SCANNED 0CT 2 2 2019

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,	EXTENDED TO	AUGUS	г 15. 2019	181)			
Form	990-T Exempt Organization	Busine	ss Income T	ax Return	ĭ	OMB No 1545-0687		
7 0.111	(and proxy tax	k under se	ection 6033(e))		•			
,	For calendar year 2017 or other tax year beginning OCT			P 30, 201	.8	<i>2</i> 017		
	witment of the Treasury nal Revenue Service Do not enter SSN numbers on this form as				-	Open to Public Inspection for 501(c)(3) Organizations Only		
A [Check box if Name of organization (Check box if	Name of organization (Check box if name changed and see instructions)						
	address changed	DIMAI	T.10		1	uctions)		
	exempt under section Print BELLIN MEMORIAL HOS	_				9 - 0884478 lated business activity codes		
	501(C) 103) 408(e) 220(e) Type Number, street, and room or suite no. If a 744 S WEBSTER AVENU		nstructions.			instructions)		
F		City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54301						
ملك Bo	pok value of all assets				621	500 811000		
at	end of year 592,686,809. G Check organization type ► X 501		n 501(c) trust	401(a) trust	Other trust		
	escribe the organization's primary unrelated business activity	, ,	STATEMENT 1		<i>y</i> a a c .			
	uring the tax year, was the corporation a subsidiary in an affiliated group or			>	Ye	es X No		
	"Yes," enter the name and identifying number of the parent corporation							
	he books are in care of JAMES DIETSCHE, COO/	CFO	Teleph	one number 🕨 S	20-	445-7260		
	art I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net		
	Gross receipts or sales 8,322,708.		6 000 150		•			
_	Less returns and allowances 2,032,530. c Balance	1c	6,290,178.	• • • • •				
2	Cost of goods sold (Schedule A, line 7)	2	6,290,178.	. 12	-	6,290,178.		
3	Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Schedule D)	3 4a	0,290,170.	, ,	<u>``</u>	0,290,170.		
4a b		4a 4b		* ` `				
C.	Capital loss deduction for trusts	40 4c			<u></u>			
5	Income (loss) from partnerships and S corporations (attach statement)	5		¥ .				
. 6	Rent income (Schedule C)	6	39,975.	39,9	75.			
7	Unrelated debt-financed income (Schedule E)	7	, , , , , , , , , , , , , , , , , , , ,					
8	Interest, annuities, royalties, and rents from controlled organizations (Sch	ı. F) 8						
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sche							
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule) STATEMENT	2 12	216,286.	30 J. 18 4		216,286.		
13	Total. Combine lines 3 through 12	13	6,546,439.	39,9	<u>75.</u>	6,506,464.		
Pa	Deductions Not Taken Elsewhere (See instructions) (Except for contributions, deductions must be directly con		,	income)				
			tire unrelated business		1	<u> </u>		
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				15	4,011,033.		
16	Repairs and maintenance				16	29,655.		
17	Bad debts				17	23,033.		
18	Interest (attach schedule)				18			
19	Taxes and licenses				19			
20	Charitable contributions (See instructions for limitation rules)		20					
21	Depreciation (attach Form 4562)		21	60,793.				
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	60,793.		
23	Depletion	VED	7		23			
24	Contributions to deferred compensation plans RECEI	VEU .			24			
25	Employee benefit programs	7	31		25	650,283.		
26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule I) Excess readership costs (Schedule I)	2019	2		26			
27	Excess reduct strip costs (octienties)		CDD CD2	IDMINATE O	27	2 000 007		
28	Other deductions (attach schedule) Total deductions Add lines 14 through 28	I. UT	SEE STAT	EMENT 3	28	2,999,207.		
29 30	Total deductions Add lines 14 through 20		J O from line 12		29	7,750,971.		
30 31	Unrelated business taxable income before net operating loss deduction. Net operating loss deduction (limited to the amount on line 30)	Subtract line 2		EMENT 4	30	-1,244,507.		
32	Unrelated business taxable income before specific deduction. Subtract lin	ne 31 from line		DRIDINI 4	31	-1,244,507.		
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exc		00		33	1,000.		
34	Unrelated business taxable income Subtract line 33 from line 32 If lin		than line 32, enter the sm	naller of zero or	33	1,000.		
	line 32	- 22 to grouter		25	34	-1,244,507.		

Part I	I Tax Computation				
35	Organizations Taxable as Corporations See instructions for tax computation				
	Controlled group members (sections 1561 and 1563) check here See instructions and		1 1		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	yt \s (3\s\s				
b	Enter organization's share of. (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000) \$		1		
c	Income tax on the amount on line 34	•	35c		0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from		100		
	Tax rate schedule or Schedule D (Form 1041)	•	36		
37	Proxy tax See instructions		. 37		
38	Alternative minimum tax		38		
39	Tax on Non-Compliant Facility Income See instructions		39		
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
Part I			1 40 1		<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		т-т-		
b	Other credits (see instructions)		-		
	General business credit Attach Form 3800 4tc		-		
ن			\dashv \square		
d			- 		
	Total credits Add lines 41a through 41d		41e		_
42	Subtract line 41e from line 40				0.
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	:h schedule)		<u> </u>	_
44	Total tax Add lines 42 and 43		44		0.
	Payments A 2016 overpayment credited to 2017 2017 and another than a support to the support to	_	-		
	2017 estimated tax payments To deposit the first 2000				
	Tax deposited with Form 8868 45c		-		
	Foreign organizations Tax paid or withheld at source (see instructions) 45d		-		
	Backup withholding (see instructions) 45e		4		
f	Credit for small employer health insurance premiums (Attach Form 8941)		_		
g	Other credits and payments: Form 2439				
	Form 4136 Other Total ▶ 43g		- , 		
46	Total payments Add lines 45a through 45g		46		
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		47		
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed		48		0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49		0.
50	Enter the amount of line 49 you want. Credited to 2018 estimated tax		50		
Part V		ns)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				
	here >			L	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?			X
	If YES, see instructions for other forms the organization may have to file				
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			<u></u>	
Ci	Under penalties of perury declare that I have examined this return including accompanying schedules and statements, and to the best correct and complete of propagation of	of my knowl	ledge and belief it is tru	е	
Sign			May the IRS discuss this		vith
Here	1/19/19 COO/CFO		the preparer shown belo		
	Signature of officer Date Title		instructions)? X Y	es	No
	Print/Type preparer's name Preparer's signature Date Che	ck	ıf PTIN		
Paid		- employed	d		
Prepa	rer MST 08/13/19		P00096		
Use O	nlv Firm's name ► WIPFLI LLP Firm	m's EIN 🕨	39-075	844	9
	PO BOX 12237				
	Firm's address ► GREEN BAY, WI 54307-2237 Ph	one no	920.662.0	016	

1 Inventory at beginning of year 2 Purchases 2 7 Cost of goods sold Subtract line 6 from time 5. flieth rear and in Part I, line 2 8 Do ther rules of section 263A costs (attach schedule) 4a 4 Additional section 263A costs (attach schedule) 4b properly produced or acquired for residely apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (if the precentage of income time form) (b) From real and presonal property (if the precentage of income time form) (b) From real and presonal property (if the precentage of income time form) (b) From real and presonal property (if the precentage of income time form) (b) From real and presonal property (if the precentage of income time form) (b) From real and presonal property (if the precentage of income time form) (b) From real and presonal property) (if the precentage of income time form) (b) From real and presonal property) (if the precentage of income time form) (b) From real and presonal property) (if the precentage of income time form) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precentage of income income) (b) From real and presonal property) (if the precenta	Schedule A - Cost of Goo	ds Sold. Enter	method of inve	ntory valuation N/A				
3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B Other costs (attach schedule) 5 Total Additions 1 through 5 b Cost cost (attach schedule) 6 Cost cost (attach schedule) 7 Cost of the cogranular of acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) Description of property (see instructions) Description of property (a) Tempersonal property of the procentage of rest for personal property (if the precentage of rest for personal property (if the personal property (if the precentage of rest for personal property (if the personal property (if th		1			ar	6		
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(attach schedule) b Other costs (attach schedule) b Other costs (attach schedule) 5 Total Add loss 1 through 4b 5 Description of property produced or acquired for resale) apply to 1 Description of property (See instructions) (See instructi	3 Cost of labor	3		from line 5. Enter here	and in Part I,	1		
b Other costs (attach schedule) 5 Total Add inss 1 through 4b 6 Total Add inss 1 through 4b 7 Total Add inss 2b 7 Total Add in	4a Additional section 263A costs		-	line 2		. 7		
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(2)	debt on or allocable to debt-financed	of or a debt-fina	allocable to inced property		reportable (column	(column 6 x total of co	olumns
(2)	(1)			%				
(3)	(2)			 				
(4) % Enter here and on page 1 Enter here and on page 1 Part I line 7, column (A) Part I line 7 column (B)								-
Enter here and on page 1 Enter here and on page 1 Part I line 7, column (A) Part I line 7 column (B)								
U(a)5	Totale					- 1		
Total dividends-received deductions included in column 8		included in column	n 8	•	<u> </u>	$\stackrel{\sim}{\vdash}$	· · · · · · · · · · · · · · · · · · ·	

Schedule F - Interest,	Annuities, noya	ities, air		-			ILIOII	see ins	struction	s)
Name of controlled organizat	ıdenti	nployer fication nber	3 Net unr	Controlled Or related income e instructions)	4 To	tal of specified ments made	includ	rt of column 4 led in the conti ation s gross	rolling	6 Deductions directly connected with income in column 5
(4)		<u> </u>	 				-			
(1)			 							
(2)			\vdash							
(3)										
(4) Nonexempt Controlled Organi	rations				-		L			
		()	0.7	-4		40 - Daylara			44 5	
7 Taxable Income	8 Net unrelated incol		y rotai	of specified payn made	nents	10 Part of colu in the controll gross	mn 9 tha ing orgai s income	nization s		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8		e 1 Parti	Enler h	id columns 6 and 11 ere and on page 1 Part I line 8 column (B)
Totals					•			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or (17) Org	anization			,	
(see insti										
1 Desc	cription of income			2 Amount of	ıncome	3 Deduction directly connection (attach schedule)	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)	-									
(2)										
(3)										
(4)										
				Enter here and o Part I line 9 co			5.F. E.			Enter here and on page 1 Part I, line 9 column (B)
Totals Schedule I - Exploited	Exampt Activity	Income	Othor	Than Adv	0.	a Income	40.	名 是 。	ુ તુ કે જેફેંડ	0.
(see instru		income	, Other	man Auv	Ci tisii	ig income				
		3		4 Net incom	e (loss)					7 5
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly c with pro	censes connected oduction elated s income	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colur	able to	7 Evcess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)										
(2)										
(3)										
(4)								-		
(1)	Enter here and on page 1, Part I,	Enter her		- 1 2 3 Tag .	Fall part in			L GAZZANIK 1.3	المراجعة	Enter here and
	line 10, col (A)	page 1. line 10,		P. 37		. 9 _{(4.} N.H.)	day the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.24	on page 1 Part II line 26
Totals	0.		0.	17-12-37-34	Prair Sier	THE RESERVE	- 1. Sept. 6	Mark Tark Tarks (0.
Schedule J - Advertisii	ng Income (see	instruction	ıs)							
Part I Income From I	Periodicals Rep	orted or	ı a Cons	solidated	Basis					
1 Name of periodical	2 Gross advertising income		3 Direct ertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5 Circulal income		6 Reado		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				# (Con)	17 mg 1/m	1				and the second
(2)		<u> </u>				\$ 				2 海道流
(3)				- 1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	1 S 2 2 6	:-				
(4)					و الله الله الله الله الله الله الله الل	· 				711
					. 7	+				
Totals (carry to Part II, line (5))	•	o.	0							0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

(1)	-			cols 5 through 7		than column 4)
(3)						
Totals from Part I Totals, Part II (lines 1-5)	>	Enter here and on page 1, Part I line 11, col (A)	Enter here and on page 1, Part I line 11, col (B)			Enter here and on page 1 Part II line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	·	•	0.

Form 990-T (2017)

FORM 990-T. DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

LABORATORY TO NONPATIENTS; MAINTENANCE, AND TELEPHONE
SERVICES TO OTHER HOSPITAL, CLINICS, AND PHYSICIAN OFFICES AND SUPPLY SALES.
IN FULFILLING ITS ORGANIZATIONAL MISSION, THE HOSPITAL PROVIDES A VARIETY
OF SERVICES SUCH AS LABORATORY WHICH ARE PROVIDED TO ITS PATIENTS.
A SMALL PORTION OF THESE SERVICES ARE PROVIDED TO NONPATIENTS RESULTING IN
UNRELATED BUSINESS INCOME. THE HOSPITAL ALSO PROVIDES MAINTENANCE,
TELEPHONE SERVICES, AND DATA PROCESSING SERVICES TO OTHER HOSPITALS,
CLINICS AND PHYSICIAN OFFICES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
AMOUNTS PAID FOR DISAL	LLOWED FRINGES		216,286.
TOTAL TO FORM 990-T, I	PAGE 1, LINE 12		216,286.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
ADMINISTRATION COSTS DIRECT SUPPLIES DIRECT TELEPHONE COSTS HUMAN RESOURCES COMMUNICATIONS PURCHASING ADMITTING BUSINESS OFFICE OPERATIONS OF PLANT HOUSEKEEPING CAFETERIA MEDICAL RECORDS OTHER	S.		42,377. 2,292,478. 688. 30,135. 11,790. 17,784. 4,430. 40,825. 212,740. 35,224. 8,029. 23,173. 279,534.
TOTAL TO FORM 990-T, I	PAGE 1, LINE 28		2,999,207.

FORM 990-T	· NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/98	794,031.	0.	794,031.	794,031.
09/30/99	116,284.	0.	116,284.	116,284.
09/30/00	50,718.	0.	50,718.	50,718.
09/30/01	488,999.	0.	488,999.	488,999.
09/30/02	615,036.	0.	615,036.	615,036.
09/30/03	592,325.	0.	592,325.	592,325.
09/30/04	441,936.	0.	441,936.	441,936.
09/30/05	404,907.	0.	404,907.	404,907.
09/30/06	238,182.	0.	238,182.	238,182.
09/30/07	792,727.	0.	792,727.	792,727.
09/30/08	83,943.	0.	83,943.	83,943.
09/30/10	266,915.	0.	266,915.	266,915.
09/30/11	878,492.	0.	878,492.	878,492.
09/30/12	1,693,014.	0.	1,693,014.	1,693,014.
09/30/13	1,221,394.	0.	1,221,394.	1,221,394.
09/30/14	1,118,550.	0.	1,118,550.	1,118,550.
09/30/15	1,285,635.	0.	1,285,635.	1,285,635.
09/30/16	790,158.	0.	790,158.	790,158.
09/30/17	873,201.	0.	873,201.	873,201.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	12,746,447.	12,746,447.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
EQUIPMENT EXPENSI	Ξ	- SUBTOTAI	L - 1	39,975.	39,975.
TOTAL TO FORM 990)-т, schedui	LE C, COLUM	MIN 3		39,975.