, 5		•		EXTENDED TO AUG	יפוזבי	r 17. 2020 2	934314	20	£001 1	
, ,	Form	990-T	E	Exempt Organization Bus	sine	ss Income T	ax Return	- Y	OMB No 1545-0687	
	•	- Land	İ	(and proxy tax und	er se	ection 6033(e))		ļ	2040	
			For car	endar year 2018 or other tax year beginning OCT 1,				<u> ጓ</u>	2018	
		ent of the Treasury Revenue Service		► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only	
	A [Check box if		Name of organization (Check box if name changed and see instructions) D Emp (Emp						
	R Eye	address changed mpt under section	Print	BELLIN MEMORIAL HOSPIT	AT.	TNC			9 - 0884478	
		501(c)(3)	or	E Unrel	ated business activity code instructions)					
	=	408(e) 220(e)	Туре	PO BOX 23400				-		
		408A []530(a) 529(a)		City or town, state or province, country, and ZIP of GREEN BAY, WI 54305	621	500				
	at end	value of all assets	4.5	F Group exemption number (See instructions)	>					
		689,223,2		G Check organization type ► X 501(c) corp	_		401(a)		Other trust	
			-	tion's unrelated trades or businesses EE STATEMENT 1	4		the only (or first) un			
				ce at the end of the previous sentence, complete Pa	erts I an		, complete Parts I-V • M for each addition			
		ness, then complete			11 (3 1 U)	ia ii, complete a concount	, with cach addition	11 11 400	. 01	
	I Duri	ng the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	nt-subs	sidiary controlled group?	▶ [Ye	es X No	
				ifying number of the parent corporation.						
				JAMES DIETSCHE, COO/CFO le or Business Income			one number > 9			
				5,180,008.	T	(A) Income	(B) Expenses	**************************************	(C) Net	
		ross receipts or sale ess returns and allov		2,423,902. c Balance	10	2,756,106.				
		ost of goods sold (S			2	2,730,100.	274 TEL 27467	\$ 47 g/s g	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		ross profit. Subtract			3	2,756,106.	产品等的数位		2,756,106.	
		apital gain net incon	_ /		4a		17 W 27 (4. 355)	3.35		
		et gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		1.7.1	1633		
5	_	apıtal loss deductior			4c		Ser A Like			
9				thip or an S corporation (attach statement)	5_	42 100	(10 m/s 1 m/			
~	. • ''	ent income (Schedu	•	on (Cabadula E)	6	42,105.	42,1	05.		
90		nrelated debt-financ		ne (Schedule E) Indicate the controlled organization (Schedule F)	8					
. [•		in 501(c)(7), (9), or (17) organization (Schedule G)					<u> </u>	
Q			vity income (Schedule I)							
W		dvertising income (S	-	•	11	,				
Z		ther income (See in:			12		教育(本)(教育教 证)。	_		
SCANN		otal. Combine lines			13	2,798,211.	42,1	<u>05.</u>	2,756,106.	
W	Part			t Taken Elsewhere (See instructions fourtions, deductions must be directly connected						
	14	Compensation of off	icers, dii	rectors, and trustees (Schedule K)				14		
	15	Salaries and wages		Str. At on Year and	٠. د			15	857,402.	
		Repairs and mainten	ance	RECEIVE	DI	2020 CITY, MO		16	27,389.	
		Bad debts		AUG	λ	1		17	!	
		Interest (attach sche	dule) (se	ee instructions) AUG	4	2020		18		
		Taxes and licenses	one (Sac	e instructions for limitation rules) IRS KANS	SAS	CITY MO		20		
		Depreciation (attach		662		21 21	47,877.	30.05		
				Schedule A and elsewhere on return		22a		22b	47,877.	
		Depletion				(==-1		23		
	24	Contributions to def	red co	npensation plans				24		
	25	Employee benefit pro	ograms					25	209,658.	
		Excess exempt expe						26		
		Excess readership costs (Schedule J)					TOMOTO O	27	2 227 200	
		Other deductions (at				SEE STAT	EMENT 2	28	2,237,320.	
		Total deductions A		14 through 28 acome before net operating loss deduction. Subtrac	t line O	Q from line 12		29 30	3,379,646. -623,540.	
		/		oss arising in tax years beginning on or after Janua.				31	(1023, 340·	
			-	icome Subtract line 31 from line 30	اع , ا و .	(300 man nonoma)		32	-623,540.	
827/01 01:00:10 LHA For Panerwork Reduction Act Notice see instructions									Form 990-T (2018)	

09/520813 147695 402657

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Form 990-T	<u> </u>	39-088	4478	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions	s)	38	43,985.
84	Amounts paid for disallowed fringes	•	3	
		STMT 3	35	43,985.
	Total of unrelated business taxable income before specific deduction. Subtract line 35/from the sum of			
	lines 33 and 34	d	86	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	87	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			•
	enter the smaller of zero or line 36		38	0.
Part IV				0.
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	—	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 fro	orn 🛌	40	
41	Proxy tax See instructions		41	
	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income See instructions		43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V			 	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b		1	
С	General business credit Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		<u> </u>	
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Oth	16f (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments A 2017 overpayment credited to 2018		1	
	2018 estimated tax payments		∤	
	Tax deposited with Form 8868		↓	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		4	
	Backup withholding (see instructions) 50e	***.	-	
	Credit for small employer health insurance premiums (attach Form 8941)		4	
g	Other credits, adjustments, and payments Form 2439			
E 4	Form 4136 Other Total • 50g		F .	
	Total payments Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached []		51 52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	····
	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Refunded >	55	
Part V		tructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth	iority		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 coun	try		
	here			X
57	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			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	the best of my knowle edge	dge and belief	it is true
Here	hait // Alake 18/14/2020 , and		•	uss this return with
	Startature of officer Date CEO		e preparer show	
				X Yes No
	Print/Type preparer's name Preparer's signature Date		if PTIN	
Paid	TERRI REXRODE CPA, TERRI REXRODE CPA, MST 08/13/20	self- employed	מחמ	096513
Prepa	C STATE OF THE STA	Firm's EIN		0758449
Use O	PO BOX 12237	THIII S EIN	33-1	J / J U 4 4 J
	Firm's address SREEN BAY, WI 54307-2237	Phone no. 9	20.663	2.0016
823711 01-0		1		rm 990-T (2018)
			. 0	(2010)

Schedule A - Cost of Goods	s Sold. Enter r	nethod of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold Si	ubtract l	ine 6		
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,	<u> </u>	
4 a Additional section 263A costs		,	line 2		L	7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		لــُــا
5 Total Add lines 1 through 4b	5		the organization?			<u> </u>	
Schedule C - Rent Income ((see instructions)	(From Real P	roperty and	Personal Property L	.ease	d With Real Prope	erty)	
							
1 Description of property (1) EQUIPMENT							
(2)			<u> </u>				
(3)							
(4)		•					
	2 Rent received	d or accrued					
(a) From personal property (if the percentage of rent for personal property is more than			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly c columns 2(a) and SEE STATE	onnected with the income in 2(b) (attach schedule) EMENT 4	
(1)	42,105.	-				42,1	05.
(2)							
(3)							
(4)							
Total	42,105.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•	42,1	05.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	42,1	05.
Schedule E - Unrelated Deb	t-Financed I	ncome (see	instructions)				
			2 Gross income from		3 Deductions directly conne to debt-finance		
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation		(b) Other deductions	
			manded property		(attach schedule)	(attach schedule)	
(1)							
(1) (2)							
(3)							
(4)			 				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis ocable to ced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1 Part I line 7 column (A)	Enter here and on page Part I line 7 column (I	
Totals			•		0.	<u> </u>	0.
Total dividends-received deductions in	ncluded in column	8			<u> </u>	<u> </u>	0.
						Form 990-T	(2018)

Schedule F - Interest, A	Annuities, Royal					zations	s (see ins	tructions)
		Exe	empt Controlle	d Organiza	tions				
1 Name of controlled organizat	identi		Net unrelated inco ss) (see instruction		otal of specified yments made	includ	rt of column 4 t led in the contra zation's gross in	olling	6 Deductions directly connected with income in column 5
(1)						+			
(2)			 			_			· · · · · · · · · · · · · · · · · · ·
(3)						1			
(4)				-			·		
Nonexempt Controlled Organi	ızatıons								
7 Taxable Income	8 Net unrelated incor	me (loss) 0	Total of specifie	navments	10 Part of c	olumn 9 tha	it is included	11 Dedu	uctions directly connected
, tendos mosmo	(see instruction		made	, payments	in the conti		nization s		ncome in column 10
(1)			·····		 				
(2)									
(3)									
(4)					<u> </u>				
					Add se	lumns 5 an	d 10	۸dd	columns 6 and 11
·					Enter here a		e 1 Parti,	Enter he	re and on page 1 Part I ne 8 column (B)
Totals				•			0.		0.
Schedule G - Investme	ent Income of a	Section 501	(c)(7), (9),	or (17) O	ganizatio	n	<u>-</u>		*
	cription of income		2 Amo	unt of income	3 Deduc directly cor (attach sci	nected	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)		•			(attaon bot		 	••	(00) 0 pias coi 4)
(2)									
(3)						-			•
(4)			+						
				and on page 1 9 column (A)					Enter here and on page 1 Part I line 9, column (B)
Schedule I - Exploited		/ Income, O	ther Than	0 . Advertisi	ng Incom	e e	Mrs. Con. or Bill	Tribe albitance	· 0.
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connec with production of unrelated business inco	ted from un busine me gain co	encome (loss) elated trade or ss (column 2 column 3) If a mpute cols 5 rough 7	5 Gross i from activi is not unri business ii	ty that elated	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)			1						
(2)		 				•	 		
(3)									
(4)	· · · · · · · · · · · · · · · · · · ·				+				
(4)	Enter here and on page 1 Part I line 10, col (A)	Enter here and page 1 Part fine 10 col (f							Enter here and on page 1 Part II line 26
Totals •	0.		0.	是對於		海地球	THAT WAS		0.
Schedule J - Advertisi									
Part Income From	Periodicals Rep	orted on a	Consolida	ed Basis					
1 Name of periodical	2 Gross advertising income	3 Dii advertisin	ect or (kg costs col 3)	Advertising gain ss) (col 2 minu If a gain comp s 5 through 7	s 5 Circi		6 Reade		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1) (2) · (3)								27 Cu 38	
(4)		,		# #				· · · · · · · · · · · ·	
Totals (carry to Part II, line (5))	•	0.	0.						0 .

823731 01-09-19

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 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	2000年前		WESSELECT.	0
	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
Totals, Part II (lines 1-5)	0.	0.			24名3000000000000000000000000000000000000	0

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 (2018)

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

LABORATORY TO NONPATIENTS

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.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ADMINISTRATION COSTS		38,245.
DIRECT SUPPLIES		2,003,278.
HUMAN RESOURCES		9,289.
COMMUNICATIONS		7,921.
PURCHASING		12,084.
ADMITTING		4,528.
BUSINESS OFFICE		23,826.
OPERATIONS OF PLANT		90,190.
HOUSEKEEPING		16,022.
CAFETERIA		5,257.
MEDICAL RECORDS		26,680.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	2,237,320.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
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.
09/30/18	1,244,507.	0.	1,244,507.	1,244,507.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	13,196,923.	13,196,923.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 4
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
EQUIPMENT EXPENSE	3	- SUBTOTAL	1	42,105.	42,105.
TOTAL TO FORM 990)-т, schedui	LE C, COLUM	D V 3		42,105.

SCHEDULE M '(Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT~1, 2018~and~ending~SEP~30, 2019~and~ending~SEP~30

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for , 501(c)(3) Organizations Only

Name	of the organization BELLIN MEMORIAL HOSPITA	L II	NC.	<u></u>	Employer idei		
	Inrelated business activity code (see instructions) 81100		NC		33-08	044	70
	Describe the unrelated trade or business MAINTENAN		AND TELEPI	HONE]		
Pa			(A) Income		(B) Expense	s	(C) Net
1 a	Gross receipts or sales 172,085.					Fried St.	经产品的
b	Less returns and allowances c Balance ▶	1c	172,0	85.		1	文文: 19 10 10 10 10 10 10 10 10 10 10 10 10 10
2	Cost of goods sold (Schedule A, line 7)	2			14.0% Feb. 3	學學	(A) CAE THE CALL
3	Gross profit Subtract line 2 from line 1c	3	172,0	85.	、物气物流作。两	· ····································	172,085.
4 a	Capital gain net income (attach Schedule D)	4a			到了衛生	700	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			で、は、は、は、など、これで、これで、	ng W	
С	Capital loss deduction for trusts	4c			"他""确定的	3 ° °	
5	Income (loss) from a partnership or an S corporation (attach			ľ	如何是这个	1	
	statement)	5			18 1. 22 pm 12 11.	16.	
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9			<u> </u>		
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12			47大大大 \$P\$ \$P\$ 500	では	
13	Total. Combine lines 3 through 12	13	172,0	85.			172,085.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the connected with the understanding the connected with the understanding the connected with t						r
14	Compensation of officers, directors, and trustees (Schedule K)					14	88,613.
15	Salaries and wages					15	00,013.
16	Repairs and maintenance					16	<u> </u>
17	Bad debts					17	
18	Interest (attach schedule) (see instructions) Taxes and licenses					18	
19						19	
20	Charitable contributions (See instructions for limitation rules)		04			20	·· · · · · · · · · · · · · · · · · ·
21 22	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21 22a			22b	
23	Depletion		228			23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	24,022.
26	Excess exempt expenses (Schedule I)					26	22,0421
27	Excess readership costs (Schedule J)					27	
28	Other deductions (attach schedule)		SEE S	ТАТ	EMENT 5	28	15,465.
29	Total deductions. Add lines 14 through 28					29	128,100.
30	Unrelated business taxable income before net operating loss deduced	ction !	Subtract line 29 fro	m line	13	30	43,985.
31	Deduction for net operating loss arising in tax years beginning on o					100 C	
	instructions)		, , = 2 . 5 (31	李成是《空情题》的《关注》
32	Unrelated business taxable income Subtract line 31 from line 30					32	43,985.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

1

BELLIN ME	MORIAL H	OSPITAL :	INC		39-0884	478
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A			
 Inventory at beginning of year 	1		6 Inventory at end of yea	ır		6
2 Purchases	2		7 Cost of goods sold Si	ubtract I		(4) (8) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,	<u> </u>
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	with respect to	Yes No	
b Other costs (attach schedule)	4b	· - · · · · · · · · · · · · · · · · · ·	property produced or a	for resale) apply to	Same sales	
5 Total Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property L	.ease	d With Real Prope	rty)
1 Description of property	<u>.</u> .					
(1)						
(2)						
(3)						
(4)	•					······································
	2 Rent receive	ed or accrued				
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	id personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	ge		onnected with the income in 2(b) (attach schedule)		
(1)						· · · · · · · · · · · · · · · · · · ·
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions Enter here and on page 1 Part I line 6 column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstructions)		<u> </u>	
					3 Deductions directly conne	cted with or allocable
_			2 Gross income from or allocable to debt-	/21	to debt-financed	(b) Other deductions
1 Description of debt-fin	anced property		financed property	(4)	(attach schedule)	(attach schedule)
(1)						
(2)		• •				
(3)						
(4)	•					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)	•		%			
					nter here and on page 1 Part I line 7 column (A)	Enter here and on page 1, Part I line 7 column (B)
Totals			•			0.
Total dividends-received deductions in	cluded in column	18			>	0.
		.				Form 900-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
ADMINISTRATION COSTS DIRECT SUPPLIES DIRECT TELEPHONE COSTS		170. 14,880. 415.
TOTAL TO SCHEDULE M, PART 1	II, LINE 28	15,465.

SCHEDULE M '(Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Employer identification number

39-0884478

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning OCT~1, 2018~and~ending~SEP~30, 2019~and~ending~SEP~30► Go to www.irs.gov/Form990T for instructions and the latest information.

BELLIN MEMORIAL HOSPITAL INC

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 3 501(c)(3) Organizations Only

ι	Inrelated business activity code (see instructions) $ ightharpoonup 54151$				
	Describe the unrelated trade or business COMPUTER	SALE	S		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 227,746.			The Wall of	WINDS SANCE TO SE
b	Less returns and allowances c Balance ▶	1c	227,746.		新秦 经产品的
2	Cost of goods sold (Schedule A, line 7)	2		を建める発展など	學是以自然性的學
3	Gross profit Subtract line 2 from line 1c	3	227,746.	と変数が ないない すんかん	227,746.
4 a	Capital gain net income (attach Schedule D)	4a		经外级运行的股份	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		, "智能是一种的老性量	
С	Capital loss deduction for trusts	4c		い。 ダムは 数 ない デ	
5	Income (loss) from a partnership or an S corporation (attach			发现的现在分词	
	statement)	5		"是"。"好了我们是	
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		で記載。最新語言で	
13	Total. Combine lines 3 through 12	13	227,746.		227,746.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken Elsewhere)			ne)	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance	16			
17	Bad debts	17			
18	Interest (attach schedule) (see instructions)	18			
19	Taxes and licenses	19			
20	Charitable contributions (See instructions for limitation rules)	1 1	<u>20</u> \$ <i>l</i> v →		
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred companion plans	0.4	i		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

機械合作人生活

271,132.

-43,386.

-43,386.

25

26

27

29

30

25

26

27

28 29

30

31

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

SEE STATEMENT 6

	Page	

Schedule A - Cost of Goods							
	Sold. Enter	method of inver	ntory valuation	n ► N/A			
1 Inventory at beginning of year	1		6 Invent	ory at end of yea	r		6
2 Purchases	2		7 Cost o	f goods sold Su	ıbtract l	ine 6	900
3 Cost of labor	3	•	from line 5. Enter here and in Part I,				
4 a Additional section 263A costs			line 2				7
(attach schedule)	4a		8 Do the	rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b					for resale) apply to	11,14
5 Total Add lines 1 through 4b	5			ganization?		, , , , ,	X
Schedule C - Rent Income (I (see instructions)	From Real I	Property and	l Personal	Property L	ease	d With Real Prop	erty)
1 Description of property							
(1)							
(2)						·	
(3)						·	
(4)							
(*/	2 Rent receive	ed or accrued			· · · · · · · · · · · · · · · · · · ·		
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	entage of	` of rent for	and personal prop personal property nt is based on pro	erty (if the percentage exceeds 50% or if ofit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		er •	. -		0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	> 0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	<u> </u>			
			2 Gross	income from		3 Deductions directly con- to debt-finance	
1 Description of debt-fine	and areasts						ea property
	апсеа ргорену		or alloca	able to debt- ed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			or alloca		(a)		(b) Other deductions
(1)			or alloca		(a)		(b) Other deductions
(2)			or alloca		(a)		(b) Other deductions
(2) (3)	anced property		or alloca		(a)		(b) Other deductions
(2)	5 Average of or a debt-finar	adjusted basis llocable to nced property schedule)	or allocation		(a)		(b) Other deductions
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average of or a debt-finar	llocable to need property	or allocation	an 4 divided	(a)	(altach schedule) 7 Gross income reportable (column	(b) Other deductions (attach schedule) 8 Allocable deductions (column 6 x total of columns
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average of or a debt-finar	llocable to need property	or allocation	nn 4 divided	(a)	(altach schedule) 7 Gross income reportable (column	(b) Other deductions (attach schedule) 8 Allocable deductions (column 6 x total of columns
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	5 Average of or a debt-finar	llocable to need property	or allocation	an 4 divided olumn 5	(a)	(altach schedule) 7 Gross income reportable (column	(b) Other deductions (attach schedule) 8 Allocable deductions (column 6 x total of columns
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	5 Average of or a debt-finar	llocable to need property	or allocation	an 4 divided olumn 5	(a)	(altach schedule) 7 Gross income reportable (column	(b) Other deductions (attach schedule) 8 Allocable deductions (column 6 x total of columns
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	5 Average of or a debt-finar	llocable to need property	or allocation	on 4 divided olumn 5	E	(altach schedule) 7 Gross income reportable (column	(b) Other deductions (attach schedule) 8 Allocable deductions (column 6 x total of columns
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	5 Average of or a debt-finar	llocable to need property	or allocation	on 4 divided olumn 5	E	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I line 7 column (B)
(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	5 Average of or a debt-finar (attach	llocable to need property schedule)	or allocation	on 4 divided olumn 5	E	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I line 7 column (B)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
OTHER COSTS		271,132.
TOTAL TO SCHEDULE M, PART	r II, LINE 28	271,132.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Open to Public Inspection for 5 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT~1, 2018~and~ending~SEP~30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Employer identification number Name of the organization

BELLIN MEMORIAL HOSPITAL INC 39-0884478 Unrelated business activity code (see instructions) > 900099 ► HOSPITAL SUPPLY SALES Describe the unrelated trade or business

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales Less returns and allowances 54,581.	1c	54,581.		
2	Cost of goods sold (Schedule A, line 7)	2		经验证的现在分词的	艺 高四级 游戏说
3	Gross profit Subtract line 2 from line 1c	3	54,581.	ARMACH (1) (1) (1) (1) (1) (1)	54,581.
4 a	Capital gain net income (attach Schedule D)	4a		ない。不可ななななのでは、	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		りをおいまいまかっと	
С	Capital loss deduction for trusts	4c		いるのではなるない。	
5	Income (loss) from a partnership or an S corporation (attach			まなのない というない	
	statement)	5		なるのない。	
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8		······	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		" Alta etall'y	
13	Total. Combine lines 3 through 12	13	54,581.		54,581.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			14	T
15	Salaries and wages			15	699.
16	Repairs and maintenance			16	7221
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	2	1	1275	
22	Less depreciation claimed on Schedule A and elsewhere on return	22	ta	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	189.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	SEE	STATEMENT 7	28	54,775.
29	Total deductions. Add lines 14 through 28			29	55,663.
30	Unrelated business taxable income before net operating loss deduction. Subtract I	ine 29	from line 13	30	-1,082.
31	Deduction for net operating loss arising in tax years beginning on or after January	1, 201	3 (see	流氓	
	instructions)			31	多ななない。
32	Unrelated business taxable income Subtract line 31 from line 30			32	-1,082.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

BELLIN ME	MORIAL H	OSPITAL	INC		39-0884	478	
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation N/A	7			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold S	ubtract l	ine 6	~ ^s	
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,	<u>"";</u>	
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	1 263A (1	with respect to	Yes No	
Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	• • •	
5 Total Add lines 1 through 4b	5		the organization?			X	
Schedule C - Rent Income (From Real	Property and	d Personal Property I	_ease	d With Real Prope	rty)	
(see instructions)							
1 Description of property							
(1)				-			
(2)							
(3)	·						
(4)					,		
		ed or accrued			2/a) Deductions directly o	connected with the income in	
` rent for personal property is more than			and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)				
(1)							
(2)							
(3)							
(4)					<u> </u>		
Total	0.	Total		0.	1		
(c) Total income Add totals of columns 2		ter			(b) Total deductions Enter here and on page 1	_	
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I line 6 column (B)	0.	
Schedule E - Unrelated Deb	t-Financea	income (see	nstructions)	 	0.00		
			2 Gross income from		3 Deductions directly conne to debt-finance		
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions	
					(attach schedule)	(attach schedule)	
(1)				 	 		
(2)			-				
(3)			•	1			
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
			<u>t</u>	_	nter here and on page 1	Enter here and on page 1	
					Part I line 7 column (A)	Part I line 7 column (B)	
Totals			•		0.	0.	
Total dividends-received deductions in	cluded in column	18	· · · · · · · · · · · · · · · · · · ·		>	0.	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
DIRECT SUPPLIES OTHER COSTS		53,962. 813.
TOTAL TO SCHEDULE M, PAR	RT II, LINE 28	54,775.