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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

C Name of organization
PARKVIEW HOSPITAL INC

Doing business as

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

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

D Employer identification number
35-0868085

E Telephone number
(260) 373-7001

G Gross receipts $ 903,920,723

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PARKVIEW COM

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

L Year of formation 1941

M State of legal domicile IN

Part I Summary

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	4,926
6	Total number of volunteers (estimate if necessary)	**6**	457
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,307,998
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	312,006

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	924,118	1,149,784
9	Program service revenue (Part VIII, line 2g)	791,147,267	878,469,491
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	571,702	202,826
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,757,423	11,868,401
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	804,400,510	891,690,502

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	992,170	1,368,618
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)	245,924,812	255,628,694
16a	Professional fundraising fees (Part IX, column (A), line 11e)	23,475	32,675
b	Total fundraising expenses (Part IX, column (D), line 25) ▶32,675		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	468,842,164	495,197,867
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	715,782,621	752,227,854
19	Revenue less expenses Subtract line 18 from line 12	88,617,889	139,462,648

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	810,112,826	776,291,134
21	Total liabilities (Part X, line 26)	500,067,676	468,617,311
22	Net assets or fund balances Subtract line 21 from line 20	310,045,150	307,673,823

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

Signature of officer

MICHAEL P BROWNING PH CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
KENNETH J KEBER

Preparer's signature
KENNETH J KEBER

Firm's name ▶ CROWE HORWATH LLP

Firm's address ▶ 330 E JEFFERSON BLVD PO BOX 7
SOUTH BEND, IN 466240007

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 625,321,207 including grants of $ 1,368,618) (Revenue $ 881,421,252)

PARKVIEW HOSPITAL, INC IS A 421-BED REGIONAL TERTIARY REFERRAL CENTER, AS WELL AS A 184-BED COMMUNITY HOSPITAL AND A 103-BED BEHAVIORAL HEALTH HOSPITAL, LOCATED IN FORT WAYNE, INDIANA IT IS THE LARGEST EMPLOYER IN THE REGION AND IS HOME TO NORTHEAST INDIANA'S FIRST VERIFIED LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER ADDITIONAL SERVICES INCLUDE THE SAMARITAN FLIGHT AND EMS SERVICES, PARKVIEW HEART INSTITUTE, A CERTIFIED STROKE CENTER, WOMEN'S & CHILDREN'S HOSPITAL, OUTPATIENT SERVICES CENTER AND COMPREHENSIVE CANCER CENTER AS A NOT-FOR-PROFIT HOSPITAL, WE TAKE OUR MISSION TO HEART PARKVIEW HOSPITAL, INC EXISTS FOR ONE PURPOSE - TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES SEE SCHEDULE O FOR CONTINUATION

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** ▶ 625,321,207

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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		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 Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	136		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,926		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	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**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ STANTON RISSER

10501 CORPORATE DRIVE
FORT WAYNE,IN 46845 (260)373-8403

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

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

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

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

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

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

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

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

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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,705,835	3,107,553	1,090,922

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 ▶126

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER SURGERY CENTER LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	MEDICAL SERVICES	5,998,959
PREFERRED ANESTHESIA CONSULTANTS PC 3810 NEW VISION DRIVE FORT WAYNE, IN 46845	ANESTHESIOLOGISTS	3,202,097
FOUNDATION SURGERY AFFILIATE OF FORT WAY 8004 CARNEGIE BLVD FORT WAYNE, IN 46804	MEDICAL SERVICES	2,611,947
ST VINCENT MERCY MEDICAL CENTER 2213 CHERRY STREET TOLEDO, OH 43608	FLIGHT SERVICES	2,434,910
SODEXO INC 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE MANAGEMENT	1,905,836

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 ▶52

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,149,784			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $		64,200			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,149,784			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE	622000	850,360,536	850,360,536		
	b	PHARMACY	446110	12,028,720	11,583,527	445,193	
	c	LAB SERVICES	621500	10,269,887	10,269,887		
	d	MDWISE INCENTIVE PAYMENT	900099	1,725,000	1,725,000		
	e	MEANINGFUL USE	900099	1,638,771	1,638,771		
	f	All other program service revenue		2,446,577	2,061,577	385,000	
	g	**Total.** Add lines 2a–2f . . . . . ▶		878,469,491			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		365,445			365,445
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	4,296,960				
	b	Less rental expenses	2,274,089				
	c	Rental income or (loss)	2,022,871				
	d	Net rental income or (loss) . . . . . ▶		2,022,871			2,022,871
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	9,141,533 / 123,415				
	b	Less cost or other basis and sales expenses	8,316,004 / 1,111,563				
	c	Gain or (loss)	825,529 / -988,148				
	d	Net gain or (loss) . . . . . ▶		-162,619			-162,619
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	271,897				
	b	Less cost of goods sold . . b	528,565				
	c	Net income or (loss) from sales of inventory . . ▶		-256,668			-256,668
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA & MEALS	722210	3,781,931			3,781,931
	b	ORTHO BILLINGS	541900	3,669,758	2,283,091	1,386,667	
	c	ORTHO DEF REV/GN SALE	900099	1,060,508			1,060,508
	d	All other revenue		1,590,001	1,498,863	91,138	
	e	**Total.** Add lines 11a–11d . . . . . ▶		10,102,198			
	12	**Total revenue.** See Instructions . . . . . ▶		891,690,502	881,421,252	2,307,998	6,811,468

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	1,343,167	1,343,167		
2 Grants and other assistance to domestic individuals See Part IV, line 22	25,451	25,451		
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	3,142,399		3,142,399	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	191,247,116	189,801,771	1,445,345	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	61,239,179	60,762,215	476,964	
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	32,675			32,675
f Investment management fees	57,609		57,609	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,283,157	45,067,988	6,215,169	
12 Advertising and promotion	212,982	193,894	19,088	
13 Office expenses	23,652,823	21,011,267	2,641,556	
14 Information technology	87,228	87,228		
15 Royalties				
16 Occupancy	14,594,577	13,907,168	687,409	
17 Travel	1,195,120	867,331	327,789	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	427,739	57,982	369,757	
19 Conferences, conventions, and meetings				
20 Interest	255,085	255,085		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,619,612	44,195,218	424,394	
23 Insurance	1,023,749	28,777	994,972	
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	115,204,238	115,204,238		
b CORP SERVICE ALLOCATION	109,661,702		109,661,702	
c BAD DEBT	78,835,344	78,835,344		
d PH SUBSIDY	47,810,518	47,810,518		
e All other expenses	6,276,384	5,866,565	409,819	
25 **Total functional expenses.** Add lines 1 through 24e	752,227,854	625,321,207	126,873,972	32,675
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		24,564	1	14,494
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		111,571,834	4	112,772,753
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,230,215	7	939,195
	8	Inventories for sale or use		12,712,438	8	12,371,276
	9	Prepaid expenses and deferred charges		1,388,058	9	897,525
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,001,445,873			
	b	Less accumulated depreciation	10b 385,497,343	653,301,470	10c	615,948,530
	11	Investments—publicly traded securities		20,452,135	11	21,064,899
	12	Investments—other securities See Part IV, line 11		6,381,225	12	6,100,239
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,543,174	14	1,543,174
	15	Other assets See Part IV, line 11		1,507,713	15	4,639,049
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		810,112,826	16	776,291,134
Liabilities	17	Accounts payable and accrued expenses		28,109,947	17	32,589,953
	18	Grants payable			18	
	19	Deferred revenue		9,739,791	19	8,990,019
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,351,629	23	4,395,660
	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		455,866,309	25	422,641,679
	26	**Total liabilities.** Add lines 17 through 25		500,067,676	26	468,617,311
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		310,045,150	27	307,673,823
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		310,045,150	33	307,673,823
	34	Total liabilities and net assets/fund balances		810,112,826	34	776,291,134

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	891,690,502
2	Total expenses (must equal Part IX, column (A), line 25)	2	752,227,854
3	Revenue less expenses Subtract line 2 from line 1	3	139,462,648
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	310,045,150
5	Net unrealized gains (losses) on investments	5	-480,593
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	-141,353,382
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	307,673,823

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENJAMIN MILES DIRECTOR/PVHOS COO	40 00 1 00	X		X				354,462	0	55,189
(1) MICHAEL PACKNETT PH PRESIDENT & CEO	1 00 55 00	X		X				0	1,301,223	224,891
(2) MICHAEL YURKANIN DIRECTOR/PH PHYSICIAN	8 00 15 00	X						75,000	165,646	27,394
(3) JEFFREY NICKEL DIRECTOR	8 00 1 00	X						50,000	750	0
(4) STEVE CORONA DIRECTOR	1 00 0 00	X						4,350	0	0
(5) PALERMO GALINDO DIRECTOR	1 00 0 00	X						3,000	0	0
(6) THOMAS KIMBROUGH DIRECTOR/CHAIR	1 00 1 00	X						6,500	2,154	0
(7) DAVID KOHLI DIRECTOR	1 00 0 00	X						4,750	0	0
(8) DAVID MICHEL DIRECTOR	1 00 0 00	X						3,350	0	0
(9) SHERRI MILLER DIRECTOR/SECRETARY	1 00 0 00	X						4,750	0	0
(10) MARILYN MORAN-TOWNSEND DIRECTOR/VICE CHAIR	1 00 0 00	X						4,850	0	0
(11) GREGG POLLANDER DIRECTOR	8 00 0 00	X						50,000	0	0
(12) CHRISTINE RUPP DIRECTOR/TREASURER	1 00 1 00	X						4,600	0	0
(13) WIL SMITH DIRECTOR	1 00 1 00	X						3,350	3,000	0
(14) DAN STARR DIRECTOR	1 00 0 00	X						4,250	0	0
(15) WENDY STEIN DIRECTOR	1 00 0 00	X						3,250	0	0
(16) IRENE WALTERS DIRECTOR	1 00 0 00	X						4,500	0	0
(17) MICHAEL GERUE PVHOS PHI COO	40 00 0 00			X				218,992	0	62,873
(18) MICHAEL BROWNING PH SVP & CFO	1 00 55 00			X				0	736,633	99,949
(19) GREG JOHNSON PVHOS CMO	40 00 0 00				X			495,299	0	97,888
(20) JUDITH BOERGER PVHOS SVP	39 00 1 00				X			399,422	10,724	60,062
(21) DANIEL GARMAN PVHOS SVP	40 00 0 00				X			308,698	0	62,059
(22) CHARLES CLARK PVHOS SVP	40 00 0 00				X			256,003	0	61,621
(23) RAE GONTERMAN PVHOS SVP	40 00 0 00				X			218,315	0	42,552
(24) ERIN LACROSS PVHOS VP NURSING	40 00 0 00				X			173,332	0	50,702

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			
(26) JOHN STANFORD	22 00					X		180,886	235	3,632
PVHOS MEDICAL DIRECTOR CVS	1 00									
(1) KEITH JACKSON	40 00					X		178,622	268	35,398
PVHOS HHIP SPV	1 00									
(2) CHRISTOPHER JELLISON	40 00					X		177,318	0	32,383
PVHOS DIR PHARMACY	0 00									
(3) TARA JELLISON	40 00					X		169,164	0	22,296
PVHOS MGR PHARMACY	0 00									
(4) THOMAS GUTWEIN	24 00					X		164,900	2,525	0
PVHOS MEDICAL DIR ECC	1 00									
(5) STANTON RISSER	0 00						X	0	191,833	45,994
FORMER OFFICER/CURRENT PH EMPLOYEE	40 00									
(6) CHAD CARPENTER	0 00						X	150,964	108,121	0
FORMER OFFICER	0 00									
(7) SUZANNE EHINGER	3 00						X	32,958	584,441	106,039
FORMER OFFICER/CURRENT PH SVP	37 00									

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

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 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		42,286
j	Total Add lines 1c through 1i			42,286
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	REPRESENTS THE PORTION OF THE DUES PAID TO INDIANA HOSPITAL AND HEALTH ASSOCIATION, AMERICAN HOSPITAL ASSOCIATION, INDIANA ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC AND AMERICAN ASSOCIATION OF HOMES & SERVICES FOR THE AGING, INC USED FOR LOBBYING ACTIVITIES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

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" to 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" to 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,760,319		6,760,319
b Buildings		503,906,819	185,688,718	318,218,101
c Leasehold improvements		9,508,702	4,855,762	4,652,940
d Equipment		417,959,488	179,518,735	238,440,753
e Other		63,310,545	15,434,128	47,876,417
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				615,948,530

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
EST MEDICARE/MEDICAID SETTLEMENTS	17,497,079
RESTRICTED FUNDS	296,461
PROPERTY SECURITY DEPOSITS	2,050
DUE TO/FROM INTERUNIT	404,846,089
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	422,641,679

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' to 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' to 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
PART X, LINE 2	PARKVIEW HEALTH SYSTEM, INC AND SUBSIDIARIES - NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) PAGE 15 OF ATTACHED FINANCIAL STATEMENTS INCOME TAXES THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE CORPORATION AND CERTAIN AFFILIATED ENTITIES ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED IN SECTION 501(C)3 OF THE INTERNAL REVENUE CODE CERTAIN SUBSIDIARIES OF THE CORPORATION ARE TAXABLE ENTITIES, THE TAX EXPENSE AND LIABILITIES OF WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS THE CORPORATION AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH ENTITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2014 AND 2013, 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 2010 AND PRIOR

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	CANDACE SCHULER 4723 KENTLEY DRIVE FORT WAYNE, IN 46845	GRANT WRITING		No	0	26,325	-26,325
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						26,325	-26,325

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

IN

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

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

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,459,686		10,459,686	1 550 %
b Medicaid (from Worksheet 3, column a)			68,544,673	65,701,923	2,842,750	0 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,463,636	4,016,525	1,447,111	0 210 %
d **Total** Financial Assistance and Means-Tested Government Programs			84,467,995	69,718,448	14,749,547	2 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,625,740	163,449	3,462,291	0 510 %
f Health professions education (from Worksheet 5)			5,718,535	1,097,561	4,620,974	0 690 %
g Subsidized health services (from Worksheet 6)			34,961,962	101,697	34,860,265	5 180 %
h Research (from Worksheet 7)			935,813	204,011	731,802	0 110 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,358,109		1,358,109	0 200 %
j **Total.** Other Benefits			46,600,159	1,566,718	45,033,441	6 690 %
k **Total.** Add lines 7d and 7j			131,068,154	71,285,166	59,782,988	8 870 %

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						
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			117,953		117,953	0 020 %
9	Other						
10	**Total**			117,953		117,953	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	78,835,344		
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	4,313,003		
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	136,801,664
6	Enter Medicare allowable costs of care relating to payments on line 5	6	141,521,142
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,719,478
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
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)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group PARKVIEW HOSPITAL INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW PARKVIEW COM/LOCALHEALTHNEEDS			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW PARKVIEW COM/LOCALHEALTHNEEDS			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to 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)*

PARKVIEW HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of __%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14		No
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

PARKVIEW HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section 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? **29**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 7	PART I, LINE 7APARKVIEW HOSPITAL, INC IS COMMITTED TO PROVIDING CHARITY CARE TO PATIENTS UNABLE TO MEET THEIR FINANCIAL OBLIGATIONS IT IS FURTHERMORE THE POLICY OF PARKVIEW HOSPITAL, INC NOT TO WITHHOLD OR DENY ANY REQUIRED MEDICAL CARE AS A RESULT OF A PATIENT'S FINANCIAL INABILITY TO PAY HIS/HER MEDICAL EXPENSES THE CHARITY CARE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY UNDER THIS METHOD, THE CHARITY CARE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF SERVICES RENDERED PART I, LINE 7BPARKVIEW 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 7CPARKVIEW 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 7EAMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE PART I, LINE 7FAMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS PART I, LINE 7HAMOUNTS 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 7IIN 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

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES PARKVIEW HOSPITAL, INC INCLUDED $34,097,954 OF MEDICARE AND MEDICAID SHORTFALLS AND CHARITY CARE CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY ATTRIBUTABLE TO PARKVIEW HEALTH PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PERCENT OF TOTAL EXPENSEPARKVIEW HOSPITAL, INC EXCLUDED $78,835,344 OF BAD DEBT EXPENSE

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES 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 WELL-BEING OF THE COMMUNITY WORKFORCE DEVELOPMENT IN ADDITION, PARKVIEW HOSPITAL, INC PROMOTES CAREERS IN HEALTHCARE THROUGH STUDENT JOB SHADOWING OPPORTUNITIES AND INTERNSHIP PROGRAMS DESIGNED FOR HIGH SCHOOL STUDENTS THESE JOB SHADOWING AND INTERNSHIP PROGRAMS ARE COORDINATED BY EDUCATIONAL SERVICES AND TAKE PLACE THROUGHOUT THE ORGANIZATION, OFFERING STUDENTS A VARIETY OF LEARNING EXPERIENCE OPTIONS

Form and Line Reference	Explanation
PART III, LINE 2	THE AMOUNT REPORTED IS CONSISTENT WITH THE AMOUNT REPORTED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS UNDER THE GENERALLY ACCEPTED ACCOUNTING STANDARDS

Form and Line Reference	Explanation
PART III, LINE 3	COSTING METHODOLOGY USED UNCOLLECTIBLE PATIENT ACCOUNTS ARE CHARGED AGAINST THE PROVISION FOR BAD DEBT IN ACCORDANCE WITH THE POLICIES OF PARKVIEW 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

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

Form and Line Reference	Explanation
PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTSSUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS RELATING TO INEFFICIENT OR POOR MANAGEMENT PARKVIEW 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

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

Form and Line Reference	Explanation
PART VI, LINE 2	DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B PARKVIEW HEALTH SYSTEM, INC AND PARKVIEW HOSPITAL, INC IN CONJUNCTION WITH THE ALLEN COUNTY - FORT WAYNE HEALTH DEPARTMENT AND OTHERS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FIVE COUNTIES (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY) WHERE PARKVIEW HAS HOSPITALS ADDITIONALLY, PARKVIEW HEALTH SYSTEM, INC PARTNERED WITH THE INDIANA UNIVERSITY/PURDUE UNIVERSITY OF FORT WAYNE'S (IPFW) SOCIAL RESEARCH DEPARTMENT AND PURDUE UNIVERSITY HEALTHCARE ADVISORS TO COMPLETE MUCH OF THE FIELD WORK IPFW CONDUCTED THE RANDOMLY SELECTED COMMUNITY MEMBER SURVEY TO OBTAIN PRIMARY DATA THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS LARGELY BASED ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AS WELL AS OTHER PUBLIC HEALTH SURVEYS OUR SURVEY INCLUDED CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES PURDUE UNIVERSITY ASSISTED WITH SURVEYING PUBLIC HEALTH, OTHER HEALTHCARE PROFESSIONALS, SOCIAL SERVICE AGENCIES AND OTHER COMMUNITY GROUP REPRESENTATIVES PURDUE ALSO CONDUCTED SECONDARY DATA RESEARCH, DATA ANALYSIS AND FACILITATED PRIORITIZATION OF IDENTIFIED HEALTH ISSUES SEVERAL SECONDARY DATA SOURCES WERE USED TO DETERMINE HEALTH ISSUES FOR THE FIVE-COUNTY AREA THESE RESOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION WINNABLE BATTLES, THE INDIANA STATE HEALTH IMPROVEMENT PLAN AND THE INDIANA HEALTH DEPARTMENT DISTRICT 3 HEALTH ASSESSMENTS IN THE FOURTH QUARTER OF 2013, EACH OF THE FIVE HOSPITALS' BOARD OF DIRECTORS ADOPTED THEIR RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS PARKVIEW HOSPITAL, INC REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT OUR COMMUNITIES AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE OUR MISSION OF IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITIES HEALTH ISSUES IDENTIFIED IN THE SURVEY INCLUDED OBESITY, TOBACCO USE, CHLAMYDIA INFECTIONS, TEEN BIRTHS, INFANT MORTALITY, PRENATAL CARE, EXCESSIVE ALCOHOL USE, POOR MENTAL HEALTH AND PRIMARY CARE PHYSICIANS (HEALTHCARE ACCESS) THROUGH A PRIORITIZATION PROCESS USING SPECIFIC CRITERIA, THREE HEALTH PRIORITIES WERE SELECTED THESE PRIORITIES ARE 1) OBESITY - HEALTHY LIFESTYLE BEHAVIORS PROMOTION AND EDUCATION, 2) PRENATAL CARE - PROVIDING VARIOUS INTERVENTIONS TO ENSURE EARLY AND QUALITY PRENATAL CARE AND 3) MENTAL HEALTH - USING A MENTAL HEALTH SCREENING TOOL AND IMPROVING ACCESS TO MENTAL HEALTHCARE THROUGH CARE NAVIGATION SERVICES

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

Form and Line Reference	Explanation
PART VI, LINE 4	DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES THE FACILITIES OF PARKVIEW HOSPITAL, INC , CONSISTING OF THE PARKVIEW REGIONAL MEDICAL CENTER, PARKVIEW HOSPITAL RANDALLIA AND PARKVIEW BEHAVIORAL HEALTH ARE LOCATED IN FORT WAYNE, THE PRIMARY URBAN AREA THAT RESIDES IN THE HEALTH SYSTEM'S SERVICE AREA ACCORDING TO STATS INDIANA 2014, FORT WAYNE REPORTED A POPULATION OF 258,522 AND COMPRISES 70 7% OF THE TOTAL ALLEN COUNTY POPULATION NEW HAVEN, THE LARGEST TOWN IN THE COUNTY, ACCOUNTS FOR 4 3% OF THE COUNTY POPULATION PARKVIEW HOSPITAL, INC WAS THE REGION'S FIRST LEVEL II TRAUMA CENTER AND SERVES THE SURROUNDING COMMUNITIES THE TOTAL POPULATION IN ALLEN COUNTY IS 365,918, A 3 0% INCREASE SINCE THE 2010 CENSUS IN 2013, APPROXIMATELY 17 0% OF THE POPULATION IN ALLEN COUNTY WAS REPORTED TO BE BELOW THE FEDERAL POVERTY LEVEL THE PER CAPITA PERSONAL (ANNUAL) INCOME WAS $37,560 AND THE MEDIAN HOUSEHOLD INCOME WAS $45,587 AS OF FEBRUARY 2015, THE UNEMPLOYMENT RATE WAS 5 9% A PORTION OF SOUTHEAST FORT WAYNE IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) BY THE FEDERAL GOVERNMENT THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN ALLEN COUNTY, NEIGHBORHOOD HEALTH CLINIC IN 2014, PARKVIEW AND THE NEIGHBORHOOD HEALTH CLINIC OPENED A SATELLITE LOCATION IN SOUTHEAST FORT WAYNE THIS FACILITY IS NAMED THE PARKVIEW NEIGHBORHOOD HEALTH CLINIC IN ADDITION TO THE CLINIC, THE FACILITY HOUSES THE PARKVIEW CENTER FOR HEALTHY LIVING SOUTHEAST THAT PROVIDES HEALTH PREVENTION EDUCATION TO THE LOCAL UNDERSERVED POPULATION ACCORDING TO TRUVEN HEALTH ANALYTICS, IN 2014, 14 7% OF ALLEN COUNTY RESIDENTS WERE ENROLLED IN MEDICAID AND 13 9% WERE UNINSURED FOR PARKVIEW HOSPITAL, INC FACILITIES IN ALLEN COUNTY, 18 7% OF INPATIENT DISCHARGES WERE MEDICAID PATIENTS AND 8 3% WERE SELF-PAY FOR OUTPATIENT PROCEDURES, 14 8% WERE MEDICAID PATIENTS AND 8 1% WERE SELF-PAY

Form and Line Reference	Explanation
PART VI, LINE 5	PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACI LITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E G OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC) IN AN EFFORT TO BEST MEET PATIENT NEEDS, ALL AREA QUALIFIED PHYSICIANS MAY APPLY FOR PRIVILE GES AT PARKVIEW HOSPITAL, INC (PVHOS) ADDITIONALLY, THE MEDICAL CONTINUING EDUCATION DEP ARTMENT'S MEDICAL SYMPOSIUMS HELD THROUGHOUT THE YEAR ARE OPEN TO ALL AREA HEALTHCARE PROF ESSIONALS PVHOS'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RE SIDE IN PVHOS'S PRIMARY SERVICE AREA AS A TESTAMENT TO OUR COMMITMENT TO THE RESIDENTS OF OUR COMMUNITIES, PVHOS OPENED THE PARKVIEW REGIONAL MEDICAL CENTER ON OUR NORTH CAMPUS IN MARCH 2012 THE CENTER OFFERS THE LATEST IN CARE DESIGN AND STATE OF THE ART EQUIPMENT AN D CLINICAL CAPABILITIES IT BLENDS THE LATEST MEDICAL TECHNOLOGY WITH THE BEST POSSIBLE PA TIENT-CENTERED CARE WHILE PROVIDING INCREASED ACCESS TO HEALTHCARE FOR PATIENTS PVHOS HAS PROVIDED CLINICAL RESEARCH SERVICES TO PARKVIEW HEALTH SYSTEM, INC PHYSICIANS, AND HAS D EVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY M EDICINE AND CRITICAL CARE OVER THE PAST 25 YEARS FACILITY CONSTRUCTION ON THE MIRRO CENTE R FOR RESEARCH AND EDUCATION ON OUR NORTH CAMPUS CAME TO A CONCLUSION IN LATE 2014 THE CE NTER STUDIES DISEASE MANAGEMENT IN A MULTI-PROFESSIONAL SETTING BRINGING TOGETHER PHYSICIA NS, PHARMACISTS, NURSES AND OTHER HEALTHCARE STAFF THE NEW CENTER CREATES PROMISE OF SIGN IFICANT ADVANCEMENTS IN CLINICAL RESEARCH AND TRAINING THROUGH A PARTNERSHIP WITH REGIONA L ACADEMIC INSTITUTIONS, THE CENTER'S GOAL IS TO BECOME AN INNOVATOR IN HEALTHCARE SCIENCE S FOR THE REGION ALSO PART OF PVHOS, THE HOSPITAL FACILITY AND CAMPUS LOCATED IN NORTH CE NTRAL FORT WAYNE (PARKVIEW HOSPITAL RANDALLIA), IS IN THE PROCESS OF RECEIVING RENOVATIONS AND REMAINS A VITAL PART OF THE LOCAL NEIGHBORHOOD THROUGH 2014, RENOVATIONS TO THE HOSP ITAL ON THE RANDALLIA CAMPUS INCLUDED THE ADDITION OF THE CENTER FOR WOUND HEALING, THE OU TPATIENT INFUSION CENTER AND A NEW GIFT SHOP WHILE THIS FACILITY CONTINUES TO PROVIDE COM MUNITY-CENTRIC HEALTHCARE SERVICES, PVHOS IS REPOSITIONING THE RANDALLIA CAMPUS AS PART OF A FUTURE USES PLAN PROCESS AS A PART OF THESE EFFORTS, PVHOS IS PARTNERING WITH TRINE AN D HUNTINGTON UNIVERSITIES TO FORM THE LIFE SCIENCE AND RESEARCH CONSORTIUM THE CONSORTIUM WILL PROVIDE NEW ACADEMIC PROGRAMS AND RESEARCH TIED TO BEHAVIORAL HEALTH, REHABILITATION SERVICES AND SENIOR CARE PVHOS PROVIDES EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR BECAUSE THE FIRST HOUR AFTER AN EMERGENCY IS THE MOST CRITICAL, PVHOS ESTABLISHED THE SAMA RITAN FLIGHT PROGRAM FOR RAPID AIR TRANSPORT THE TWO SAMARITAN EMERGENCY RESPONSE HELICOP TERS ARE AVAILABLE FOR DISPATCH 24 HOURS A DAY, WITH A HIGHLY TRAINED CREW AND ADVANCED ON -BOARD TRAUMA TECHNOLOGY THE EMERGENCY DEPARTMENT IS STAFFED WITH BOARD-CERTIFIED EMERGEN CY CARE PHYSICIANS AND A NURSING STAFF THAT IS EXCEPTIONALLY TRAINED AND EXPERIENCED IN EM ERGENCY CARE FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILIT Y TO PAY PVHOS'S EMERGENCY DEPARTMENT ALSO CONNECTS CRITICALLY ILL OR INJURED PATIENTS WI TH THE SPECIALIZED CARE THEY NEED THROUGH ACCESS TO THE REGION'S FIRST VERIFIED LEVEL II A DULT AND PEDIATRIC TRAUMA CENTER, THE PARKVIEW HEART INSTITUTE AND HOSPITAL, AND THE CERTI FIED PARKVIEW STANLEY WISSMAN STROKE CENTER PATIENTS RECEIVING EMERGENCY CARE AT PVHOS MA Y ALSO SEE SPECIALISTS IN ORTHOPEDICS, NEUROSURGERY, PLASTIC SURGERY AND OTHER SPECIALTY A REAS DATA OBTAINED THROUGH PERIODIC COMMUNITY HEALTH ASSESSMENTS, PHYSICIAN SURVEYS, AND T REND AND TREATMENT ANALYSIS IS UTILIZED IN THE ORGANIZATION'S STRATEGIC PLANNING PROCESS B Y IDENTIFYING COMMUNITY HEALTH NEEDS AS A RESULT OF THIS STRATEGIC PLANNING PROCESS, PVHO S HAS ESTABLISHED SEVERAL PRIORITY AREAS THESE PRIORITY AREAS ARE ALIGNED WITH PVHOS'S MI SSION, VISION, AND GOALS AND HELP DIRECT THE TYPES OF HEALTH INITIATIVES THAT THE HOSPITAL UNDERTAKES PRIORITY AREAS INCLUDE THE FOLLOWING PRIMARY HEALTHCARE/ACCESS TO HEALTHCARE -ADDITIONAL RECRUITMENT AND TRAINING OF PRIMARY CARE PHYSICIANS FOR THE COMMUNITY INCLUDIN G THE ADDITION OF FAMILY PRACTICE PHYSICIANS AT OUR LIBERTY MILLS AND NEW VISION DRIVE LOC ATIONS ADDITIONAL RECRUITMENT EFFORTS FOR PRIMARY CARE PHYSICIANS TO SERVE THE RANDALLIA AREA -EXPANSION OF PRIMARY CARE ACCESS AND NON-TRADITIONAL HOURS OF PRACTICE INCLUDING THE EXPANSION OF WALK-IN CLINIC HOURS AT SEVERAL PARKVIEW PHYSICIAN GROUP OFFICES TO ACCOMMOD ATE SAME-DAY APPOINTMENTS -CONTINUED SUPPORT OF PROGRAMS PROVIDING PRIMARY CARE TO THE UN INSURED INCLUDING FINANCIAL SUPPORT TO MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD H EALTH AND DENTAL CLINICS AND COMMUNITY TRANSPORTATION NETWORK -PROGRAMS TO INCREASE DISTR IBUTION OF FREE MEDICATIONS TO THE POOR EACH HOSP

Form and Line Reference	Explanation
PART VI, LINE 5	ITAL PROVIDES A MEDICATION ASSISTANCE PROGRAM AND MAKES THESE SERVICES AVAILABLE TO THE CO MMUNITY -PROMOTION OF CAREERS IN HEALTHCARE, PARTICULARLY THOSE FUNCTIONS IN WHICH THE CO MMUNITY IS EXPERIENCING A CURRENT SHORTAGE OF HEALTHCARE PROFESSIONALS INCLUDING SCHOLARSH IP AND INTERNSHIP PROGRAMS FOR STUDENTS IN A MEDICAL FIELD OF STUDY -SUPPORT FOR ACTIVITIE S WHICH INCREASE THE AFFORDABILITY AND ACCESSIBILITY OF HEALTH INSURANCE TO THE UNINSURED INCLUDING PARTNERSHIP WITH CANI COVERING KIDS AND FAMILIES AND OTHER GROUPS THAT PROVIDE E NROLLMENT ELIGIBILITY SERVICES -INCREASE EFFORTS TO REDUCE INFANT MORTALITY THROUGH EARLY PRENATAL CARE INTERVENTION, IMPROVED PRENATAL CARE, CLINICAL PROTOCOLS AND INCREASED BREA STFEEDING HEALTH SCREENING AND PREVENTION -HEALTHY LIFESTYLE BEHAVIOR PROMOTION AND EDUCAT ION -CANCER SCREENING PROGRAMS, PARTICULARLY MAMMOGRAM AND PROSTATE SCREENING-TOBACCO CESS ATION PROGRAMS ESPECIALLY FOR WOMEN OF CHILDBEARING AGE-INJURY PREVENTION FOR CHILDREN, YO UTH AND SENIORS-DIABETES EDUCATION AND SCREENING-CARDIOVASCULAR DISEASE EDUCATION AND SCRE ENING-PROGRAMS TO REDUCE DANGEROUS DRIVING-MENTAL HEALTH SCREENINGDISEASE MANAGEMENT -CARD IOVASCULAR DISEASE -CANCER-MENTAL ILLNESS-TRAUMA AND ORTHOPAEDIC AILMENTS-WOMEN'S AND CHIL DREN'S MEDICINE WITH AN EMPHASIS ON PRENATAL CARE AND CHILDREN'S ASTHMA-DIABETES AND OBESI TY HEALTH INNOVATION, EDUCATION AND RESEARCH AND DEVELOPMENT -ENHANCING HEALTHCARE EDUCATI ON, MEDICAL RESEARCH, AND TECHNOLOGY THROUGH PARTNERSHIPS WITH LOCAL UNIVERSITIES, CONSTRU CTION OF THE MIRRO RESEARCH AND INNOVATION CENTER ON THE NORTH CAMPUS AND DEVELOPMENT OF T HE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS -PROMOTING ECONO MIC AND OTHER DEVELOPMENT OF THE COMMUNITY THROUGH PROVIDING HIGH-LEVEL LEADERSHIP TO DEVE LOP PARTNERSHIPS WITH REGIONAL PARTNER ORGANIZATIONS THAT SHARE COMMON GOALS -DEVELOPMENT OF A POPULATION HEALTH MANAGEMENT MODEL PVHOS ANNUALLY FUNDS COMMUNITY HEALTH IMPROVEMENT EFFORTS THROUGH A COMMITMENT OF UP TO 10% OF ITS OPERATING INCOME THESE FUNDS ARE USED T O SUPPORT HEALTH-RELATED, COMMUNITY-BASED PROGRAMS, PROJECTS AND ORGANIZATIONS THESE FUND S ARE ALSO USED TO SUPPORT A PORTION OF PVHOS'S COMMUNITY OUTREACH PROGRAMS AND HEALTH INI TIATIVES THE EMPHASIS WITH THESE PROJECTS CONTINUES TO BE ON IMPROVING THE HEALTH AND WEL L-BEING OF THE COMMUNITIES WE SERVE PVHOS PROVIDES A COMMUNITY-BASED NURSING PROGRAM THAT PROVIDES SUPPORT AND EDUCATION TO THOUSANDS OF CHILDREN AND THEIR FAMILIES EACH YEAR OTHE R PVHOS OUTREACH PROGRAMS INCLUDE MEDICATION ASSISTANCE, MOBILE MAMMOGRAPHY, NUTRITION EDU CATION AND TRAUMA INJURY PREVENTION SEVERAL LOCAL HEALTH PARTNERS ASSIST IN ADDRESSING AC CESS TO HEALTHCARE MATTHEW 25 HEALTH AND DENTAL CLINIC, NEIGHBORHOOD HEALTH CLINIC, SUPER SHOT IMMUNIZATION CLINIC AND CANI COVERING KIDS AND FAMILIES ARE JUST A FEW OF OUR PARTNE R ORGANIZATIONS IN ADDITION, PVHOS PROVIDES FUNDING TO COMMUNITY TRANSPORTATION NETWORK A S THEY MAY PROVIDE MEDICAL TRANSPORTATION THROUGHOUT THE COMMUNITY A COMMITTEE OF COMMUNI TY LEADERS, MEMBERS OF THE PVHOS BOARD OF DIRECTORS AND HOSPITAL STAFF REPRESENTATIVES MEE T REGULARLY TO ESTABLISH OR AFFIRM FUNDING PRIORITIES FOR PVHOS'S COMMUNITY HEALTH IMPROVE MENT PROGRAM PVHOS PROACTIVELY SEEKS TO BUILD COMMUNITY PARTNERSHIPS AND COLLABORATIONS I N DEVELOPING AND IMPLEMENTING HEALTH INITIATIVES TO MEET IDENTIFIED COMMUNITY HEALTH NEEDS PVHOS IS DEDICATED TO THE INVESTMENT OF TIME AND RESOURCES IN THE PROCESS AND CHALLENGES OF IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY OUR GOAL IS TO UTILIZE BEST PRAC TICES AND INNOVATIVE METHODS TO IMPROVE HEALTH STATUS, PARTICULARLY FOR THE UNDERSERVED

Form and Line Reference	Explanation
PART VI, LINE 6	IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED PARKVIEW HEALTH SYSTEM, INC (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC , COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC , COMMUNITY HOSPITAL OF NOBLE COUNTY, INC , WHITLEY MEMORIAL HOSPITAL, INC AND HUNTINGTON MEMORIAL HOSPITAL, INC , AS WELL AS 60% OWNERSHIP IN THE JOINT VENTURE OF ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC PARKVIEW CONTRIBUTES TO THE SUCCESS OF THE REGION BY EFFECTIVELY MANAGING ITS FACILITIES, EFFICIENTLY PROVIDING AND DELIVERING ITS SERVICES, AND SUPPORTING LOCAL BUSINESSES AND ACTIVITIES PARKVIEW SEEKS TO CREATE ALIGNMENT OPPORTUNITIES TO DELIVER COMPREHENSIVE HIGH-QUALITY CARE THAT BENEFIT PATIENTS, PHYSICIANS, CO-WORKERS AND COMMUNITIES EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH CUSTOMIZED TO MEET THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES AFFILIATE HOSPITALS WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED FROM THE LIST OF HEALTH ISSUES IN THE FIVE-COUNTY AREA, THE HEALTH PRIORITY OF OBESITY OR HEALTHY LIFESTYLE PROMOTION AND EDUCATION INCLUDING GOOD NUTRITION AND PHYSICAL ACTIVITY WAS SELECTED BY ALL AFFILIATE HOSPITALS PARKVIEW PRIDES ITSELF IN NOT ONLY OFFERING THE HIGHEST LEVEL OF CARE TO ITS PATIENTS, BUT ALSO IN PROVIDING AN EXCELLENT WORKPLACE FOR ITS PHYSICIANS, NURSES AND STAFF PARKVIEW'S MISSION IS TO PROVIDE QUALITY HEALTH SERVICES TO ALL WHO ENTRUST THEIR CARE TO US AND TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES PARKVIEW BELIEVES THAT THE COMMUNITIES IT SERVES SHOULD ALL HAVE THE PEACE OF MIND THAT COMES WITH ACCESS TO COMPASSIONATE, HIGH-QUALITY HEALTHCARE, REGARDLESS OF WHETHER THE CARE IS DELIVERED IN A RURAL OR URBAN SETTING

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

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

Additional Data

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
PARKVIEW REGIONAL CANCER CENTER 11141 PARKVIEW PLAZA DR FORT WAYNE,IN 46845	ONCOLOGY CENTER
OUPATIENT SERVICE CENTER OSC 11141 PARKVIEW PLAZA DR SUITE 100 FORT WAYNE,IN 46845	ONCOLOGY CENTER
PARKVIEW BEHAVIORAL HEALTH 1720 BEACON STREET FORT WAYNE,IN 46805	ONCOLOGY CENTER
NEW VISION LAB & AMBULATORY 3909 NEW VISION DRIVE FORT WAYNE,IN 46845	ONCOLOGY CENTER
PARKVIEW HOME HEALTHCARE 1900 CAREW STREET SUITE 6 FORT WAYNE,IN 46805	ONCOLOGY CENTER
PARKVIEW MED PARK 11 OP PHARMACY 11104 PARKVIEW CIRCLE DRIVE FORT WAYNE,IN 46845	ONCOLOGY CENTER
PARKVIEW HOME INFUSION SERVICES 1900 CAREW STREET SUITE 4 FORT WAYNE,IN 46805	ONCOLOGY CENTER
PARKVIEW OUTPATIENT CENTER AT INVERNESS 8028 CARNEGIE BLVD SUITE 160 FORT WAYNE,IN 46804	ONCOLOGY CENTER
PARKVIEW NEW HAVEN AMBULATORY SITE 1331 MINNICH RD NEW HAVEN,IN 46774	ONCOLOGY CENTER
LIBERTY MILLS LAB 8911 LIBERTY MILLS ROAD FORT WAYNE,IN 46804	ONCOLOGY CENTER
CAREW MEDICAL PARK LAB 1818 CAREW STREET FORT WAYNE,IN 46805	ONCOLOGY CENTER
PARKVIEW CHILDRENS REHAB CLINIC 3439 HOBSON ROAD FORT WAYNE,IN 46805	ONCOLOGY CENTER
OP THERAPY PRMC MOB11 11104 PARKVIEW CIRCLE DRIVE SUITE 050 FORT WAYNE,IN 46845	ONCOLOGY CENTER
LAKE AVE 1 LAB 2710 LAKE AVE FORT WAYNE,IN 46805	ONCOLOGY CENTER
PARKVIEW WOODLAND PLAZA AMBULATORY SITE 1234 DUPONT RD FORT WAYNE,IN 46845	ONCOLOGY CENTER

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
PRMC MOB2 OB-GYN LAB 111123 PARKVIEW PLAZA SUITE 101 FORT WAYNE,IN 46845	ONCOLOGY CENTER
HOBSON LAB 1515 HOBSON ROAD FORT WAYNE,IN 46805	ONCOLOGY CENTER
WARSAW DUBOIS LAB 2300 DUBOIS AVE WARSAW,IN 46580	ONCOLOGY CENTER
PARKVIEW RESEARCH CENTER 10622 PARKVIEW PLAZA DRIVE FORT WAYNE,IN 46845	ONCOLOGY CENTER
WAYNEDALE TEMPLE LAB 8607 TEMPLE DRIVE FORT WAYNE,IN 46809	ONCOLOGY CENTER
GRABILL MAIN LAB 13430 MAIN ST GRABILL,IN 46741	ONCOLOGY CENTER
NORTH CLINTON LAB 5104 NORTH CLINTON FORT WAYNE,IN 46825	ONCOLOGY CENTER
TRIER 2 LAB 6130 TRIER RD FORT WAYNE,IN 46815	ONCOLOGY CENTER
CAREW CENTER OB-GYN LAB 2414 EAST STATE FORT WAYNE,IN 46805	ONCOLOGY CENTER
PRMC MOB11 LAB 11104 PARKVIEW CIRCLE FORT WAYNE,IN 46845	ONCOLOGY CENTER
PARKVIEW HEALTH & FITNESS 3000 E STATE BLVD FORT WAYNE,IN 46805	ONCOLOGY CENTER
PARKVIEW CENTER FOR HEALTHY LIVING 11123 PARKVIEW PLAZA DR FORT WAYNE,IN 46845	ONCOLOGY CENTER
PRMC LAB AT AVILLA 104 NICHOLAS PLACE AVILLA,IN 46710	ONCOLOGY CENTER
SOUTHEAST CLINIC 3350 EAST PAULDING ROAD FORT WAYNE,IN 46816	ONCOLOGY CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 18

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" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FAMILY & CHILDREN ASSISTANCE	1541		12,475	FMV	TOYS, BABY ITEMS, ETC
(2) CAR SEAT DISTRIBUTION PROGRAM	257		12,976	FMV	CAR SEATS

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 Code 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 HEALTH CLINIC413 E JEFFERSON BLVD FORT WAYNE,IN 46802	35-1484951	501 (C) 3	283,746				HEALTHCARE AND DENTAL SERVICES PROVIDED TO THE INDIGENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 INC3320 FAIRFIELD FORT WAYNE,IN 46807	35-0953465	501 (C) 3	176,201				PROGRAMS TO IMPROVE THE EDUCATIONAL, HEALTH & EMOTIONAL WELL-BEING OF YOUNG CHILDREN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
EAST ALLEN COUNTY SCHOOLS1240 INDIANA 930 EAST NEW HAVEN,IN 46774		GOVT ORG	169,709				SCHOOL NURSE SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINICS INC1717 SOUTH CALHOUN STREET FORT WAYNE,IN 46802	35-1922483	501 (C) 3	100,000	271,551	BOOK	DENTAL EQUIPMENT AND CLINIC RENOVATIONS	HEALTHCARE AND DENTAL SERVICES FOR UNINSURED 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 Code 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
IHA HOSPITAL ASSISTANCE FOUNDATION INC1 AMERICAN SQUARE SUITE 1900 INDIANAPOLIS,IN 46282	45-5573749	501 (C) 3	59,008				PROMOTE A STABLE AND DIVERSE HOSPITAL INFRASTRUCTURE THROUGHOUT INDIANA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 INC5601 INDUSTRIAL ROAD FORT WAYNE,IN 46825	35-2109955	501 (C) 3	30,000				MEDICAL TRANSPORTATION PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TURNSTONE CENTER FOR DISABLED CHILDREN AND ADULTS3320 N CLINTON 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 Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDWEST ALLIANCE FOR HEALTH EDUCATION1819 CAREW FORT WAYNE,IN 46805	35-1637515	501 (C) 3	27,500				STUDENT MEDICAL RESEARCH PROGRAM, HEALTH PREVENTION EDUCATION & SCREENING PROGRAMS FOR THE COMMUNITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNITED WAY OF ALLEN COUNTY334 EAST BERRY STREET FORT WAYNE,IN 46802	35-0867932	501 (C) 3	25,000				LET'S TALK LANGUAGE DEVELOPMENT PROGRAM FOR INFANTS & TODDLERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 INC2270 LAKE AVENUE STE 201 FORT WAYNE,IN 46805	35-1943648	501 (C) 3	25,000				MEDICAL FORENSIC CARE PROGRAM FOR THOSE VICTIMIZED BY SEXUAL ASSAULT AND ABUSE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 HOSP CORP OF MARION COUNTY3835 NORTH RURAL ST INDIANAPOLIS,IN 46205	35-6005697	501 (C) 3	20,000				OPERATIONS & ADVOCATE PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GROWTH IN AGRICULTURE THROUGH EDUCATION INC 6339 OLD BROOK DR FORT WAYNE,IN 46835	35-1871116	501 (C) 3	16,790				HEALTHY EATING ACTIVE LIVING (HEAL) INITIATIVE TO INCREASE ACCESS AND CONSUMPTION OF FRESH HEALTHY FOODS FOR LOW-INCOME FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER SERVICES OF NORTHEAST INDIANA6316 MUTUAL DRIVE FORT WAYNE,IN 46825	35-0965609	501 (C) 3	15,000				CANCER PATIENT ADVOCATE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BRAIN INJURY ASSOCIATION OF AMERICA INC9020 CRAWFORDSVILLE RD INDIANAPOLIS,IN 46234	04-2716222	501 (C) 3	10,000				BRAIN INJURY ADVOCACY 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 Code 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
EASTER SEALS OF NORTHEAST INDIANA INC 4919 COLDWATER ROAD FORT WAYNE,IN 46825	35-0998711	501 (C) 3	7,500				PROGRAMS TO ASSIST CHILDREN & ADULTS WITH DISABILITIES & SPECIAL NEEDS

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 Code 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
TRUSTEES OF PURDUE UNIVERSITY4001 CRESCENT AVE FORT WAYNE,IN 46815	35-6002041	501 (C) 3	7,250				HEALTHY COOKING CLASSES FOR LOW-INCOME RESIDENTS

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 Code 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 FOUNDATION303 STABLE DRIVE FORT WAYNE,IN 46825	13-1846366	501 (C) 3	6,380				EVENT SPONSORSHIP TO EXPAND RESEARCH & PROGRAMS TO DECREASE BIRTH DEFECTS AND INFANT MORTALITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 RESCUE MISSION MINISTRIES FOUNDATION INC301 WEST SUPERIOUR STREET FORT WAYNE,IN 46802	35-2086417	501 (C) 3		5,200	BOOK	GIFTABLES	ASSIST WOMEN AND CHILDREN EXPERIENCING A HOMELESS CRISIS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS BOARD RETREAT MEAL EXPENSE FOR FAMILY MEMBER PAID TO BEN MILES $154 TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - MEALS PAID TO BEN MILES $4
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 (BOARD OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC) INDEPENDENT COMPENSATION CONSULTANT FORM 990 OF OTHER ORGANIZATIONS COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE (BOARD OF RELATED ORGANIZATION PARKVIEW HEALTH SYSTEM, INC)
PART I, LINES 4A-B	SEVERANCE PAYMENT CHAD CARPENTER $158,446 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS TAXABLE - JUDITH BOERGER $30,171, CHAD CARPENTER $77,511, CHARLES CLARK $19,783, SUZANNE EHINGER $13,160, DANIEL GARMAN $10,841, MICHAEL GERUE $8,633 PARTICIPANTS DEFERRED - JUDITH BOERGER $32,208, MICHAEL BROWNING $59,000, CHARLES CLARK $20,389, SUZANNE EHINGER $53,100, DANIEL GARMAN $24,329, MICHAEL GERUE $18,068, RAE GONTERMAN $18,701, GREG JOHNSON $43,070, ERIN LACROSS $17,114, BENJAMIN MILES $23,600, MICHAEL PACKNETT $180,202, STANTON RISSER $11,702
PART I, LINE 7	MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) IS AN ANNUAL INCENTIVE PROGRAM SYSTEM GOALS ARE APPROVED BY THE BOARD IN ADVANCE OF THE PLAN YEAR AT CONCLUSION OF THE PLAN YEAR, RESULTS ARE SHARED WITH THE BOARD AND THE BOARD APPROVES FINAL PAYMENT

Additional Data

Software ID:
Software Version:
EIN: 35-0868085
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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 BENJAMIN MILES, DIRECTOR/PVHOS COO	(I)	304,269	49,375	818	28,800	26,389	409,651	0
	(II)	0	0	0	0	0	0	0
1 MICHAEL PACKNETT, PH PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	917,476	361,729	22,018	198,402	26,489	1,526,114	0
2 MICHAEL YURKANIN, DIRECTOR/PH PHYSICIAN	(I)	75,000	0	0	0	0	75,000	0
	(II)	158,914	5,000	1,732	18,304	9,090	193,040	0
3 MICHAEL GERUE, PVHOS PHI COO	(I)	163,132	46,653	9,207	39,966	22,907	281,865	8,633
	(II)	0	0	0	0	0	0	0
4 MICHAEL BROWNING, PH SVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	515,063	202,344	19,226	72,000	27,949	836,582	0
5 GREG JOHNSON, PVHOS CMO	(I)	381,094	112,637	1,568	71,670	26,218	593,187	0
	(II)	0	0	0	0	0	0	0
6 JUDITH BOERGER, PVHOS SVP	(I)	276,641	84,228	38,553	41,494	16,998	457,914	30,171
	(II)	10,724	0	0	1,114	456	12,294	0
7 DANIEL GARMAN, PVHOS SVP	(I)	226,553	66,848	15,297	39,929	22,130	370,757	10,841
	(II)	0	0	0	0	0	0	0
8 CHARLES CLARK, PVHOS SVP	(I)	181,046	52,646	22,311	45,625	15,996	317,624	19,783
	(II)	0	0	0	0	0	0	0
9 RAE GONTERMAN, PVHOS SVP	(I)	165,854	48,904	3,557	26,798	15,754	260,867	0
	(II)	0	0	0	0	0	0	0
10 ERIN LACROSS, PVHOS VP NURSING	(I)	150,565	20,258	2,509	29,715	20,987	224,034	0
	(II)	0	0	0	0	0	0	0
11 JOHN STANFORD, PVHOS MEDICAL DIRECTOR CVS	(I)	180,886	0	0	3,617	10	184,513	0
	(II)	235	0	0	5	0	240	0
12 KEITH JACKSON, PVHOS HHIP SPV	(I)	165,000	1,400	12,222	16,365	18,980	213,967	0
	(II)	268	0	0	25	28	321	0
13 CHRISTOPHER JELLISON, PVHOS DIR PHARMACY	(I)	157,031	19,823	464	11,172	21,211	209,701	0
	(II)	0	0	0	0	0	0	0
14 TARA JELLISON, PVHOS MGR PHARMACY	(I)	151,507	17,477	180	15,278	7,018	191,460	0
	(II)	0	0	0	0	0	0	0
15 THOMAS GUTWEIN, PVHOS MEDICAL DIR ECC	(I)	164,900	0	0	0	0	164,900	0
	(II)	2,525	0	0	0	0	2,525	0
16 STANTON RISSER, FORMER OFFICER/CURRENT PH EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	165,187	25,633	1,013	24,847	21,147	237,827	0
17 CHAD CARPENTER, FORMER OFFICER	(I)	0	0	150,964	0	0	150,964	77,511
	(II)	6,122	0	101,999	0	0	108,121	0
18 SUZANNE EHINGER, FORMER OFFICER/CURRENT PH SVP	(I)	32,958	0	0	4,500	1,160	38,618	0
	(II)	411,976	138,867	33,598	79,800	20,579	684,820	13,160

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) 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) TRAVIS CARPENTER	FAMILY MEMBER OF FORMER OFFICER CHAD CARPENTER	32,183	TRAVIS CARPENTER RECEIVED COMPENSATION FROM PARKVIEW HOSPITAL, INC		No
(2) HEATHER HURSEY	FAMILY MEMBER OF KEY EMPLOYEE ERIN LACROSS	85,997	HEATHER HURSEY RECEIVED COMPENSATION FROM PARKVIEW HOSPITAL, INC		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIP, TOYS, BABY ITEMS, ETC)	X	1	64,200	ESTIMATED VALUE
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	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 non-standard contributions?	31	No
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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	CONTINUED FROM PAGE 2 PARKVIEW HOSPITAL, INC GIVES BACK TO THE COMMUNITY IN THE FORM OF IMPROVED FACILITIES, RESEARCH, EDUCATION AND OUTREACH PROGRAMS, FREE AND DISCOUNTED HEALTH CARE, VOLUNTEERISM AND SO MUCH MORE. SINCE THE 2012 OPENING OF THE PARKVIEW REGIONAL MEDIC AL CENTER, PARKVIEW HAS INVESTED $20 MILLION AT PARKVIEW HOSPITAL RANDALLIA IN NEW SERVICE S AND CAPITAL INVESTMENTS LOCATED IN NORTH CENTRAL FORT WAYNE SINCE 1953, MANY RESIDENTS CONTINUE TO CHOOSE THIS LOCATION AS THEIR PREFERRED SOURCE OF HEALTHCARE. WHEN THE CURRENT RENOVATION PROJECT OF PARKVIEW HOSPITAL RANDALLIA IS COMPLETED IN FOUR TO FIVE YEARS, A P ROJECTED TOTAL OF $55 MILLION WILL HAVE BEEN INVESTED IN STRUCTURAL IMPROVEMENTS AND RENOV ATIONS ALLOWING FOR NEW AND EXPANDED INPATIENT AND OUTPATIENT SERVICES THROUGH THE PARKVI EW HOSPITAL, INC COMMUNITY HEALTH IMPROVEMENT FUND, THE HOSPITAL WORKS WITH COMMUNITY PAR TNERS IN TAKING A PROACTIVE APPROACH TO IMPROVING SPECIFIC HEALTH-RELATED OUTCOMES AREAS OF FOCUS INCLUDE PROVIDING INCREASED ACCESS TO HEALTHCARE, HEALTH SCREENINGS AND PREVENTIO N PROGRAMS, DISEASE MANAGEMENT, AND HEALTH AND HEALTHCARE INNOVATION THROUGH RESEARCH AND DEVELOPMENT PARKVIEW HOSPITAL, INC , IN CONJUNCTION WITH PARKVIEW HEALTH SYSTEM, INC , CO MPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN THE FIVE-COUNTY (ALLEN, HUNTINGTON, LAGRANGE, NOBLE AND WHITLEY COUNTIES) AREA DURING 2013 PARKVIEW PARTNERED WITH THE FORT W AYNE/ALLEN COUNTY HEALTH DEPARTMENT AND OTHER AREA NOT-FOR-PROFIT ORGANIZATIONS THAT HAVE A VESTED INTEREST IN COMMUNITY HEALTH TO ENSURE THAT THE NEEDS OF THE MEDICALLY UNDERSERV ED, LOW-INCOME AND MINORITY POPULATIONS WERE TAKEN INTO ACCOUNT WHEN COLLECTING PRIMARY DA TA, STEPS WERE TAKEN TO STRATIFY THE SAMPLE SO THAT POPULATION SUBSETS WERE ACCURATELY REP RESENTED PARKVIEW ALSO OBTAINED INPUT FROM LOCAL ADVOCACY ORGANIZATIONS THAT SPECIALIZE I N AIDING OUR AREA'S MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS SEVERAL SE CONDARY DATA SOURCES WERE ALSO USED TO ASSIST IN IDENTIFY ING HEALTH CONCERNS HEALTH CONCE RNS WERE PRIORITIZED USING EIGHT CRITERIA THE TOP THREE HEALTH PRIORITIES FOR PARKVIEW HO SPITAL, INC IDENTIFIED INCLUDE THE FOLLOWING 1) OBESITY, 2) PRENATAL CARE AND 3) MENTAL HEALTH ALL FIVE HOSPITALS WILL FOCUS ON OBESITY THROUGH COMMUNITY COLLABORATIONS PROMOTIN G HEALTHY LIFESTYLE CHOICES THE FOLLOWING ARE SOME OF THE WAYS PARKVIEW HOSPITAL, INC IS REACHING OUT TO MAKE OUR NEIGHBORHOODS AND COMMUNITIES HEALTHIER FINANCIAL ASSISTANCE P ARKVIEW HOSPITAL, INC 'S MISSION INCLUDES CARING FOR PATIENTS WHO DO NOT HAVE THE MEANS TO MEET THEIR FINANCIAL OBLIGATIONS THE HOSPITAL PLACES ITS PRIORITY ON PROVIDING THE NECES SARY CARE, NOT ON THE PATIENT'S FINANCIAL ABILITY TO PAY FOR THEIR MEDICAL EXPENSES COMMU NITY HEALTH IMPROVEMENT PROGRAM THE PURPOSE OF PARKVIEW HOSPITAL, INC 'S COMMUNITY HEALTH IMPROVEMENT PROGRAM IS TO FUND COMMUNITY HEALTH IMPROVEMENT EFFORTS WITHIN ALLEN COUNTY W HERE PARKVIEW HOSPITAL, INC RESIDES THE HOSPITAL PROVIDES FUNDING UP TO 10% OF ITS NET I NCOME FOR COMMUNITY HEALTH INITIATIVES AND COMMUNITY PARTNER ORGANIZATIONS TO ADDRESS IDEN TIFIED HEALTH NEEDS AND TO ENCOURAGE HEALTHIER LIFESTYLES AMONG THE CITIZENS OF ALLEN COUN TY SEVERAL INITIATIVES AND PROGRAMS ARE HIGHLIGHTED BELOW COMMUNITY NURSING INITIATIVE. BELIEVING THAT THE KNOWLEDGE AND SKILL OF DEDICATED NURSES HAS GREAT BENEFIT OUTSIDE THE H OSPITAL WALLS, PARKVIEW HOSPITAL, INC HAS, SINCE 1998, FUNDED A PROGRAM THAT PLACES PARKV IEW NURSES IN STRATEGIC POSITIONS THROUGHOUT THE COMMUNITY FUNDING SUPPORTS NURSES IN PUB LIC SCHOOLS DEMONSTRATING THE GREATEST HEALTH NEEDS PARKVIEW NURSES ALSO PROVIDE HEALTHCA RE MANAGEMENT EXPERTISE AT COMMUNITY ACTION OF NORTHEAST INDIANA (CANI), STOP CHILD ABUSE AND NEGLECT, INC (SCAN) AND THE COURTYARD, A PROGRAM FOR ADOLESCENTS WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM IN ADDITION, PARKVIEW HOSPITAL, INC PROVIDES A DIABETES SPECIALT Y NURSE, AN ASTHMA SPECIALTY NURSE AND A RESPIRATORY THERAPIST TO IMPROVE THE HEALTH OF CH ILDREN IN FORT WAYNE COMMUNITY SCHOOLS, EAST ALLEN COUNTY SCHOOLS AND NORTHWEST ALLEN COUN TY SCHOOLS, AS WELL AS, THE AFOREMENTIONED COMMUNITY PARTNER ORGANIZATIONS PARKVIEW HOSPI TAL, INC FUNDED SPECIALIZED TRAINING TO EQUIP A COMMUNITY NURSE TO TEACH TOBACCO CESSATIO N CLASSES AND A CERTIFIED LACTATION SPECIALIST NURSE TO PROVIDE BREASTFEEDING SUPPORT THRO UGHOUT THE COMMUNITY THIS YEAR PARKVIEW HOSPITAL, INC PROVIDES A REGISTERED NURSE IN THE HEART OF OUR LOCAL HOMELESS POPULATION, I E., AT THE RESCUE MISSION, VINCENT VILLAGE AND CHARIS HOUSE THROUGH STRONG COMMUNITY PARTNERSHIPS, OUR REACH INTO THE COMMUNITY IS EXTEN DED TO ASSIST MORE OF THOSE THAT ARE IN NEED OF HEALTH-RELATED INTERVENTIONS THE MOST THE HEALTH AND WELL-BEING OF FAMILIES PARKVIEW LIVE IS A WELL-BEING INITIATIVE THAT SUPPORTS HEALTHIER LIFESTYLES FOR INDIVIDUALS AND FAMILIES THROUGHOUT THE REGION THE INITIATIVE O FFERS WELL-BEING RESOURCES, EDUCATIONAL PROGRAMMIN

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	G AND PREVENTIVE CARE RESOURCES AND TOOLS FOR THE COMMUNITY TO PRACTICE IMPORTANT HEALTHY BEHAVIORS AT EACH STAGE OF LIFE MUCH OF THE EDUCATION REVOLVES AROUND EIGHT TOP EVIDENCED - BASED HEALTH HABITS TO ENGAGE IN TO PROMOTE WELL-BEING THE INITIATIVE CARRIES OUT ITS WO RK WITH OUR COMMUNITY IN A VARIETY OF AVENUES, FROM THE CENTERS FOR HEALTHY LIVING TO OUR PHYSICIAN PRACTICES, TO SCHOOLS AND EARLY CHILDHOOD EDUCATION AND TO THE YMCA'S AND THE LO CAL PARKS AND RECREATION DEPARTMENT AS WELL AS OTHER PARTNERS FRANCINE'S FRIENDS MOBILE M AMMOGRAPHY PROGRAM IN PARTNERSHIP WITH FRANCINE'S FRIENDS AND THE BREAST DIAGNOSTIC CENTE R, PARKVIEW'S COMPREHENSIVE CANCER CENTER ADMINISTERS A MOBILE MAMMOGRAPHY PROGRAM IN ALLE N COUNTY AND THE SURROUNDING AREA THIS INITIATIVE BEGAN IN DECEMBER OF 2005 AND IS TARGET ED TO INCREASE THE NUMBER OF MAMMOGRAMS GIVEN TO WOMEN AGE 40 AND OVER IN ADDITION, THE P ROGRAM PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO DO NOT HAVE THE MEANS TO PAY FOR A MAMMO GRAM AS WELL AS ANY DIAGNOSTICS THESE WOMEN MAY NEED COMMUNITY HEALTH ASSESSMENTS SUBSEQU ENT TO THE CREATION OF THIS PROGRAM REVEALED A SIGNIFICANT INCREASE IN SCREENINGS FOR ALLE N COUNTY MEDICATION ASSISTANCE PROGRAM PARKVIEW HOSPITAL, INC 'S MEDICATION ASSISTANCE P ROGRAM HELPS LOW-INCOME PATIENTS OBTAIN PRESCRIPTION MEDICATIONS UPON DISCHARGE AT REDUCED RATES, AND COMPLIMENTS OTHER LONG-TERM PHARMACEUTICAL ASSISTANCE PROGRAMS TO MEET PATIENT S' HEALTH MAINTENANCE NEEDS THE PROGRAM ALSO SERVES PATIENTS REFERRED BY PHYSICIAN OFFICE S BY PROVIDING ASSISTANCE WITH ENROLLING IN PHARMACEUTICAL ASSISTANCE PROGRAMS PRIMARY HE ALTHCARE ACCESS IN ADDITION TO PROVIDING A FINANCIAL ASSISTANCE PROGRAM TO THOSE THAT QUA LIFY, PARKVIEW HOSPITAL, INC REACHES OUT TO THE UNDERINSURED, UNINSURED, AND SPECIAL AT-R ISK POPULATIONS BY PROVIDING FUNDING FOR LOCAL CLINICS AND SUPPORTING MEDICAL TRANSPORTATI ON PROGRAMS AS FOLLOWS MATTHEW 25 HEALTH & DENTAL CLINIC AND NEIGHBORHOOD HEALTH CLINICS PARKVIEW HOSPITAL, INC PROVIDES OPERATIONAL SUPPORT FOR MATTHEW 25 HEALTH AND DENTAL CLI NIC AND PROVIDES FUNDING FOR LABORATORY SERVICES FOR THEIR PATIENTS THE HOSPITAL ALSO PRO VIDES SUPPORT FOR SERVICES TO THE UNINSURED AND UNDERINSURED AT NEIGHBORHOOD HEALTH CLINIC S, INCLUDING THE CLINIC'S DIABETES MANAGEMENT PROGRAM AND IN-KIND STAFF FOR RADIOGRAPHIC I MAGING SERVICES IN ADDITION, THE HOSPITAL PROVIDES FUNDING FOR MEDICATION ASSISTANCE PROG RAMS AT EACH OF THE AFOREMENTIONED CLINICS IN MARCH OF 2014, THE PARKVIEW NEIGHBORHOOD HE ALTH CENTER OPENED ON THE SOUTHEAST SIDE OF FORT WAYNE THIS CLINIC SERVES AS A SATELLITE CLINIC FOR NEIGHBORHOOD HEALTH CLINICS, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) THE AR EA SURROUNDING THE NEW CLINIC SATELLITE SITE IS DESIGNATED AS A MEDICALLY UNDERSERVED POPU LATION AREA (MUP) THE PARKVIEW CENTER FOR HEALTHY LIVING WILL OCCUPY A PORTION OF THE FAC ILITY AND OFFERS SAFE SLEEP, DIABETES, ASTHMA, NUTRITION AND CPR EDUCATION PARKVIEW SUPER SHOT CLINIC IN ADDITION TO CASH DONATIONS FOR OPERATIONAL SUPPORT, PARKVIEW HOSPITAL, IN C PROVIDES SPACE, UTILITIES, AND BUILDING MAINTENANCE FOR THE PARKVIEW SUPER SHOT CLINIC (CHILDREN'S IMMUNIZATION CLINIC) LOCATED AT PARKVIEW CHILDREN'S SPECIALTY CLINICS IN THE R EGIONAL MEDICAL CENTER COMMUNITY TRANSPORTATION NETWORK THE HOSPITAL HAS A WORKING RELAT IONSHIP WITH, AND PROVIDES FINANCIAL SUPPORT TO, THE COMMUNITY TRANSPORTATION NETWORK (CTN), A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES AND COORDINATES MEDICAL TRANSPORTATION FOR SENIORS, PERSONS WITH DISABILITIES, LOW-INCOME FAMILIES, YOUTH, AND CHILDREN PASSENGER AS SISTANCE IS PROVIDED IN A "DOOR-THROUGH-DOOR, ARM-IN-ARM, AND HAND-TO-HAND" FASHION CTN A DDRESSES TRANSPORTATION ISSUES AS THEY RELATE TO ACCESSING HEALTHCARE FOR OBTAINING AND MA INTAINING GOOD COMMUNITY HEALTH

Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTH SCREENING AND PREVENTION PARKVIEW HOSPITAL, INC HAS A LONG-TERM COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH DISEASE PREVENTION PROGRAMS AND HEALTH EDUCATION PARKVIEW HOSPITAL, INC OFFERS 24-HOUR TELEPHONE LEVEL OF CARE TRIAGE AND REFERRAL SERVICE THROUGH PARKVIEW BEHAVIORAL HEALTH FOR PEOPLE WITH ALCOHOL AND DRUG PROBLEMS, DEPRESSION OR OTHER MENTAL HEALTH CRISES IN ADDITION, THE HOSPITAL PARTICIPATES IN NUMEROUS HEALTH FAIRS THROUGHOUT THE YEAR TO PROVIDE HEALTH EDUCATION, HEALTH SCREENINGS FOR DISEASE PREVENTION, AND TO PROMOTE HEALTHY LIFESTYLES FOR THE UNDERSERVED POPULATION AND THE COMMUNITY AT LARGE TRAUMA PREVENTION EDUCATION PARKVIEW HOSPITAL, INC IS A LEVEL II TRAUMA CENTER AS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS IT IS NOT ONLY PARKVIEW HOSPITAL, INC 'S RESPONSIBILITY TO PROVIDE EMERGENCY CARE, BUT TO ALSO CONDUCT PUBLIC EDUCATION WITH THE GOAL OF REDUCING THE NUMBER OF PREVENTABLE INJURIES IN THE COMMUNITY TO HELP ACCOMPLISH THIS, THE HOSPITAL SPONSORS A TRAUMA PREVENTION TASK FORCE THAT CONSISTS OF PARKVIEW EMERGENCY AND TRAUMA STAFF, OTHER EMPLOYEES, COMMUNITY-BASED EMERGENCY RESPONSE PROFESSIONALS, AND REPRESENTATIVES FROM THE COMMUNITY SOME OF THE PROGRAMS INCLUDE "SHARE THE ROAD", "DON'T DRIVE AND DRIVE", "DON'T TEXT AND DRIVE", FALL PREVENTION PROGRAMS AND A SAFETY STORE "SHARE THE ROAD" IS A COMMUNITY AWARENESS CAMPAIGN AND EDUCATIONAL PROGRAM TO PROMOTE SAFE PRACTICES FOR MOTORISTS, CYCLISTS, MOTORCYCLISTS, PEDESTRIANS AND HORSE-DRAWN BUGGIES WHILE TRAVELING ON AREA ROADWAYS PARKVIEW PARTNERS WITH THE CITY OF FORT WAYNE AND VARIOUS COMMUNITY GROUPS TO PROMOTE SAFETY PRACTICES ON THE ROAD IN AN EFFORT TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY "DON'T DRINK & DRIVE" IS AN EDUCATIONAL PROGRAM GEARED TOWARD TEENS TO WARN THEM ABOUT THE DANGERS OF DRINKING AND DRIVING, MUCH AS "DON'T TEXT & DRIVE" INFORMS TEENS AND ADULTS ABOUT THE DANGERS OF TEXTING AND DRIVING PARKVIEW HOSPITAL, INC PARTNERS WITH THE INDIANA STATE POLICE AND A WIDE VARIETY OF AREA BUSINESSES AND COMMUNITY GROUPS TO PROVIDE EDUCATION THROUGH COMMUNITY SPEAKING EVENTS, CLASSROOM PRESENTATIONS, AND BILLBOARD AND MEDIA COVERAGE VIEWED AS A LEADING DISTRACTED DRIVING PREVENTION PROGRAM, THE SOCIAL MEDIA PROGRAM HAS OVER 150,000 FOLLOWERS HEALTH INNOVATION AND RESEARCH IN AN EFFORT TO PROVIDE THE NEWEST TECHNOLOGIES, PROCEDURES AND MEDICINES TO PATIENTS IN A SHORTER TIME SPAN, PARKVIEW RESEARCH CENTER, IN COOPERATION WITH PHYSICIANS AND HOSPITAL STAFF, OFFERS PATIENTS NEW THERAPIES NOT AVAILABLE OUTSIDE THE INVESTIGATIONAL SETTING AS THE COMMUNITY LEADER IN MEDICAL RESEARCH FOR THE PAST DECADE, THE CENTER PROVIDES CLINICAL RESEARCH SERVICES TO MORE THAN 500 NORTHEAST INDIANA PHYSICIANS AFFILIATED WITH PARKVIEW THE CENTER HAS DEVELOPED AREAS OF SPECIALIZATION IN CARDIOLOGY, NEUROLOGY, RADIATION ONCOLOGY, EMERGENCY MEDICINE AND CRITICAL CARE TO FURTHER PARKVIEW'S COMMITMENT TO MEDICAL RESEARCH, THE MIRRO CENTER FOR RESEARCH AND INNOVATION WAS BUILT AND WAS NEARING COMPLETION AT THE END OF 2014 THE CENTER HAS IMPLICATIONS FOR ADVANCEMENTS IN CLINICAL RESEARCH AND EDUCATIONAL OPPORTUNITIES IT WILL HAVE THE CAPABILITY TO LOOK AT DISEASE MANAGEMENT IN A MULTI-PROFESSIONAL SETTING, BRINGING TOGETHER PHYSICIANS, PHARMACISTS, NURSES AND HEALTHCARE STAFF THE NEW CENTER WILL ALLOW FORT WAYNE TO BECOME AN INNOVATOR IN THE HEALTHCARE SCIENCES IN PARTNERSHIP WITH REGIONAL ACADEMIC INSTITUTIONS TRAINING SIMULATION LABS WILL BE OPEN TO HEALTHCARE PROFESSIONALS THROUGHOUT THE REGION HEALTH CAREERS AND CONTINUING EDUCATION PARKVIEW HOSPITAL, INC SUPPORTS MEDICAL AND HEALTH EDUCATION FOR PHYSICIANS, PHYSICIANS ASSISTANTS, RESIDENTS, NURSES, PHARMACISTS, AND OTHER CLINICAL PROFESSIONALS THROUGH CONTINUING MEDICAL EDUCATION PROGRAMS THE HOSPITAL ALSO SUPPORTS PROGRAMS THAT PROMOTE AND EDUCATE AREA YOUTH ABOUT POSSIBLE CAREERS IN HEALTHCARE AND HEALTH-RELATED FIELDS COMFORT AND SUPPORT WHILE MANY OF PARKVIEW HOSPITAL, INC 'S COMMUNITY PROGRAMS ARE AIMED AT THE GENERAL PUBLIC, THE HOSPITAL ALSO SPONSORS SUPPORT GROUPS FOR PEOPLE WITH SPECIAL NEEDS THE HOSPITAL SPONSORS SUPPORT GROUPS FOR PEOPLE WITH SPECIAL NEEDS, SUCH AS INFANT LOSS BEREAVEMENT, AS WELL AS FOR THOSE SUFFERING FROM RESPIRATORY AILMENTS, DIABETES, CANCER, BEHAVIORAL HEALTH, STROKE AND OTHER HEALTH CONDITIONS IN ADDITION TO PROVIDING SUPPORT FOR PEOPLE WITH SPECIAL NEEDS, PARKVIEW HOSPITAL, INC CARES FOR THE WHOLE PERSON, WHICH INCLUDES SPIRITUAL HEALING AS WELL AS PHYSICAL CHAPLAINS ARE ON STAFF TO MINISTER TO THE SPIRITUAL NEEDS OF OUR PATIENTS AND THEIR FAMILIES OF ALL FAITHS WHETHER CELEBRATING THE MIRACLE OF LIFE OR MOURNING THE LOSS OF A LOVED ONE, PARKVIEW HOSPITAL, INC 'S CHAPLAINS ARE HERE TO SERVE

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, 2014 WAS 493 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, PH, FOR THE YEAR ENDED DECEMBER 31, 2014 WAS 10,268 FOR PURPOSES OF COMPLETING FORM 990, PART V, LINE 1A AND 2A, THE NUMBER REPORTED FOR THE PARKVIEW HOSPITAL, INC WAS 136 AND 4,926 RESPECTIVELY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER MICHAEL BROWNING AND KEY EMPLOYEE DANIEL GARMAN HAVE A BUSINESS RELATIONSHIP AS DIRECTORS ON THE BOARD OF A RELATED ENTITY DIRECTOR JEFFREY NICKEL AND DIRECTOR GREGG POLLANDER HAVE A BUSINESS RELATIONSHIP

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBER 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 CHIEF OPERATING OFFICER 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 RECOMMENDATIONS OF THE CORPORATION, THE CORPORATE MEMBER SHALL APPROVE AND ADOPT THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ITS AFFILIATES, (E) APPROVE THE 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 ANY ASSET TRANSFER OR CAPITAL CONTRIBUTION FROM THE CORPORATION SHALL BE SUBJECT TO ANY AND ALL RESTRICTIONS SET FORTH IN EXHIBIT A-1 OF THE BYLAWS (G) REQUIRE AND DIRECT TRANSFER OF ASSETS BY THE CORPORATION OR ITS AFFILIATES, PROVIDED THAT APPROVAL OF THE BOARD IS ALSO REQUIRED IF THE TRANSFER INVOLVES A TRANSFER OR SALE 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 THIS LIST 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 THE EXERCISE OF RENEWAL OPTIONS) IN MANAGED CARE OR OTHER HEALTH CARE SERVICES 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 JCAHO 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 LIST 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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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 7, 2015, 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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	REGARDING LINES 15A AND 15B, TO THE EXTENT THAT THE ORGANIZATION HAS VICE PRESIDENT OR ABOVE, THE ORGANIZATION USED A PROCESS FOR DETERMINING COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES THE PROCESS INCLUDES CONSULTATIONS WITH AN INDEPENDENT COMPENSATION ADVISOR, REVIEW, AND APPROVAL BY THE GOVERNING BODY, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS IN 2014, THE BOARD OF PARKVIEW HEALTH SYSTEM, INC REVIEWED AND APPROVED ALL EXECUTIVE COMPENSATION, BENEFITS AND PERQUISITES FOR THE 2014 COMPENSATION PACKAGE, PURSUANT TO THE PARKVIEW HEALTH BYLAWS THE COMPENSATION PACKAGE WAS APPROVED BY A MAJORITY OF INDEPENDENT BOARD MEMBERS PARKVIEW'S INDEPENDENT CONSULTANT PREPARES A COMPETITIVE COMPENSATION ANALYSIS USING DATA FROM MULTIPLE PUBLISHED SURVEYS PREPARED BY INDEPENDENT FIRMS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE IN SIMILAR-SIZED HEALTH SYSTEMS AND HOSPITAL ORGANIZATIONS ON BOTH A REGIONAL AND NATIONAL BASIS THE INDEPENDENT CONSULTANT PROVIDES A STATEMENT OF REASONABLENESS OF THE COMPENSATION PROVIDED TO THE CEO AS WELL AS ALL EXECUTIVES AT THE VICE PRESIDENT LEVEL AND ABOVE ALL DATA IS SHARED WITH THE BOARD OF DIRECTORS THE BOARD APPROVES ANY CHANGES IN COMPENSATION FOR THE CEO AND HIS DIRECT REPORTS APPROVAL IS ALSO PROVIDED FOR THE MERIT BUDGET FOR THE ENTIRE ORGANIZATION THE BOARD REVIEWS AND APPROVES THE MANAGEMENT INCENTIVE COMPENSATION PLAN (MICP) OFFICES OR POSITIONS REVIEWED AT THE 2014 MEETING PRESIDENT AND CHIEF EXECUTIVE OFFICER EXECUTIVE VICE PRESIDENT CHIEF PHYSICIAN OFFICER PRESIDENT COMMUNITY HOSPITAL PHYSICIAN EXECUTIVE OFFICER PARKVIEW PHYSICIANS GROUP SENIOR VICE PRESIDENT CHIEF FINANCIAL OFFICER SENIOR VICE PRESIDENT CHIEF EXPERIENCE OFFICER SENIOR VICE PRESIDENT CHIEF INFORMATION OFFICER SENIOR VICE PRESIDENT COO PARKVIEW HEALTH SENIOR VICE PRESIDENT COO PARKVIEW PHYSICIANS GROUP SENIOR VICE PRESIDENT COO PARKVIEW REGIONAL MEDICAL CENTER AND AFFILIATES SENIOR VICE PRESIDENT COO SERVICE LINE LEADER SENIOR VICE PRESIDENT DELIVERY SYSTEM INTEGRATION SENIOR VICE PRESIDENT FACILITY DESIGN AND OVERSIGHT SENIOR VICE PRESIDENT GENERAL COUNSEL SENIOR VICE PRESIDENT PATIENT CARE SENIOR VICE PRESIDENT SERVICE LINE LEADER SENIOR VICE PRESIDENT STRATEGIC INITIATIVES VICE PRESIDENT CHANGING SPACES CONSTRUCTION PROJECT MANAGEMENT VICE PRESIDENT HUMAN RESOURCES VICE PRESIDENT MKTG/COMM/COMMUNITY RELATIONS VICE PRESIDENT NURSING PRMC VICE PRESIDENT NURSING RANDALLIA VICE PRESIDENT PARKVIEW PHYSICIANS GROUP FINANCE VICE PRESIDENT PARKVIEW PHYSICIANS GROUP PHYSICIAN PRACTICES VICE PRESIDENT PATIENT CARE SERVICES COMMUNITY HOSPITAL VICE PRESIDENT PLANNING AND DECISION SUPPORT VICE PRESIDENT RANDALLIA OPERATIONS VICE PRESIDENT REVENUE CYCLE MANAGEMENT VICE PRESIDENT STRATEGY AND BUSINESS DEVELOPMENT VICE PRESIDENT SUPPLY CHAIN VICE PRESIDENT SURGICAL AND ANCILLARY SERVICES PRMC AND AFFILIATES MEDICAL DIRECTOR COMMUNITY HOSPITAL MEDICAL DIRECTOR PARKVIEW PHYSICIANS GROUP MEDICAL DIRECTOR INTEGRATION AND DEVELOPMENT CHIEF MEDICAL INFORMATICS OFFICER CHIEF MEDICAL OFFICER PRMC AND AFFILIATES EXECUTIVE DIRECTOR EMPLOYER STRATEGIES

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSET TRANSFERS/ADJUSTMENTS 36,830 CURRENT YEAR EARNINGS TRANSFERRED TO PARENT -140,794,078 INCOME (LOSS) FROM HOSPITAL LAUNDRY SERVICE, INC -126,981 INCOME (LOSS) FROM PARKVIEW PROFESSIONAL PROGRAMS, INC -154,005 BOOK/TAX DIFFERENCES K-1'S -315,148

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
PARKVIEW HOSPITAL INC

Employer identification number
35-0868085

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 26-0143823	ORTHO HOSPITAL	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	47,466,142	56,284,945		No			No	
(2) FOUNDATION SURGERY AFFILIATE OF FORT WAYNE LLC 8004 CARNEGIE BLVD FORT WAYNE, IN 46804 20-1394120	SURGICAL SERVICES	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	310,434	201,875		No			No	
(3) MANAGED CARE SERVICES LLC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1996535	HEALTH PLAN ADMIN	IN	PARKVIEW HEALTH SYSTEM INC	RELATED	2,836,327	12,241,084		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) PARKVIEW PROFESSIONAL PROGRAMS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1668888	REFERENCE LAB	IN	PARKVIEW HOSPITAL INC	C	5,052,186	4,931,919	100 000 %		No
(2) MIDWEST COMMUNITY HEALTH ASSOCIATES INC 442 W HIGH STREET BRYAN, OH 43506 34-1045870	PHYSICIANS	OH	PARKVIEW HEALTH SYSTEM INC	C	29,489,689	2,316,575			No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	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		No

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	A	25,263	PART VII SUPPLEMENTAL INFORMATION
(2) PARKVIEW FOUNDATION INC	C	1,149,784	PART VII SUPPLEMENTAL INFORMATION
(3) PARKVIEW PROFESSIONAL PROGRAMS INC	Q	4,428,846	PART VII SUPPLEMENTAL INFORMATION

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

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

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

Part VII Supplemental Information

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) PARKVIEW HEALTH SYSTEM INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-1972384	HEALTH CARE	IN	501(C)(3)	LINE 11C, III-FI	N/A		No
(1) PARKVIEW FOUNDATION INC 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845 23-7220589	FUND MGMT	IN	501(C)(3)	LINE 11A, I	PARKVIEW HOSPITAL INC	Yes	
(2) PARKVIEW OCCUPATIONAL HEALTH CENTERS INC 10501 CORPORATE DRIVE FORT WAYNE, IN 46845 35-2064353	OCCUP HEALTH	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(3) COMMUNITY HOSPITAL OF NOBLE COUNTY INC 401 SAWYER ROAD KENDALLVILLE, IN 46755 35-2087092	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(4) COMMUNITY HOSPITAL OF LAGRANGE COUNTY INC 207 N TOWNLINE ROAD LAGRANGE, IN 46761 20-2401676	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(5) WHITLEY MEMORIAL HOSPITAL INC 1260 E STATE ROAD 205 COLUMBIA CITY, IN 46725 35-1967665	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(6) HUNTINGTON MEMORIAL HOSPITAL INC 2001 STULTS ROAD HUNTINGTON, IN 46750 35-1970706	HOSPITAL CARE	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No
(7) PARKVIEW WABASH HOSPITAL INC 710 N EAST ST WABASH, IN 46992 47-1753440	HOSPITAL CARE - BEGINNING 1/1/2015	IN	501(C)(3)	LINE 3	PARKVIEW HEALTH SYSTEM INC		No