERUE PVHOS PHI COO	(i)	284,268	56,908	16,306	25,284	36,267	419,033	14,819
	(ii)	0	0	0	0	0	0	0
10ROGER STIENECKER FORMER HC EMPLOYEE/CURRENT PH IP&EP	(i)	0	0	0	0	0	0	0
	(ii)	298,889	29,087	21,838	19,600	19,351	388,765	0
11ERIN LACROSS PVHOS CNO	(i)	269,382	50,375	933	25,200	33,244	379,134	0
	(ii)	0	0	0	0	0	0	0
12JOHN BOWEN PVHOS COO RANDALLIA	(i)	303,278	35,234	850	5,600	34,131	379,093	0
	(ii)	0	0	0	0	0	0	0
13MARCELINE ROGERS PVHOS VP & CURRENT PH VP	(i)	106,598	35,860	14,356	15,134	13,333	185,281	13,366
	(ii)	137,087	10,723	0	14,266	12,568	174,644	0
14MARLON WARDLOW FORMER KEY EMPLOYEE/CURRENT PH SVP	(i)	0	0	0	0	0	0	0
	(ii)	230,449	43,212	19,884	19,600	39,839	352,984	0
15CHARLES CLARK PVHOS PBH COO	(i)	220,377	35,200	4,950	66,003	24,310	350,840	0
	(ii)	0	0	0	0	0	0	0
16YUENIAN ZHANG PVHOS CHIEF PHYSICIST	(i)	252,662	26,815	1,980	19,600	36,956	338,013	0
	(ii)	0	0	0	0	0	0	0
17JEFFREY BROWN PVHOS PHYSICIAN	(i)	250,797	0	3,453	12,827	17,560	284,637	0
	(ii)	0	0	0	0	0	0	0
18CHRISTOPHER JELLISON FORMER HC EMPLOYEE/CURRENT PH VP	(i)	0	0	0	0	0	0	0
	(ii)	215,070	20,858	1,290	7,117	27,181	271,516	0
19KEITH JACKSON PVHOS HHIP SPV	(i)	193,888	1,425	10,243	22,000	28,570	256,126	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 EDWARD STRUBEL III PVHOS DIR PHARMACY	(i)	174,009	20,311	1,290	24,017	31,031	250,658	0
	(ii)	0	0	0	0	0	0	0
1 MOLLY CAIN PVHOS SVP NEUROLOGY	(i)	190,786	20,279	637	1,777	31,640	245,119	0
	(ii)	0	0	0	0	0	0	0
2 FEN-LEI CHANG PVHOS PHYSICIAN	(i)	189,996	22,087	0	6,363	969	219,415	0
	(ii)	0	0	0	0	0	0	0
3 LINDA FRANCIES PVHOS VP NURSING	(i)	195,523	0	2,797	1,381	14,106	213,807	0
	(ii)	0	0	0	0	0	0	0
4 PAUL WILSON PARKC PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	125,006	0	3,031	18,751	11,656	158,444	0
5 RAE GONTERMAN FORMER KEY EMPLOYEE	(i)	0	0	138,207	0	0	138,207	138,207
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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	144,624	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	60,067	EMPLOYEE GRACE COLEY 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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SCHEDULE M
(Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I 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				
TOYS, BABY ITEMS, BREAST PROSTHESES, MASTECTOMY	X	1	33,026	ESTIMATED VALUE
25 Other ► (BRAS, ETC.)				
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 isn't required to be used for exempt purposes for the entire holding period?

30a

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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
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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

2019

**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, 2019 WAS 524. THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2019 WAS 15,019. FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR THE PARKVIEW HOSPITAL, INC. WAS 155 AND 6,383 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 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	<p>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.</p>

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	<p>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 6, 2020, 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.</p>

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
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 -3,610,798. INCOME (LOSS) FROM HOSPITAL LAUNDRY SERVICE, INC. 226,387. INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC. -525,160. BOOK/TAX DIFFERENCES K-1'S 45,165.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, BOX B - AMENDED RETURN	THE AMENDED RETURN REPORTS A CHANGE TO PART VII, SECTION A AND SCHEDULE J, PART II FOR MICHAEL PACKNETT'S DEFERRED COMPENSATION ONLY. ON THE ORIGINALLY FILED RETURN, THE DEFERRED COMPENSATION FOR MICHAEL PACKNETT WAS INCORRECTLY REPORTED (AT PART VII, SECTION A AND AT SCHEDULE J, PART II, COLUMN (C) OF \$2,854,466). THE AMENDED FORM 990 SHOWS THE CORRECT 2019 DEFERRAL OF \$758,944.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493071005371	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2019
	▶ 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.				Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization PARKVIEW HOSPITAL INC				Employer identification number 35-0868085	

Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
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(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.
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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) 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	3,443,082	509,301	100.000 %	Yes	
(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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PARKVIEW FOUNDATION INC	C	643,309	PART VII SUPPLEMENTAL INFORMATION
(2) PARKVIEW FOUNDATION INC	M	2,419,478	PART VII SUPPLEMENTAL INFORMATION
(3) PARKVIEW PROFESSIONAL PROGRAMS INC	Q	4,118,918	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
909 EAST STATE BLVD FORT WAYNE, IN 46805 84-3684074	TO SUPPORT PARK CENTER, INC.	IN	501(C)(3)	LINE 12B, II	PARKVIEW HEALTH SYSTEM INC		No
1316 EAST SEVENTH STREET AUBURN, IN 46706 35-1064295	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No