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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BELLIN MEMORIAL HOSPITAL INC

Doing business as

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

Room/suite

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

GREEN BAY, WI 54305

F Name and address of principal officer

JAMES DIETSCH

PO BOX 23400

GREEN BAY, WI 54305

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

H(c) Group exemption number

Yes No

Yes No

Yes No

D Employer identification number

39-0884478

E Telephone number

(920) 445-7260

G Gross receipts \$ 581,968,977

I Tax-exempt status

501(c)(3) 501(c) ( ) (Insert no ) 4947(a)(1) or 527

J Website: WWW BELLIN ORG

K Form of organization

Corporation Trust Association Other

L Year of formation 1908

M State of legal domicile WI

Part I Summary

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

BELLIN MEMORIAL HOSPITAL, INC (BMH) PROVIDES HEALTH CARE SERVICES AND OTHER FINANCIAL SUPPORT THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED, AMONG OTHER MATTERS, TO ENHANCE THE HEALTH OF THE COMMUNITY AND IMPROVE THE HEALTH OF LOW-INCOME PATIENTS. CONSISTENT WITH THE MISSION OF BMH, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN ADDITION, BMH PROVIDES SERVICES INTENDED TO BENEFIT THE POOR AND UNDERSERVED, INCLUDING THOSE PERSONS WHO CANNOT AFFORD HEALTH INSURANCE BECAUSE OF INADEQUATE RESOURCES OR ARE UNINSURED OR UNDERINSURED. HEALTH CARE SERVICES TO PATIENTS UNDER GOVERNMENT PROGRAMS, SUCH AS MEDICAID, ARE ALSO CONSIDERED PART OF THE BELLIN HEALTH BENEFITS PROVIDED TO THE COMMUNITY SINCE A SUBSTANTIAL PORTION OF SUCH SERVICES ARE REIMBURSED AT AMOUNTS LESS THAN COST

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

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

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

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

6 Total number of volunteers (estimate if necessary)

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

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

23

17

4,154

367

3,210,518

0

Revenue

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

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

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

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

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

Prior Year

Current Year

1,294,974

1,108,019

508,484,698

559,196,425

10,935,435

10,928,446

5,592,117

8,883,002

526,307,224

580,115,892

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

801,651

779,584

0

0

284,196,452

301,014,013

0

0

213,207,746

230,442,314

498,205,849

532,235,911

28,101,375

47,879,981

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

592,686,809

689,223,217

175,184,761

229,534,525

417,502,048

459,688,692

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

CHRISTINE WOLESKE CEO

Type or print name and title

2020-08-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-13

Check if self-employed

PTIN P00096513

Firm's name WIPFLI LLP

Firm's EIN 39-0758449

Firm's address PO BOX 12237

Phone no (920) 662-0016

GREEN BAY, WI 543072237

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

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

BELLIN HEALTH IS A COMMUNITY-OWNED NOT-FOR-PROFIT ORGANIZATION RESPONSIBLE FOR IMPROVING THE HEALTH AND WELLBEING OF PEOPLE LIVING IN NORTHEAST WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN, AND ALL OTHERS WE SERVE. WE CARRY OUT THIS RESPONSIBILITY THROUGH INDIVIDUALIZED CARE EXCELLENCE, COMMUNITY HEALTH IMPROVEMENT, AND EQUITABLE HEALTHCARE FINANCING PLANS ALL DESIGNED TO POSITIVELY IMPACT HEALTH AND WELLBEING. WE ARE STEADFAST IN OUR COMMITMENT TO PROVIDING COMPASSIONATE, SAFE, AND COORDINATED CARE THAT IS ACCESSIBLE AND AFFORDABLE FOR EVERYONE. WE BUILD TRUSTED RELATIONSHIPS AND ADVANCE TRUE COLLABORATION, FUELING OUR DESIRE TO CONSTANTLY IMPROVE AND INNOVATE.

**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 \$ 452,336,006 including grants of \$ 779,584 ) (Revenue \$ 562,730,801 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 452,336,006

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
<b>c</b>	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		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	336	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

<b>2a</b> 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 . . . . .		<b>2a</b>	4,154	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 23		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 17		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

## Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**JAMES DIETSCH COOCFO 744 S WEBSTER AVE GREEN BAY, WI 54301 (920) 445-7260**

## 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 ☐

1

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

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

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

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	9,612,694	0	417,287

**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 ▶ 373

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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
IEI GENERAL CONTRACTORS  1725 MIDWAY ROAD DE PERE, WI 54115	CONSTRUCTION SERVICES	4,702,271
WOMENS WELLNES CENTER  2641 DEVELOPMENT DRIVE GREEN BAY, WI 54311	OBGYN SERVICES	4,303,194
NORDIC CONSULTING PARTNERS  2601 BELTLINE HWY STE 600 MADISON, WI 53713	IT STAFFING AND CONSULTING SERVICES	3,408,262
AMERIEBO LLC  1851 S ALVERNO ROAD MANITOWOC, WI 54220	BILLING/COLLECTION SERVICES	2,152,097
SOMERVILLE INC  2100 RIVERSIDE DRIVE GREEN BAY, WI 54301	ARCHITECTS/PLANNING & CONSTRUCTION	1,774,520

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 ▶ 65	
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Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d	792,420				
	e	Government grants (contributions) . . . . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	315,599				
	g	Noncash contributions included in lines 1a - 1f \$ . . . . .						
	h	Total. Add lines 1a-1f . . . . . 1,108,019						
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REVENUE	621500	547,813,308	545,057,202	2,756,106		
	b	ACO INCENTIVE	621110	3,064,038	3,064,038			
	c	RENT FROM AFFILIATES	621110	2,792,579	2,792,579			
	d	MISCELLANEOUS	621110	1,788,416	1,788,416			
	e	CONTRACTED SERVICES	621110	1,772,423	1,772,423			
	f	All other program service revenue . . . . .		1,965,661	78,570	454,412		
	g	Total. Add lines 2a-2f . . . . . 559,196,425						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	6,104,892		6,104,892		
	4		Income from investment of tax-exempt bond proceeds . . . . .					
	5		Royalties . . . . .					
	6a	(i) Real		(ii) Personal				
		2,208,870		42,105				
		b	Less rental expenses		1,503,441	42,105		
			c		Rental income or (loss)	705,429	0	
	d	Net rental income or (loss) . . . . .		705,429		705,429		
	7a	(i) Securities		(ii) Other				
		4,891,032		240,061				
		b	Less cost or other basis and sales expenses		0	307,539		
			c		Gain or (loss)	4,891,032	-67,478	
	d	Net gain or (loss) . . . . .		4,823,554		4,823,554		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b		Less direct expenses . . . . .	b			
		c		Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .		a					
	b		Less cost of goods sold . . . . .	b				
	c		Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code						
11a	BOSC K-1 INCOME		900099	7,586,650	7,586,650			
b	EHR INCENTIVE		621110	3,574,918	3,574,918			
c	LOSS FROM HEALTHCARE AFFILIATES		900099	-2,983,995	-2,983,995			
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			8,177,573				
12	Total revenue. See Instructions . . . . .			580,115,892	562,730,801	3,210,518		
						13,066,554		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	779,584	779,584		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,761,946	1,317,091	2,444,855	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	239,505,453	212,090,569	27,414,884	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,676,651	9,250,785	1,425,866	
<b>9</b> Other employee benefits.	31,820,123	27,654,866	4,165,257	
<b>10</b> Payroll taxes.	15,249,840	13,314,424	1,935,416	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	940,264	940,264		
<b>b</b> Legal.	973,950		973,950	
<b>c</b> Accounting.	910,030		910,030	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	472,202		472,202	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	35,154,041	27,743,029	7,411,012	
<b>12</b> Advertising and promotion.	6,159,613	28,041	6,131,572	
<b>13</b> Office expenses.	6,832,044	3,094,581	3,737,463	
<b>14</b> Information technology.	7,838,015	4,010,094	3,827,921	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	10,587,135	10,132,686	454,449	
<b>17</b> Travel.	1,299,156	808,266	490,890	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,720,775	913,297	807,478	
<b>20</b> Interest.	5,338,179	739,743	4,598,436	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	23,346,253	16,610,612	6,735,641	
<b>23</b> Insurance.	1,088,861	482,200	606,661	
<b>24</b> 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):				
<b>a</b> SUPPLIES	85,627,937	85,562,513	65,424	
<b>b</b> BAD DEBTS	15,543,751	15,541,738	2,013	
<b>c</b> EQUIPMENT RENT/MAINT	14,330,249	11,702,781	2,627,468	
<b>d</b> DUES/SUBSCRIPTIONS	9,337,506	7,684,718	1,652,788	
<b>e</b> All other expenses	2,942,353	1,934,124	1,008,229	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	532,235,911	452,336,006	79,899,905	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	16,627	<b>1</b>	17,077
	<b>2</b> Savings and temporary cash investments . . . . .	63,635,290	<b>2</b>	148,955,240
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	65,168,926	<b>4</b>	72,720,587
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	29,368,778	<b>7</b>	33,986,977
	<b>8</b> Inventories for sale or use . . . . .	5,961,521	<b>8</b>	5,768,606
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,055,831	<b>9</b>	6,695,875
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 413,136,491		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 221,793,798		
		198,594,762	<b>10c</b>	191,342,693
	<b>11</b> Investments—publicly traded securities . . . . .	190,336,351	<b>11</b>	196,879,307
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	12,138,364	<b>12</b>	11,491,085
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	4,083,644	<b>14</b>	3,124,985
<b>15</b> Other assets. See Part IV, line 11 . . . . .	16,326,715	<b>15</b>	18,240,785	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	592,686,809	<b>16</b>	689,223,217	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	53,414,786	<b>17</b>	60,884,767
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	114,004	<b>19</b>	70,851
	<b>20</b> Tax-exempt bond liabilities . . . . .	56,304,865	<b>20</b>	100,322,788
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	65,351,106	<b>25</b>	68,256,119
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	175,184,761	<b>26</b>	229,534,525
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	412,921,645	<b>27</b>	454,903,413
	<b>28</b> Temporarily restricted net assets . . . . .	2,083,050	<b>28</b>	2,287,702
	<b>29</b> Permanently restricted net assets . . . . .	2,497,353	<b>29</b>	2,497,577
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	417,502,048	<b>33</b>	459,688,692	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	592,686,809	<b>34</b>	689,223,217	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	580,115,892
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	532,235,911
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	47,879,981
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	417,502,048
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,850,082
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,843,255
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	459,688,692

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 39-0884478  
**Name:** BELLIN MEMORIAL HOSPITAL INC

Form 990 (2018)

**Form 990, Part III, Line 4a:**

THE HOSPITAL PROVIDES ACUTE HOSPITAL CARE TO RESIDENTS OF NORTHEASTERN WISCONSIN DURING FISCAL YEAR 2019 33,562 INPATIENT DAYS WERE PROVIDED (30,736 ADULTS AND PEDIATRICS), AS COMPARED TO 32,030 (29,157 ADULTS AND PEDIATRICS) IN FISCAL YEAR 2018 THE NUMBER OF OUTPATIENTS REGISTERED FOR 2019 AND 2018 WERE 254,357 AND 245,407, RESPECTIVELY BELLIN MEMORIAL HOSPITAL ALSO PROVIDED 920,862 (AS COMPARED TO 847,166 IN 2018) PHYSICIAN CLINIC VISITS THROUGH BELLIN MEDICAL AND SPECIALTY GROUPS

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			
TERRY FULWILER ..... BOARD CHAIR	0 50 .....	X		X				0	0	0
ELL LEE DDS ..... BOARD VICE CHAIR	0 50 .....	X		X				0	0	0
MARK MCMULLEN ..... BOARD SECRETARY	0 50 .....	X		X				0	0	0
NANCY ARMBRUST ..... BOARD MEMBER	0 50 .....	X						0	0	0
G CORT CONDON ..... BOARD MEMBER	0 50 .....	X						0	0	0
DANIEL GULLING ..... BOARD MEMBER	0 50 .....	X						0	0	0
FRED SCHMIDT MD ..... BOARD MEMBER	0 50 .....	X						0	0	0
DANIEL ARIENS ..... BOARD MEMBER	0 50 .....	X						0	0	0
WILLIAM WITTMAN MD ..... BOARD MEMBER/BMG PHYSIAN	50 00 .....	X						279,994	0	28,344
JOHN JONES ..... BOARD MEMBER	0 50 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN FINCO ..... BOARD MEMBER	0 50 .....	X						0	0	0
MICHAEL HADDAD ..... BOARD MEMBER	0 50 .....	X						0	0	0
JOHN DYKEMA ..... TREASURER	0 50 .....	X		X				0	0	0
ROBERT CLAUSEN ..... BOARD MEMBER	0 50 .....	X						0	0	0
CHRISTINE WOLESKE ..... PRESIDENT/CEO	50 00 .....	X		X				688,477	0	41,322
KARL SCHMIDT ..... BOARD MEMBER	0 50 .....	X						0	0	0
PAUL CASEY MD ..... BOARD MEMBER/PRESIDENT MED	50 00 .....	X						57,325	0	0
SABINA SINGH MD ..... BOARD MEMBER/PRESIDENT BEL	50 00 .....	X						256,271	0	18,943
MARK RINGWELSKI MD ..... BOARD MEMBER/PRESIDENT BEL	50 00 .....	X						337,937	0	37,275
ROBERT MEAD MD ..... BOARD MEMBER/PRESIDENT MED	50 00 .....	X						320,841	0	37,486

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			
BARB GILLING ..... BOARD MEMBER	0 50 .....	X						0	0	0
BILL BOHN ..... BOARD MEMBER	0 50 .....	X						0	0	0
JAMIE SPITZER ..... BOARD MEMBER	0 50 .....	X						0	0	0
GEORGE KERWIN ..... FORMER CEO	50 00 .....			X				1,082,565	0	47,226
JAMES DIETSCH ..... COO/CFO	50 00 .....			X				493,837	0	34,103
YOON CHUN MD ..... PHYSICIAN	40 00 .....					X		1,023,780	0	21,805
DAVID STAMPFL MD ..... PHYSICIAN	40 00 .....					X		1,615,993	0	42,819
TIMOTHY ROARTY MD ..... PHYSICIAN	40 00 .....					X		1,025,197	0	37,240
PATRICK MCKENZIE MD ..... PHYSICIAN	40 00 .....					X		1,194,309	0	38,622
JAMES SPEARS MD ..... PHYSICIAN	40 00 .....					X		1,236,168	0	32,102



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

BELLIN MEMORIAL HOSPITAL INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

BELLIN MEMORIAL HOSPITAL INC

Employer identification number

39-0884478

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 39-0884478  
Name: BELLIN MEMORIAL HOSPITAL INC

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization BELLIN MEMORIAL HOSPITAL INC	<b>Employer identification number</b> 39-0884478
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-
1				
2				
3				
4				
5				
6				

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **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)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		20,489
<b>j</b>	Total. Add lines 1c through 1i			20,489
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**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	AHA AND WHA DUES

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
BELLIN MEMORIAL HOSPITAL INC

Employer identification number  
39-0884478

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

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

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

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,697,255	2,689,035	2,637,679	2,283,113	2,446,300
b Contributions	63,290	50	7,394	319,500	101,050
c Net investment earnings, gains, and losses	27,788	32,052	56,750	45,890	-255,551
d Grants or scholarships					
e Other expenditures for facilities and programs	9,387	23,882	12,788	10,824	8,686
f Administrative expenses					
g End of year balance	2,778,946	2,697,255	2,689,035	2,637,679	2,283,113

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

92 140 %

c

Temporarily restricted endowment

7 860 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,310,489		8,310,489
b Buildings		188,244,600	70,445,029	117,799,571
c Leasehold improvements		2,813,436	1,997,859	815,577
d Equipment		209,870,274	149,350,910	60,519,364
e Other		3,897,692		3,897,692
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				191,342,693

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
DEFERRED COMPENSATION	12,787,211	
NONCONTROLLING INTEREST OF CONSOLIDATED AFFILIATE	1,608,915	
CAPITAL LEASE OBLIGATIONS	46,238,473	
INTEREST RATE SWAP VALUATION	7,621,520	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	68,256,119	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	563,936,963
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-1,850,082
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-21,724,983
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-23,575,065
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	587,512,028
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	472,202
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-7,868,338
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-7,396,136
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	580,115,892

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	524,504,484
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	8,710,299
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	8,710,299
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	515,794,185
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	472,202
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	15,969,524
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	16,441,726
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	532,235,911

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-0884478  
**Name:** BELLIN MEMORIAL HOSPITAL INC

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR HEALTH CARE SERVICES AND EMPLOYEE TRAINING AND DEVELOPMENT

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN ON SWAP AGREEMENT -2,732,153    NON-CONTROLLING INTEREST -3,449,079    PROVISION FOR BAD DEBTS -15,543,751

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	TRANSFER FROM FOUNDATION 792,420 HOSPITAL SUPPLIES 49,541 RENTAL EXPENSES -1,545,546 RE NT FROM AFFILIATES 2,792,579 BOSC EXPENSES -9,957,332

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 1,545,546 RENT FROM AFFILIATES -2,792,579 BOSC EXPENSES 9,957,332

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	REALLOCATION OF SUPPLIES EXPENSE TO 990T 49,541 EXPENSES PAID FOR BY FOUNDATION TRANSFERS 376,232 PROVISION FOR BAD DEBTS 15,543,751

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
<b>Name of the organization</b> BELLIN MEMORIAL HOSPITAL INC		<b>Employer identification number</b> 39-0884478

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>22000 0000000000</u> %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5,791,711		5,791,711	1 120 %
<b>b</b> Medicaid (from Worksheet 3, column a)			58,394,727	32,867,132	25,527,595	4 940 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			64,186,438	32,867,132	31,319,306	6 060 %
Other Benefits						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			4,691,881		4,691,881	0 910 %
<b>f</b> Health professions education (from Worksheet 5)			5,909,869		5,909,869	1 140 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			2,341,163		2,341,163	0 450 %
<b>j Total.</b> Other Benefits			12,942,913		12,942,913	2 500 %
<b>k Total.</b> Add lines 7d and 7j			77,129,351	32,867,132	44,262,219	8 560 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other			138,207		138,207	0.030 %
<b>10 Total</b>			138,207		138,207	0.030 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	6,256,650	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	153,331,967
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	226,926,932
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-73,594,965
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b> 1 BELLIN ORTHOPEDIC SURGERY CENTER LLC	ORTHOPEDIC SURGERY CENTER	55.000 %		45.000 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

BELLIN MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION B, LINE 7D</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION B, LINE 7D</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

BELLIN MEMORIAL HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			YesNo
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 220 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTPS://WWW.BELLIN.ORG/IMAGES/UPLOADS/BUSOF_001_-_FINANCIAL_ASSISTANCE_PDF			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTPS://WWW.BELLIN.ORG/IMAGES/UPLOADS/COMMUNITY_CARE_APPLICATION_PDF			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTPS://WWW.BELLIN.ORG/IMAGES/UPLOADS/PLAIN_LANGUAGE_SUMMARY_-_FINANCIAL_AS			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

BELLIN MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BELLIN MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**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? 34

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6A	BELLIN MEMORIAL HOSPITAL IS INCLUDED IN THE BELLIN HEALTH SYSTEMS, INC COMMUNITY BENEFIT REPORT
PART I, LINE 7	AMOUNTS ARE CALCULATED BASED ON COST TO CHARGE RATIOS AND AMOUNTS PER THE FINANCIAL STATEMENTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE OF \$15,543,751 INCLUDED ON FORM 990, PART IX, LINE 25 WAS EXCLUDED FROM THE DENOMINATOR PER INSTRUCTIONS WHEN CALCULATING THE PERCENT TOTAL EXPENSES ON SCHEDULE H
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES FOCUS ON SOCIAL CONDITIONS THAT CONTRIBUTE TO HEALTH PROBLEMS, SUCH AS HOMELESSNESS, POVERTY, AND OTHER LIVING CONDITIONS AFFECTING THE QUALITY OF LIFE THESE RANGE FROM DEVELOPING COMMUNITY LEADERS, DISASTER READINESS, AND SUPPORT OF LOCAL ECONOMIC DEVELOPMENT, TO HEALTH IMPROVEMENT ADVOCACY BELLIN MEMORIAL HOSPITAL IS ACTIVE IN THE GREEN BAY PUBLIC SCHOOLS WITH OUR THRIVE PROGRAM THAT ASSISTS IN SETTING AND MEETING HEALTH AND WELLNESS GOALS FOR STUDENTS IN THIS SCHOOL SYSTEM BELLIN ALSO HOLDS AN ANNUAL BELLIN RUN/WALK 10K EVENT EACH YEAR WITH OVER 13,000 PARTICIPANTS OF ALL AGES LEARNING FIRST HAND THE VALUE OF EXERCISE IN DAILY LIFE



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT EXPENSE AT COST IS CALCULATED BASED ON THE COST TO CHARGE RATIOS
PART III, LINE 3	THE HOSPITAL UTILIZES HFMA #15 THEREFORE NONE OF THE BAD DEBT WOULD BE DEEMED CHARITY CARE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	THE ATTACHED FINANCIAL STATEMENTS DO NOT CONTAIN A SPECIFIC BAD DEBT EXPENSE FOOTNOTE HOWEVER, THE SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES DESCRIBES THE HOSPITAL'S POLICY ON PAGE 16 OF THE FINANCIAL STATEMENTS CONSISTENT WITH BELLIN HEALTH SYSTEMS' MISSION, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THEREFORE, BELLIN HEALTH SYSTEMS HAS DETERMINED IT HAS PROVIDED IMPLICIT PRICE CONCESSIONS TO UNINSURED PATIENTS AND PATIENTS WITH OTHER UNINSURED BALANCES (FOR EXAMPLE, COPAYS AND DEDUCTIBLES) THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS BELLIN HEALTH SYSTEMS EXPECTS TO COLLECT BASED ON ITS COLLECTION HISTORY WITH THOSE PATIENTS BELLIN HEALTH SYSTEMS' POLICY IS TO PROVIDE A 35% DISCOUNT FROM ESTABLISHED CHARGES TO UNINSURED PATIENTS THIS POLICY DID NOT CHANGE IN 2019 AND 2018
PART III, LINE 8	THE AMOUNTS REPORTED FOR MEDICARE WERE CALCULATED USING A COST TO CHARGE RATIO THE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS IRS REV RUL 69-545 WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS STATES THAT IF A HOSPITAL SERVICES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY IN ADDITION, FOR-PROFIT HOSPITALS HAVE CARVED OUT HIGH-MARGIN SERVICES (I E ONCOLOGY, ORTHO, ETC) LEAVING GENERAL ACUTE CARE HOSPITALS WITH LOWER-MARGIN MEDICARE SERVICES THIS MEANS THAT THE SHORTFALL IS NOT NECESSARILY FROM INEFFICIENT OPERATIONS MEDICARE CAN BE THE LARGEST PAYOR AND HOSPITALS HAVE NO ABILITY TO DENY COVERAGE THIS, IN TURN, IS A PROMOTION OF ACCESS TO HEALTHCARE SERVICES (A COMMUNITY BENEFIT) ALSO, ELDERLY PATIENTS ARE OFTEN UNDERSERVED AND EXPERIENCE ISSUES WITH ACCESS TO HEALTHCARE SERVICES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	FOR PATIENTS WHO CANNOT MEET THE EXPECTATIONS OF THE DEBT COLLECTION POLICY, THE ORGANIZATION OFFERS FINANCIAL ASSISTANCE THE ORGANIZATION WILL NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE DETERMING WHETHER A GUARANTOR IS ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY ALL PATIENTS ARE OFFERED A PLAIN LANGUAGE SUMMARY EXPLAINING THE FINANCIAL ASSISTANCE PROGRAM AS PART OF THE REGISTRATION PROCESS IN ADDITION, ALL STATEMENTS INCLUDE INFORMATION REGARDING FINANCIAL ASSISTANCE AVAILABILITY
PART VI, LINE 2	BELLIN MEMORIAL HOSPITAL COMPLETED A COMMUNITY NEEDS ASSESSMENT AND IT IS POSTED ON BELLIN.ORG

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	FINANCIAL COUNSELORS ADVISE PATIENTS OF ASSISTANCE PROGRAMS A SERVICE CALLED HRS ERASE IS USED TO REVIEW SELF PAY ACCOUNTS FOR POSSIBLE COVERAGE THROUGH GOVERNMENT PROGRAMS
PART VI, LINE 4	BELLIN MEMORIAL HOSPITAL SERVES NORTHEAST WISCONSIN AND UPPER MICHIGAN OUR CURRENT PAYOR SUPPLEMENTAL INFORMATION MIX IS 48 3% MEDICARE AND 9 6% MEDICAID 9% OF THE POPULATION IS BELOW THE POVERTY LEVEL AND 17 3% IS OVER AGE 65

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5	A MAJORITY OF BELLIN MEMORIAL HOSPITALS GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN BELLIN MEMORIAL HOSPITAL'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEROF IN ADDITION, BELLIN MEMORIAL HOSPITAL EXTENDS MEDICAL STAFF PRIVELEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR ALL OF ITS DEPARTMENTS BELLIN MEMORIAL HOSPITAL APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, EDUCATION, AND FACILITIES
PART VI, LINE 6	BELLIN HEALTH IS A COMMUNITY-OWNED NOT-FOR-PROFIT ORGANIZATION RESPONSIBLE FOR THE PHYSICAL AND EMOTIONAL HEALTH OF PEOPLE LIVING IN NORTHEAST WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN DIRECTLY, AND IN PARTNERSHIP WITH COMMUNITIES, EMPLOYERS, SCHOOLS, AND GOVERNMENT OFFICIALS, WE GUIDE INDIVIDUALS AND FAMILIES IN THEIR LIFELONG JOURNEY TOWARD OPTIMAL HEALTH WE ARE COMMITTED TO PROVIDING SAFE, RELIABLE, COST-EFFECTIVE TOTAL HEALTH SOLUTIONS WITH RESPECT AND COMPASSION OUR INNOVATIVE WORK WILL IMPACT HEALTHCARE DELIVERY IN OUR REGION AS WELL AS THROUGHOUT THE WORLD

990 Schedule H, Supplemental Information

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-0884478  
**Name:** BELLIN MEMORIAL HOSPITAL INC

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BELLIN MEMORIAL HOSPITAL 744 S WEBSTER AVE GREEN BAY, WI 54305 WWW.BELLIN.ORG 147	X	X					X			

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

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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 5 THIS YEAR'S ASSESSMENT BUILT ON COLLABORATION, ACTIVELY SEEKING INPUT FROM A BROAD CROSS SECTION OF COMMUNITY STAKEHOLDERS WITH THE GOAL OF REACHING CONSENSUS ON PRIORITIES TO MUTUALLY FOCUS HUMAN, MATERIAL AND FINANCIAL RESOURCES ON BELOW IS A LISTING OF PARTICIPANTS IN A CHNA SUMMIT IN WHICH HEALTH PRIORITIES WERE DETERMINED -CITY OF GREEN BAY - PARKS &amp; RECREATION-NORTHEASTERN WISCONSIN TECHNICAL COLLEGE-CITY OF DE PERE - HEALTH DEPARTMENT-BELLIN HEALTH-BROWN COUNTY PUBLIC HEALTH-ASHWAUBENON SCHOOLS-INTERN SCHOOL SOCIAL WORKER (HSSD)-WILLOW CREEK BEHAVIORAL HEALTH-HSHS ST VINCENT HOSPITAL/ ST MARY'S HOSPITAL-LIVE 54218-BELLIN PSYCHIATRIC CENTER-BROWN COUNTY BOARD-WIC-FAMILY &amp; CHILDCARE RESOURCES OF NEW-AGING AND DISABILITY RESOURCE CENTER-BROWN COUNTY BOARD OF HEALTH-WI DHS DIVISION OF PUBLIC HEALTH-HOWARD SUAMICO SCHOOLS-CONNECTIONS FOR MENTAL WELLNESS-PULASKI COMMUNITY SCHOOLS-ST NORBERT COLLEGE-HSHS LIBERTAS TREATMENT CENTER-SHERMAN COUNSELING-UW EXTENSIONS-AIDS RESOURCE CENTER OF WISCONSIN (ARCW)-FOUNDATIONS-BOCE/ETC -AURORA BEHAVIORAL HEALTH - UWGB-UNITED WAY - BROWN COUNTY-EX PRISONER OPPORTUNITIES-INTEGRATED COMMUNITY SOLUTIONS-OCONTO COUNTY PUBLIC HEALTH-RETIRED LAW ENFORCEMENT - DE PERE-BELLIN COLLEGE-BROWN COUNTY - CTC-UW GREEN BAY-ONEIDA NATION-BROWN COUNTY CHILD AND ADOLESCENT BEHAVIORAL HEALTH-PREVEA HEALTH-BROWN COUNTY HEALTH &amp; HUMAN SERVICES-NEW COMMUNITY CLINIC-NEW COMMUNITY CLINIC &amp; BROWN COUNTY BOARD OF HEALTH-GREEN BAY AREA PUBLIC SCHOOLS-CITY OF GREEN BAY - MAYOR-AURORA BAYCARE MEDICAL CENTER (ABMC)-ORAL HEALTH PARTNERSHIP-COMMUNITY VOLUNTEER-CITY OF DE PERE-JOSHUA - BC MENTAL HEALTH TASK FORCE - CONNECTIONS FOR MENTAL WELLNESS-DIOCESE OF GB CATHOLIC CHARITIES-BAY AREA COMMUNITY COUNCIL (BACC)-DARJUNE/EXPOTO ENSURE THAT THE NEEDS OF THESE GROUPS WERE ADEQUATELY REPRESENTED, WE INCLUDED REPRESENTATIVES FROM BROWN COUNTY HEALTH AND HUMAN SERVICES (PUBLIC HEALTH, AGING &amp; DISABILITY RESOURCE CENTER, AND CHILD &amp; FAMILY SERVICES), VARIOUS BROWN COUNTY DEPARTMENTS INCLUDING HEAD START, PROBATION &amp; PAROLE, VICTIM/WITNESS SERVICES, VETERANS SERVICES, LOVE, INC , BROWN COUNTY INTERFAITH ORGANIZATION, LOCAL SCHOOL DISTRICTS, BROWN COUNTY INTERFAITH, PARTNERS FOR COMMUNITY DEVELOPMENT, FAMILY RESOURCE CENTER OF BROWN COUNTY, SAFE HARBOR THESE ORGANIZATIONS SERVE THE UNDER-RESOURCED IN OUR COMMUNITY, INCLUDING LOW-INCOME SENIORS, CHILDREN LIVING IN POVERTY, FAMILIES WHO STRUGGLE WITH SHELTER AND FOOD INSECURITY, VETERANS AND VICTIMS OF DOMESTIC VIOLENCE</p>



<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6A AURORA BAYCARE MEDICAL CENTER (GREEN BAY) AND ST MARY'S AND ST VINCENT HOSPITALS (HSHS, GREEN BAY)

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B BROWN COUNTY HEALTH DEPARTMENT, CITY OF DE PERE HEALTH DEPARTMENT, AND BROWN COUNTY UNITED WAY

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

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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 7D FULL URL FOR PART V, SECTION B, LINE 7A <a href="https://www.bellin.org/images/uploads/brown_county-fy2018_chna_edits_04_10">HTTPS //WWW BELLIN ORG/IMAGES/UPLOADS/BROWN_COUNTY-FY2018_CHNA_EDITS_04_10</a> FULL URL FOR PART V, SECTION B, LINE 10A <a href="https://www.bellin.org/images/uploads/brown_county_fy2018_implementation_pl">HTTPS //WWW BELLIN ORG/IMAGES/UPLOADS/BROWN_COUNTY_FY2018_IMPLEMENTATION_PL</a>

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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 11 THE MOST RECENT CHNA IDENTIFIED COMMUNITY NEEDS FOR FISCAL YEA RS 2018 THROUGH 2020 THE NEEDS IDENTIFIED ARE MENTAL HEALTH, PHYSICAL ACTIVITY, OBESITY, AND NUTRITION, AND HEALTH INEQUALITY BELLIN REPRESENTATIVES LEAD THE INITIATIVES A SUMM ARY OF HOW BELLIN HAS BEEN ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA IS AS FOLLOWS MENTA L HEALTH LONG-TERM PERFORMANCE INDICATORS BY JULY 2020, THE AVERAGE NUMBER OF POOR MENTA L HEALTH DAYS PER 30 DAYS, AS REPORTED BY COUNTY RESIDENTS, WILL DECREASE FROM 3 4 TO 3 2 STRATEGY ONE SCREENING TOOL ASSESSMENT AND BEST PRACTICE IDENTIFICATION BELLIN HEALTH WI LL WORK COLLABORATIVELY WITH THE BROWN COUNTY HEALTH DEPARTMENT AND MENTAL HEALTH TASK FOR CE TO -ASSIST IN COMPLETING AN INVENTORY OF CURRENT BEHAVIORAL HEALTH SCREENING TOOLS USE D ACROSS SETTINGS -ASSIST IN COMPLETING AN INVENTORY OF CURRENT SUICIDE RISK SCREENING TO OLS USED ACROSS SETTINGS (CONSIDER COLLABORATION WITH THE BROWN COUNTY COALITION FOR SUICI DE PREVENTION ON THIS ACTIVITY) -IDENTIFY BEST PRACTICE BEHAVIORAL HEALTH SCREENING TOOLS AND DEVELOP RECOMMENDATIONS FOR TOOLS USED IN VARIOUS COMMUNITY SETTINGS -IDENTIFY BEST PRACTICE SUICIDE RISK SCREENING TOOLS AND DEVELOP RECOMMENDATIONS FOR TOOLS USED IN VARIOU S COMMUNITY SETTINGS STRATEGY TWO "NO WRONG DOOR" ACCESS PLATFORM FOR MENTAL HEALTH TREA TMENT AND PROVIDERS BELLIN HEALTH WILL WORK COLLABORATIVELY WITH THE BROWN COUNTY HEALTH D EPARTMENT AND MENTAL HEALTH TASK FORCE TO -IMPLEMENT TRILOGY NETWORK OF CARE IN COLLABORA TION WITH NEW CONNECTIONS -WORK WITH PRIMARY CARE PROVIDERS TO IDENTIFY EDUCATION NEEDS AN D STRENGTHEN PRIMARY CARE AS THE ENTRY POINT TO "RIGHT CARE, RIGHT PERSON, RIGHT TIME" MEN TAL HEALTH TREATMENT -INVESTIGATE AND IMPLEMENT A "NO WRONG DOOR" REFERRAL PROCESS BETWEEN N COMMUNITY AGENCIES TO GUARANTEE THE RIGHT ACCESS AT THE RIGHT TIME STRATEGY THREE DEVE LOP A NETWORK OF PEER SUPPORT, INCREASING AVAILABILITY OF IMMEDIATE RESOURCES TO COMMUNITY BELLIN HEALTH WILL WORK COLLABORATIVELY WITH THE BROWN COUNTY HEALTH DEPARTMENT AND MENTA L HEALTH TASK FORCE TO -COMPLETE AN INVENTORY OF CURRENT MENTAL HEALTH PEER SUPPORT RESOU RCES AVAILABLE IN THE COMMUNITY -IDENTIFY EDUCATIONAL/TRAINING PROGRAMS AVAILABLE TO THOS E INTERESTED IN PROVIDING PEER SUPPORT IN THE COMMUNITY (E G QPR, MENTAL HEALTH FIRST AID , ETC ) -DEVELOP A PEER SUPPORT NETWORK, IMPLEMENT SERVICES AND PROVIDE RESOURCE CONTACTS TO COMMUNITY ORGANIZATIONS AND AGENCIES PHYSICAL ACTIVITY, OBESITY, AND NUTRITION LONG-T ERM PERFORMANCE INDICATORS BY 2020, INCREASE NUMBER OF INDIVIDUALS WITH A HEALTHY WEIGHT BY THREE PERCENT, AS EVIDENCED BY AN INCREASE IN THE NUMBER OF COMMUNITY MEMBERS WITH A BM I UNDER 30 (BASELINE MEASURE 72 PERCENT AT HEALTHY WEIGHT, BASED ON COUNTY HEALTH RANKIN GS 2017- 2013 DATA) STRATEGY ONE FOOD AS MEDICINE BELLIN HEALTH WILL WORK COLLABORATIVELY WITH THE BROWN COUNTY HEALTH DEPARTMENT TO IMPROVE EQUITABLE ACCESS TO HEALTHY FOOD, AND INCREASE THE PROPORTION OF BRO</p>

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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	<p>WN COUNTY RESIDENTS WHO CONSUME THE RECOMMENDED NUMBER OF SERVINGS OF FRUITS AND VEGETABLES BY AT LEAST TWO PERCENT (SHORT TERM) AND FOUR PERCENT (LONG TERM) BY</p> <p>-ESTABLISHING RELATIONSHIPS WITH VARIOUS COMMUNITY GROUPS AND OFFERING ASSISTANCE TO FACILITATE CHANGE OR MAINTENANCE FOR PROGRAMS THAT FOCUS ON CONSUMPTION OF HEALTHY FOODS -MONITORING HEALTHY FOOD DONATIONS AT SCOUTING FOR FOODS DRIVE -MAINTAINING AND PROMOTING FOOD DRIVE 5 TOOLKIT -MONITORING AND ENCOURAGING FOOD PANTRY INFRASTRUCTURE THAT PROMOTES HEALTHY FOOD CHOICES -INSTITUTE A PLATFORM OF HEALTHY SNACKS IN THE SCHOOL SYSTEM BY ELIMINATING CANDY, HIGH FAT SNACKS AND SODA FROM VENDING MACHINES AND CAFETERIAS -TRACKING THE RATIO OF ELIGIBILITY FOR EBT PROGRAM TO THOSE WHO USE THE DOUBLE YOUR BUCKS PROGRAM AT THE FARMER'S MARKET -BEN'S WISH PROGRAM THAT ASSISTS LOCAL COMMUNITIES IN FIGHTING FOOD INSECURITY ISSUES THROUGH FOOD DRIVE COLLECTION, WEEKEND BACKPACK PROGRAM AND EDUCATIONAL ACTIVITIES STRATEGY TWO MOVEMENT AS MEDICINE BELLIN HEALTH WILL WORK COLLABORATIVELY WITH THE BROWN COUNTY HEALTH DEPARTMENT TO DECREASE PHYSICAL INACTIVITY (SHORT-TERM BY TWO PERCENT, LONG-TERM BY FOUR PERCENT) THROUGH EMPOWERING COMMUNITY MEMBERS TO USE ACTIVE MEANS OF TRANSPORT/MOVEMENT BY PARTNERING WITH THE GREATER GREEN BAY ACTIVE COMMUNITY ALLIANCE ENCOURAGE BROWN COUNTY RESIDENTS TO UTILIZE COMMUNITY RESOURCES (E.G. WALKING/BIKING TRAILS, FITNESS CENTERS, ETC) AND FACILITATE CAMPAIGN(S) THAT PROMOTE(S) HEALTHY LIFESTYLES THROUGH SAFE AND AFFORDABLE MODES OF PHYSICAL ACTIVITY (AS MEASURED BY A DECREASE IN PHYSICAL INACTIVITY) BY STRUCTURING THE WORK AROUND THE THREE ES (ENGINEERING, EDUCATION, ENFORCEMENT) TOGETHER, WE WILL ACCOMPLISH THIS BY -INVENTORYING EXISTING INITIATIVES THAT ARE IN ALIGNMENT WITH THIS OBJECTIVE -PARTNERING WITH THE GREATER GREEN BAY ACTIVE COMMUNITY ALLIANCE TO CREATE A MORE ACTIVE AND CONNECTED COMMUNITY -DEVELOPING AN EDUCATIONAL STRATEGY USING THE THREE ES IN PARTNERSHIP WITH THE GREATER GREEN BAY ACTIVE COMMUNITY ALLIANCE -MONITORING UTILIZATION TRENDS OF ACTIVE DESIGN AND INFRASTRUCTURE TO IDENTIFY GAPS AND OPPORTUNITIES TO IMPROVE STRATEGY THREE CULTURE CHANGE BELLIN HEALTH WILL WORK COLLABORATIVELY WITH THE BROWN COUNTY HEALTH DEPARTMENT TO LINK LIFE STUDY DATA, CHIP AND THE GROW PROJECT TOGETHER TO COLLABORATE ON COMMUNITY INITIATIVES TOGETHER WE WILL CREATE A COMMUNITY DRIVEN BY MULTI-SECTORED PARTNERSHIPS SUPPORTIVE OF CULTURAL WELL-BEING THAT IMPROVES THE HEALTH OF BROWN COUNTY BY -CONVENING MEETINGS WITH LEADERSHIP FROM LIFE STUDY, CHIP AND THE GROW PROJECT -TESTING A COMMUNITY EDUCATION PLATFORM SUPPORTING THE CONNECTION BETWEEN NUTRITION, MOVEMENT AND HEALTH STATUS -ENGAGING AND EMPOWERING THE GROWTH AND DEVELOPMENT OF RELATIONSHIPS BETWEEN AGENCIES IN THE FOOD-RELATED AND WELL-BEING SECTORS -ADOPTING HEALTHFUL HOSPITAL FOOD A MERICAN MEDICAL ASSOCIATION RESOLUTION 406 HEALTH EQUALITY IN ADDITION TO THE THREE COMMUNITY TEAMS, BELLIN IS HAS AN IN</p>

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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	TERNAL TEAM FOCUSED ON ADDRESSING HEALTH EQUITY PRIMARY DRIVERS IN THIS WORK INCLUDE LEADERSHIP AND ADVOCACY AS HEALTHCARE LEADERS FOR HEALTH EQUITY, ORGANIZATION FOCUS TO ADDRESS OPPORTUNITIES FOR HEALTH CARE EQUITY AND PARTNERSHIPS WITH THE KEY STAKEHOLDERS AND COMMUNITIES ONE OF THE KEY PROJECT THAT THIS TEAM WILL FOCUS ON IS THE COLLECTION AND USE OF REAL (RACE, ETHNICITY AND LANGUAGE) DATA SOME ADDITIONAL PROJECTS THAT THE TEAM HAS PRIORITIZED FALL UNDER THE SECONDARY DRIVERS OF DEVELOPING A RECRUITMENT AND RETENTION STRATEGY TO EVOLVE THE WORKFORCE TO REFLECT THE COMMUNITY WE LIVE IN, AND THE QUALITATIVE AND QUANTITATIVE UNDERSTANDING OF THE POPULATIONS WE SERVE BY ADDRESSING THE SOCIAL DETERMINATES OF HEALTH NEXT STEPS THE IMPLEMENTATION PLAN OUTLINES A THREE-YEAR COMMUNITY HEALTH IMPROVEMENT PROCESS ANNUALLY, THE HOSPITAL WILL -REVIEW THE IMPLEMENTATION PLAN AND UPDATE STRATEGIES FOR THE FOLLOWING FISCAL YEAR -SET AND TRACK ANNUAL PERFORMANCE INDICATORS FOR EACH IMPLEMENTATION STRATEGY -TRACK PROGRESS TOWARD MID TERM PERFORMANCE INDICATORS -REPORT PROGRESS TOWARD THE PERFORMANCE INDICATORS TO THE HOSPITAL BOARD, COMMUNITY BENEFIT ADVISORY COMMITTEE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13H PRESUMPTIVE ELIGIBILITY INCLUDES FACTORS AS HOMELESS, DECEASED WITH NO KNOWN ESTATE, APPROVED COURT BANKRUPTCY, PAYMENT ASSISTANCE RANK ORDER SCORE, ELIGIBLE FOR STATE OF WI FOOD SHARE PROGRAM

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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 16J DISCLOSURE UNDER REVENUE PROCEDURE 2015-21 FAILURE TO PROVIDE REFUNDS OF OVERPAYMENTS TO FAP-ELIGIBLE INDIVIDUALS(1) DESCRIPTION OF THE FAILURE (A) TY PE OF FAILURE IN ORDER TO COMPLY WITH IRS SECTION 501(R) PATIENT FINANCIAL ASSISTANCE REQ UIREMENTS, BELLIN MEMORIAL HOSPITAL, INC (BELLIN) HAS INSTITUTED VARIOUS POLICIES AND PRO CEDURES IT HAS BEEN BELLIN'S BELIEF THAT THESE POLICIES AND PROCEDURES WERE CONSISTENT WI TH THE INTENT OF THE REGULATIONS PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO WOULD FIND THE PATIENT RESPONSIBILITY OF THE BILL TO BE AN EXCESSIVE FINANCIAL BURDEN THE POLICIES AND PROCEDURE WERE CREATED UNDER THE GUIDANCE OF INDUSTRY EXPERTS AND WERE REVIEWED AS PAR T OF AN IRS AUDIT IN JUNE 2017 BELLIN HAS BEEN FOLLOWING THE POLICIES AND PROCEDURES SINCE EARLY 2016 BELLIN'S INTERPRETATION OF THE REGULATIONS WAS TO APPLY THE FINANCIAL ASSISTANCE PROCESS TO FUTURE PATIENT FINANCIAL RESPONSIBILITY AND PATIENT BALANCES AT THE TIME OF A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE ELIGIBILITY IS DETERMINED BY THE PATIENT COMPLETING AN APPLICATION FOR FINANCIAL ASSISTANCE, PRIOR ELIGIBILITY AND/OR PRESUMPTIVE ELIGIBILITY (B) CAUSE OF THE FAILURE THE GAP IN BELLIN'S INTERPRETATION OF THE REGULATI ON STEMS FROM THE FAILURE TO CONSIDER PRIOR PATIENT PAYMENTS THAT COULD HAVE BEEN A PART O F THE PATIENT FINANCIAL ASSISTANCE PROGRAM THIS GAP HAS EXISTED SINCE THE INCEPTION OF TH E IRS SECTION 501(R) PATIENT FINANCIAL ASSISTANCE PROGRAM (C) HOSPITAL FACILITY WHERE THE FAILURE OCCURRED BELLIN MEMORIAL HOSPITAL, INC (D) DATE(S) OF THE FAILURE AND ITS DISCO VERY THE FAILURE BEGAN ON OCTOBER 1, 2016, WHICH IS THE DATE THE 501(R) REGULATIONS BECAM E EFFECTIVE FOR BELLIN, AND CONTINUED UNTIL JUNE 30, 2019 SUCH FAILURE WAS DISCOVERED WIT H THE ASSISTANCE OF LEGAL COUNSEL ON JULY 9, 2019 UPON REVIEW OF CERTAIN OF THE HOSPITAL' S POLICIES FOR COMPLIANCE WITH SECTION 501(R) OF THE INTERNAL REVENUE CODE OF 1986, AS AME NDED (THE "CODE"), AND THE REGULATIONS THEREUNDER (E) NUMBER OF OCCURRENCES BELLIN AND ITS AFFILIATES INITIAL REVIEW OF ACCOUNTS DETERMINED APPROXIMATELY 2,400 INDIVIDUALS MAY HA VE BEEN IMPACTED BY THE FAILURE THIS NUMBER WAS DERIVED AT BY REVIEWING ALL INDIVIDUALS T HAT HAD MADE A PERSONAL PAYMENT FOR A DATE OF SERVICE AFTER 9/30/2016 WHO WERE AT ANY POIN T APPROVED FOR ANY LEVEL OF CHARITY CARE AT BELLIN AND ITS AFFILIATES (DERIVED AT BY ANY C HARITY CARE ADJUSTMENT ON ANY OF THAT INDIVIDUALS ENCOUNTERS FROM ANY DATE OF SERVICE AFTE R 9/30/2016) THIS PROCESS GREW TO FINALLY EXAMINING 2,884 UNIQUE GUARANTORS (COUNTED IN T HE UNIQUE NUMBER OF GUARANTOR ACCOUNTS, WHICH MAYBE HOLD MORE THAN ONE UNIQUE INDIVIDUALS IS CASES WHERE A MINOR IS ON THEIR GUARDIANS GUARANTOR ACCOUNT) THROUGH A PROCESS OF MANU ALLY REVIEWING EACH GUARANTOR CHARITY CARE APPLICATION (SUMMARIZED WITH NOTES WITHIN EPIC) , IT WAS DEEMED THAT 1,666 GUARANTOR ACCOUNTS WERE OWED A REFUND OF \$513,069 IN PREVIOUS P AYMENTS AND \$50,300 IN INTERES</p>



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

Form and Line Reference	Explanation
BELLIN MEMORIAL HOSPITAL	<p>T FROM THOSE PREVIOUS PAYMENTS (CALCULATED AT A 6% ANNUAL INTEREST RATE COMPOUNDED FROM TH E ENCOUNTER DISCHARGE DATE UNTIL AUGUST 15, 2019) EACH INDIVIDUAL AND THEIR ASSOCIATED AC COUNTS WERE EVALUATED FOR APPROPRIATE APPLICATION TO IRS SECTION 501(R) PATIENT FINANCIAL ASSISTANCE PROGRAM GUIDELINES THE QUANTITIES WERE SEPARATED AS FOLLOWS (NOTE, THE SUM OF GUARANTORS BEING GREATER THAN THE SUM AMOUNT IS DUE TO PATIENTS VISITING NUMEROUS CORPORAT IONS) -BELLIN MEMORIAL HOSPITAL = 1,629 GUARANTORS, \$431,103 REFUNDS, \$41,011 INTEREST (F ) DOLLAR AMOUNTS INVOLVED BELLIN AND ITS AFFILIATES INITIAL REVIEW OF ACCOUNTS HAS DETERM INED THE MAXIMUM FINANCIAL IMPACT OF THE PROGRAM FAILURE IS \$563,369, AS EXPLAINED IN SECT ION 1 E INCLUDED \$513,069 IS PATIENT PAYMENTS AND \$50,300 IN INTEREST FROM THOSE PAYMENTS EACH INDIVIDUAL AND THEIR ASSOCIATED ACCOUNTS WERE EVALUATED FOR APPROPRIATE APPLICATION TO IRS SECTION 501(R) PATIENT FINANCIAL ASSISTANCE PROGRAM GUIDELINES (2) DESCRIPTION OF T HE CORRECTION OF THE FAILURE (A) METHOD AND DATE OF CORRECTION, DESCRIPTION OF HOW AFFECT ED INDIVIDUALS WERE RESTORED TO THE POSITION THEY WOULD HAVE BEEN IN HAD THE FAILURE NOT O CCURRED IN JULY OF 2019, BELLIN REVISED ITS FINANCIAL ASSISTANCE POLICY (THE "FAP") ADDI TIONALLY, THE BELLIN REVENUE CYCLE TEAM (THE INTERNAL GROUP RESPONSIBLE FOR THE APPLICATIO N OF THE FAP) HAS BEEN TRAINED ON THE APPROPRIATE APPLICATION OF THE FAP IN JULY AND AUGU ST OF 2019, BELLIN AND ITS AFFILIATES USED ITS BEST EFFORTS TO PROVIDE EACH AFFECTED INDIV IDUAL WITH AN EXPLANATION OF THE ERROR, A CORRECTED BILLING STATEMENT, AND A REFUND OF ANY PAYMENTS THE INDIVIDUALS MADE IN EXCESS OF THE AMOUNTS OWED AFTER FAP DISCOUNTS ARE APPLI ED (IN CASES IN WHICH THE EXCESS WAS \$5 OR MORE) DURING THE PROCESS OF REFUNDING INDIVIDU ALS, CHECKS WERE SENT TO ALL IDENTIFIED INDIVIDUALS AND APPROXIMATELY 63 WERE IDENTIFIED A S DECEASED STEPS WERE TAKEN TO IDENTIFY THE INDIVIDUAL FINANCIALLY RESPONSIBLE OF THE DEC EASED ESTATE NO KNOWN ISSUED REFUND CHECKS HAVE BEEN RETURNED (3) DESCRIPTION OF THE PRAC TICES OR PROCEDURES THAT THE HOSPITAL REVISED OR NEWLY ESTABLISHED TO MINIMIZE THE LIKELIHOOD OF THE TYPE OF FAILURE RECURRING AND TO FACILITATE THE PROMPT IDENTIFICATION AND CORRE CTION OF ANY SUCH FUTURE FAILURES THAT DO OCCUR (A)WHILE BELLIN IS COMFORTABLE THAT THE R EVENUE CYCLE TEAM IS ACCURATELY AND APPROPRIATELY APPLYING THE IRS SECTION 501(R) PATIENT FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS, A NUMBER OF PROCESSES HAVE BEEN PUT INTO PLACE TO ENSURE NO ADDITIONAL FAILURES OCCUR THE PROCESSES INCLUDE 1 IMPLEMENTATION OF A FINA NCIAL ASSISTANCE DATABASE, 2 A MULTI-TIER SIGN-OFF PROCESS FOR NEW FINANCIAL ASSISTANCE P ROGRAM PARTICIPANTS, 3 EXPLORE THE PRACTICALITY OF IMPLEMENTING THE EPIC FINANCIAL ASSIST ANCE MODULE, 4 INTERNAL AUDITS (PERFORMED BY THE CORPORATE COMPLIANCE OFFICE) SCHEDULED I N SEPTEMBER 2019, DECEMBER 2019 AND ANNUALLY THEREAFTER</p>

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

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

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

Name and address	Type of Facility (describe)
1 1 - THE CANCER TEAM OF BELLIN HEALTH 1580 COMMANCHE AVE GREEN BAY, WI 54313	PROVIDER CLINIC SITE
1 2 - FAMILY MEDICAL CENTER ASHWAUBENON 1630 COMMANCHE AVE GREEN BAY, WI 54313	PROVIDER CLINIC SITE
2 3 - CARDIOLOGY ASSOCIATES OF BELLIN HEALTH 744 S WEBSTER AVE GREEN BAY, WI 54301	HOSPITAL BASED SITE
3 4 - BELLIN HEALTH TITLETOWN SPORTS MEDICINE 1970 S RIDGE RD GREEN BAY, WI 54304	PROVIDER CLINIC SITE
4 5 - FAMILY MEDICAL CENTER BELLEVUE 3263 EATON RD GREEN BAY, WI 543116830	PROVIDER CLINIC SITE
5 6 - BELLIN HEALTH IRON MOUNTAIN 440 WOODWARD AVE IRON MOUNTAIN, MI 49801	PROVIDER CLINIC SITE
6 7 - BELLIN HEALTH SURGICAL ASSOCIATES 720 S VAN BUREN ST SUITE 201 GREEN BAY, WI 54301	PROVIDER CLINIC SITE
7 8 - FAMILY MEDICAL CENTER DE PERE EAST 555 REDBIRD CIRCLE DE PERE, WI 54115	PROVIDER CLINIC SITE
8 9 - BELLIN HEALTH GENERATIONS 704 S WEBSTER AVE SUITE 300 GREEN BAY, WI 54301	PROVIDER CLINIC SITE
9 10 - GASTROENTEROLOGY ASSOCIATES OF GREEN BAY 725 S WEBSTER AVE GREEN BAY, WI 54301	PROVIDER CLINIC SITE
10 11 - FAMILY MEDICAL CENTER HOWARD 2714 RIVERVIEW GREEN BAY, WI 54313	PROVIDER CLINIC SITE
11 12 - NEUROLOGY CONSULTANTS OF BELLIN HEALTH 725 S WEBSTER AVE GREEN BAY, WI 54301	PROVIDER CLINIC SITE
12 13 - BELLIN HEALTH CARDIOVASCULAR & THORACIC 720 S VAN BUREN ST SUITE 303 GREEN BAY, WI 54301	PROVIDER CLINIC SITE
13 14 - BELLIN HEALTH ESCANABA 610 S LINCOLN ROAD ESCANABA, MI 49829	PROVIDER CLINIC SITE
14 15 - FAMILY MEDICAL CENTER DE PERE WEST 1800 LAWRENCE DR DE PERE, WI 54115	PROVIDER CLINIC SITE

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)
<b>16</b> 16 - FAMILY MEDICAL CENTER GREEN BAY 704 S WEBSTER AVE GREEN BAY, WI 54301	PROVIDER CLINIC SITE
<b>1</b> 17 - BELLIN HEALTH OCONTO FALLS 107 E HIGHLAND DR OCONTO FALLS, WI 54154	PROVIDER CLINIC SITE
<b>2</b> 18 - FAMILY MEDICAL CENTER KEWAUNEE 575 - 4TH STREET KEWAUNEE, WI 54216	PROVIDER CLINIC SITE
<b>3</b> 19 - BELLIN HEALTH ENDOCRINOLOGY 704 S WEBSTER AVE SUITE 501 GREEN BAY, WI 54301	PROVIDER CLINIC SITE
<b>4</b> 20 - FAMILY MEDICAL CENTER ALGOMA 831 PARKER AVE ALGOMA, WI 54201	PROVIDER CLINIC SITE
<b>5</b> 21 - FAMILY MEDICAL CENTER BRILLION 964 W RYAN ST SUITE B BRILLION, WI 54110	PROVIDER CLINIC SITE
<b>6</b> 22 - FAMILY MEDICAL CENTER PULASKI 723 S WISCONSIN ST PULASKI, WI 541620109	PROVIDER CLINIC SITE
<b>7</b> 23 - BELLIN HEALTH ASTHMA & ALLERGY 519 S MONROE AVENUE GREEN BAY, WI 54301	PROVIDER CLINIC SITE
<b>8</b> 24 - FAMILY MEDICAL CENTER MANITOWOC 3415 CUSTER ST SUITE D MANITOWOC, WI 54221	PROVIDER CLINIC SITE
<b>9</b> 25 - FAMILY MEDICAL CENTER DENMARK 595 COUNTY ROAD R DENMARK, WI 54208	PROVIDER CLINIC SITE
<b>10</b> 26 - FAMILY MEDICAL CENTER SEYMOUR 405 COMMERCIAL ST SEYMOUR, WI 54165	PROVIDER CLINIC SITE
<b>11</b> 27 - FAMILY MEDICAL CENTER LUXEMBURG 140 B SCHOOL CREEK TRAIL LUXEMBURG, WI 54217	PROVIDER CLINIC SITE
<b>12</b> 28 - BELLIN HEALTH ASTHMA & ALLERGY - NEENAH 1524 COMMERCIAL ST STE 2N NEENAH, WI 54957	PROVIDER CLINIC SITE
<b>13</b> 29 - FAMILY MEDICAL CENTER WRIGHTSTOWN 555 QUALITY CT WRIGHTSTOWN, WI 54180	PROVIDER CLINIC SITE
<b>14</b> 30 - FAMILY MEDICAL CENTER STURGEON BAY 311 N 3RD AVE STURGEON BAY, WI 54235	PROVIDER CLINIC SITE

**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)
<b>31</b> 31 - FAMILY MEDICAL CENTER SURING 307 MANOR DR SURING, WI 54174	PROVIDER CLINIC SITE
<b>1</b> 32 - FAMILY MEDICAL CENTER BONDUEL 401 W MILL ST BONDUEL, WI 54107	PROVIDER CLINIC SITE
<b>2</b> 33 - BELLIN HEALTH FASTCARE - GREEN BAY WEST 2015 SHAWANO AVE GREEN BAY, WI 54303	CONVENIENT CARE CENTER
<b>3</b> 34 - BELLIN HEALTH FASTCARE - GREEN BAY EAST 1976 LIME KILN RD GREEN BAY, WI 54311	CONVENIENT CARE CENTER

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization  
BELLIN MEMORIAL HOSPITAL INC

Employer identification number  
39-0884478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 30

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION REQUIRES A COMPREHENSIVE REQUEST OF THE GRANTEE TO PROVIDE RATIONALE FOR THE REQUEST. REQUIRED INFORMATION TO BE PROVIDED BY THE GRANTEE INCLUDES, TAX-EXEMPT STATUS, IDENTIFICATION OF USE OF RESOURCES AND FOLLOW UP INFORMATION AS TO THE UTILIZATION OF THE RESOURCES. THE ORGANIZATION REVIEWS EACH GRANTEE REQUEST IN RELATIONSHIP TO THE MISSION OF THE ORGANIZATION AND COMMUNITY SUPPORT. ALL REQUESTS REQUIRE APPROVAL BY SENIOR LEADERSHIP OF THE ORGANIZATION.

Additional Data

Software ID:  
Software Version:  
EIN: 39-0884478  
Name: BELLIN MEMORIAL HOSPITAL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501(C)3	100,000				SUPPORT FREE COMMUNITY HEALTH CLINIC
GREEN BAY PUBLIC SCHOOLS PO BOX 23387 GREEN BAY, WI 543053387	39-6002329	GOVT - PUBLIC SCHOOL	50,000				HEALTH & WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FESTIVAL FOODS TURKEY TROT 2250 W MASON ST GREEN BAY, WI 54303	39-1814712	501(C)3	15,000				TURKET TROT RUN FOR CHARITY
DOWNTOWN GREEN BAY INC 130 E WALNUT ST GREEN BAY, WI 54301	39-1858389	501(C)3	7,500				FARMERS MARKET



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENCOMPASS EARLY EDUCATION & CARE 2589 S WEBSTER AVE GREEN BAY, WI 54301	39-0824004	501(C)3	5,000				DONATION
KIWANIS SKI CLUB PO BOX 475 IRON MOUNTAIN, MI 49801	38-3254313	501(C)3	25,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WI - OSHKOSH 842 ALGOMA BLVD OSHKOSH, WI 54901	39-1805963	GOVT- STATE AGENCY	45,000				SUPPORT ORGANIZATION'S ACTIVITIES
GREATER GREEN BAY COMMUNITY FOUNDATION 310 W WALNUT ST SUITE 350 GREEN BAY, WI 54303	39-1699966	501(C)3	69,500				GREEN BAY NEIGHBORHOOD LEADERSHIP COUNCIL, ACHIEVE BROWN COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 2850 DAIRY DR STE 300 MADISON, WI 53718	13-5613797	501(C)3	5,000				DONATION
BELLIN COLLEGE 3201 EATON RD GREEN BAY, WI 54311	39-1620530	501(C)3	12,000				CONTRIBUTION TO MCW LEASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREEN BAY 1400 LOMBARDI AVE STE 60 GREEN BAY, WI 54304	39-6102943	501(C)3	5,000				DONATION
CEREBRAL PALSY INC 2801 S WEBSTER AVE GREEN BAY, WI 54301	39-0901265	501(C)3	23,000				CAPITAL CAMPAIGN - BUILDING EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD SUAMICO SCHOOL DISTRICT 2706 LINEVILLE RD GREEN BAY, WI 543137151	39-6031599	GOVT - PUBLIC SCHOOL	50,000				ATHLETIC PROGRAMS - FIELD SURFACE
MARINETTE MENOMINEE AREA COMMUNITY FOUNDATION 1101 11TH AVE MENOMINEE, WI 49858	38-3264725	501(C)3	5,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WI - GREEN BAY 2420 NICOLET DR GREEN BAY, WI 54311	39-1805963	GOVT- STATE AGENCY	23,300				MARK REINKE, MD MEMORIAL SCHOLARSHIP
ALGOMA SCHOOL DISTRICT 1715 DIVISION ST ALGOMA, WI 54201	39-1032686	GOVT - PUBLIC SCHOOL	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRUSA HOUSE 1116 E MASON ST GREEN BAY, WI 54301	39-1593989	501(C)3	25,000				COMMUNITY SPONSORSHIP
BIG BROTHERS BIG SISTERS OF GREEN BAY 520 N BROADWAY ST STE 220 GREEN BAY, WI 54303	39-1274696	501(C)3	5,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS IN RECITAL INC N9349 ABITZ LN DYCKESVILLE, WI 54217	39-1516026	501(C)3	7,500				DONATION
FAMILY SERVICES 300 CROOKS ST GREEN BAY, WI 54305	39-0827320	501(C)3	43,000				DONATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATIONS HEALTH & WHOLENESS 1061 W MASON ST GREEN BAY, WI 54303	39-1047205	501(C)3	5,000				DONATION
GREEN BAY AREA CHAMBER OF COMMERCE 300 N BROADWAY ST STE 3A GREEN BAY, WI 54303	39-0318170	501(C)3	26,750				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHTSTOWN SCHOOL DISTRICT PO BOX 128 WRIGHTSTOWN, WI 541800128	39-1016208	GOVT - PUBLIC SCHOOL	10,000				DONATION
BAY LAKES COUNCIL PO BOX 267 APPLETON, WI 54912	39-1184320	501(C)3	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURATIVE CONNECTIONS 2900 CURRY LN GREEN BAY, WI 54311	39-0806435	501(C)3	30,000				DONATION
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES PO BOX 9427 GREEN BAY, WI 54308	39-1016314	501(C)3	5,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GREEN BAY CONVENTION & VISITOR BUREAU 300 N BROADWAY ST STE 31 GREEN BAY, WI 54303	39-1125572	501(C)3	25,000				DONATION
LUXEMBURG-CASCO SCHOOL DISTRICT 318 N MAIN ST LUXEMBURG, WI 54217	39-1087534	GOVT - PUBLIC SCHOOL	5,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 677 BAETEN RD STE 100 GREEN BAY, WI 54304	13-1846366	501(C)3	5,000				DONATION
YWCA GREATER GREEN BAY 230 S MADISON ST GREEN BAY, WI 54301	39-0806277	501(C)3	7,500				DONATION

Schedule J (Form 990)	Compensation Information	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization BELLIN MEMORIAL HOSPITAL INC		Employer identification number 39-0884478

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	BELLIN MEMORIAL HOSPITAL PAYS FOR A PORTION OF MEMBERSHIP DUES AT A LOCAL COUNTRY CLUB FOR CHRISTINE WOLESKE IN ORDER TO HOLD VARIOUS EVENTS AT THE CLUB. THIS BENEFIT IS TREATED AS TAXABLE COMPENSATION.





Additional Data

Software ID:  
Software Version:  
EIN: 39-0884478  
Name: BELLIN MEMORIAL HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM WITTMAN MD BOARD MEMBER/BMG PHYSIAN	(i)	222,741	56,065	1,188	12,328	16,016	308,338	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE WOLESKE PRESIDENT/CEO	(i)	428,692	240,000	19,785	22,603	18,719	729,799	0
	(ii)	0	0	0	0	0	0	0
SABINA SINGH MD BOARD MEMBER/PRESIDENT BEL	(i)	156,784	99,217	270	11,169	7,774	275,214	0
	(ii)	0	0	0	0	0	0	0
MARK RINGWELSKI MD BOARD MEMBER/PRESIDENT BEL	(i)	274,906	61,843	1,188	18,513	18,762	375,212	0
	(ii)	0	0	0	0	0	0	0
ROBERT MEAD MD BOARD MEMBER/PRESIDENT MED	(i)	196,270	123,383	1,188	17,274	20,212	358,327	0
	(ii)	0	0	0	0	0	0	0
GEORGE KERWIN FORMER CEO	(i)	597,016	430,400	55,149	28,537	18,689	1,129,791	0
	(ii)	0	0	0	0	0	0	0
JAMES DIETSCHE COO/CFO	(i)	383,423	110,000	414	12,291	21,812	527,940	0
	(ii)	0	0	0	0	0	0	0
YOON CHUN MD PHYSICIAN	(i)	601,168	422,342	270	13,766	8,039	1,045,585	0
	(ii)	0	0	0	0	0	0	0
DAVID STAMPFL MD PHYSICIAN	(i)	586,521	1,028,698	774	20,880	21,939	1,658,812	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY ROARTY MD PHYSICIAN	(i)	495,590	528,833	774	16,350	20,890	1,062,437	0
	(ii)	0	0	0	0	0	0	0
PATRICK MCKENZIE MD PHYSICIAN	(i)	1,193,121	0	1,188	16,558	22,064	1,232,931	0
	(ii)	0	0	0	0	0	0	0
JAMES SPEARS MD PHYSICIAN	(i)	744,359	490,621	1,188	13,440	18,662	1,268,270	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BELLIN MEMORIAL HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
39-0884478

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97712DLH7	04-09-2015	44,994,006	REFUND AND LEGALLY DEFEASE		X		X		X
B WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855		11-23-2011	12,944,000	REFINANCING OF 2001 BONDS		X		X		X
C WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855		08-29-2019	35,000,000	FUNDING OF NICU EXPANSION PROJECT AND VARIOUS RENOVATION AND EQUIPMENT PURCH		X		X		X
D WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855		08-29-2019	8,000,000	FUNDING OF IT INFRASTRUCTURE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	1,805,000		1,220,000					
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	44,994,006		12,944,000		35,000,000		8,000,000	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	528,236		79,844		314,452		74,748	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .	44,465,770							
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2009		2001					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .	X			X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	1 000 %		1 000 %		1 000 %		1 000 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .	1 000 %		1 000 %		1 000 %		1 000 %	
7	Does the bond issue meet the private security or payment test? . . .	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .	X		X			X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .					X		X	
b	Exception to rebate? . . . . .						X		X
c	No rebate due? . . . . .						X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
BELLIN MEMORIAL HOSPITAL INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

39-0884478

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE CORPORATE MEMBER, BELLIN HEALTH SYSTEMS, INC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBER, BELLIN HEALTH SYSTEMS, INC HAS THE POWER TO APPOINT BOARD MEMBERS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE CORPORATE MEMBER, BELLIN HEALTH SYSTEMS, INC , HAS THE POWER TO APPROVE MAJOR EXPENDITURES AND LONG-TERM BORROWINGS



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED IN DETAIL BY SENIOR ADMINISTRATION AND IS PRESENTED TO THE EXECUTIVE COMMITTEE IN ITS ENTIRETY FOR A REVIEW OF THE DOCUMENT

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR A CONFLICT OF INTEREST REQUEST DOCUMENT IS PROVIDED TO EACH BOARD MEMBER ALL DOCUMENTS ARE PROVIDED BACK TO ADMINISTRATION AND REVIEWED ALL EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AS PART OF ANNUAL MANDATORY EDUCATION IF THERE IS A CONFLICT OF INTEREST, THE CORPORATE COMPLIANCE OFFICER AND CORPORATE COMPLIANCE COMMITTEE WHICH IS A COMMITTEE OF THE BOARD OF DIRECTORS IS NOTIFIED THE CORPORATE COMPLIANCE OFFICER AND CORPORATE COMPLIANCE COMMITTEE ADDRESSES THE ISSUE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO AND KEY EXECUTIVES ARE SET BY THE EXECUTIVE COMMITTEE OF THE BOARD SUPPORTED BY MARKET DATA FROM SURVEYS AND AN INDEPENDENT CONSULTANTS REPORT THE COMPENSATION IS DETERMINED BY MEMBERS OF THE EXECUTIVE COMMITTEE WITHOUT CONFLICT AND IS DOCUMENTED CEO COMPENSATION CEO PRESENTS RESULTS OF PERFORMANCE OBJECTIVES TO THE EXECUTIVE COMMITTEE IN JANUARY OF EACH YEAR THE CHAIR APPLIES A FORMULA TO THE RESULTS AND COMES UP WITH A RECOMMENDATION THE CHAIR FACILITATES GETTING APPROVAL FROM OTHER MEMBERS OF THE EXECUTIVE COMMITTEE SENIOR LEADERS COMPENSATION FOR THOSE WHO REPORT TO THE CEO IS TAKEN TO THE EXECUTIVE COMMITTEE FOR DISCUSSION/APPROVAL

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION BELIEVES THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES ARE THE PROPERTY OF THE ORGANIZATION AND ARE NOT AVAILABLE FOR PUBLIC INSPECTION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN FOUNDATION -35,246 INTEREST RATE SWAP AGREEMENT -2,732,153 ADJUSTMENT TO INTEREST IN OHMC 2,373,223 NON-CONTROLLING INTEREST IN CONSOLIDATED AFFILIATE -3,449,079

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 2B-2C	BELLIN MEMORIAL HOSPITAL, INC IS INCLUDED IN THE CONSOLIDATED AUDIT OF BELLIN HEALTH SYST EMS, INC THE BOARD OF DIRECTORS OF BELLIN HEALTH SYSTEMS, INC ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
BELLIN MEMORIAL HOSPITAL INC

Employer identification number  
39-0884478

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	No
(1)LAKE MICHIGAN HEALTH SERVICES INC 744 SOUTH WEBSTER AVE  GREEN BAY, WI 54305 39-1512903	SUPPORT PURPOSES OF BELLIN MEMORIAL HOSPITAL	WI	501(C)(3)	LINE 12B, II	BELLIN HEALTH SYSTEMS INC	Yes	
(2)BELLIN COLLEGE INC 3201 EATON ROAD  GREEN BAY, WI 54311 39-1620530	NURSING COLLEGE	WI	501(C)(3)	LINE 2	BELLIN HEALTH SYSTEMS INC	Yes	
(3)THE BELLIN HEALTH FOUNDATION INC PO BOX 23400  GREEN BAY, WI 54305 39-1809171	FOUNDATION	WI	501(C)(3)	LINE 7	BELLIN HEALTH SYSTEMS INC	Yes	
(4)BELLIN PSYCHIATRIC CENTER INC PO BOX 23725  GREEN BAY, WI 54305 39-1657627	PPSYCHIATRIC HOSPITAL	WI	501(C)(3)	LINE 3	BELLIN HEALTH SYSTEMS INC	Yes	
(5)OCONTO HOSPITAL & MEDICAL CENTER INC PO BOX 357  OCONTO, WI 54153 06-1745397	HOSPITAL	WI	501(C)(3)	LINE 3	BELLIN MEMORIAL HOSPITAL INC	Yes	
(6)BELLIN HEALTH SYSTEMS INC 744 SOUTH WEBSTER AVE  GREEN BAY, WI 54305 39-1512904	SUPPORT OF HEALTHCARE ORGANIZATIONS	WI	501(C)(3)	LINE 12B, II	N/A		No
(7)UNITY LIMITED PARTNERSHIP 2366 OAK RIDGE CIRCLE  DE PERE, WI 54115 39-1750729	HOSPICE, PALLIATIVE & BEREAVEMENT SERVICES	WI	501(C)(3)	LINE 10	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> BELLIN ORTHOPEDIC SURGERY CENTER LLC 2223 LIME KILN RD GREEN BAY, WI 54311 26-4677834	AMBULATORY ORTHOPEDIC SURGERY	WI	BELLIN MEMORIAL HOSPITAL INC	RELATED	4,157,603	950,590		No			No	55 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> BEL-REGIONAL HOME MEDICAL INC 617 S ROOSEVELT GREEN BAY, WI 54301 39-1504766	DURABLE MEDICAL EQUIPMENT, RETAIL PHARMACY, FITNESS	WI	N/A	C				Yes	
<b>(2)</b> BELLIN INVESTMENTS INC PO BOX 23400 GREEN BAY, WI 54305 39-1564939	OTHER	WI	N/A	C				Yes	



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

Yes

e

Loans or loan guarantees by related organization(s) . . . . .

1e

No

f

Dividends from related organization(s) . . . . .

1f

No

g

Sale of assets to related organization(s) . . . . .

1g

No

h

Purchase of assets from related organization(s) . . . . .

1h

No

i

Exchange of assets with related organization(s) . . . . .

1i

No

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

Yes

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

Yes

l

Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o

Sharing of paid employees with related organization(s) . . . . .

1o

Yes

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

No

s

Other transfer of cash or property from related organization(s) . . . . .

1s

Yes

2

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

**Part VII**    **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0884478

Name: BELLIN MEMORIAL HOSPITAL INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	OCONTO HOSPITAL & MEDICAL CENTER	D	10,849,991	ACTUAL
(1)	OCONTO HOSPITAL & MEDICAL CENTER	Q	35,000,000	ACTUAL
(2)	OCONTO HOSPITAL & MEDICAL CENTER	O	5,092,283	ACTUAL
(3)	OCONTO HOSPITAL & MEDICAL CENTER	M	5,335,585	ACTUAL
(4)	OCONTO HOSPITAL & MEDICAL CENTER	J	2,770,525	ACTUAL
(5)	BELLIN COLLEGE	L	412,156	ACTUAL
(6)	BELLIN COLLEGE	N	395,884	ACTUAL
(7)	BELLIN HEALTH FOUNDATION	C	792,420	ACTUAL
(8)	BELLIN PSYCHIATRIC CENTER	L	2,415,839	ACTUAL
(9)	BELLIN PSYCHIATRIC CENTER	D	2,246,872	ACTUAL
(10)	BELLIN COLLEGE	Q	276,316	ACTUAL
(11)	BELLIN HEALTH FOUNDATION	Q	594,580	ACTUAL
(12)	BELLIN HEALTH FOUNDATION	O	418,358	ACTUAL
(13)	BELLIN HEALTH FOUNDATION	S	1,387,000	ACTUAL
(14)	BELLIN COLLEGE	D	311,306	ACTUAL
(15)	BELLIN PSYCHIATRIC CENTER	D	9,312,027	ACTUAL
(16)	OCONTO HOSPITAL & MEDICAL CENTER	D	30,800,000	ACTUAL
(17)	BELLIN HEALTH FOUNDATION	D	850,810	ACTUAL
(18)	BEL-REGIONAL HOME MEDICAL INC	D	5,391,127	ACTUAL
(19)	OCONTO HOSPITAL & MEDICAL CENTER	D	2,205,773	ACTUAL