

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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
BURNETT MEDICAL CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
257 WEST SAINT GEORGE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
GRANTSBURG, WI 54840

D Employer identification number
39-0938661

E Telephone number
(715) 463-5353

G Gross receipts \$ 21,804,598

F Name and address of principal officer
GORDON LEWIS
257 WEST SAINT GEORGE AVENUE
GRANTSBURG, WI 54840

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

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BURNETTMEICALCENTER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1956

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF BURNETT MEDICAL CENTER IS TO PROVIDE COMPASSIONATE, COMPREHENSIVE, COMMUNITY HEALTHCARE THAT EXCEEDS OUR CUSTOMER'S EXPECTATIONS OUR MISSION, AS WELL AS OUR VISION AND VALUES, SERVES AS A GUIDELINE FOR DAILY DECISION MAKING AND REPRESENTS THE PRINCIPLES AND PRACTICES THAT WE CONSTANTLY APPLY THE COMFORT AND CARE OF OUR PATIENTS IS A MAJOR FOCUS OF OURS WE WANT TO BE THE HEALTHCARE PROVIDER OF "CHOICE" - PROVIDING EXPERT AND COST EFFECTIVE CARE IN A "HOMETOWN" ATMOSPHERE ANOTHER OBJECTIVE OF OURS IS TO PROVIDE EDUCATION THAT WILL INCREASE HEALTH AWARENESS PART OF OUR MISSION IS TO CONTINUALLY PUT THE "CARE" IN HEALTHCARE MORE HEALTHCARE INFORMATION IS NOW AVAILABLE FROM OUR WEBSITE, WHICH ALSO PROVIDES PATIENT EDUCATION RESOURCES FOR THOSE WE SERVE

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)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	279
6 Total number of volunteers (estimate if necessary)	20
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,630	31,433
9 Program service revenue (Part VIII, line 2g)	20,874,707	21,482,101
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,453	56,579
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,672	81,901
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,932,462	21,652,014

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,699,074	11,729,233
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,581,661	9,895,775
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,280,735	21,625,008
19 Revenue less expenses Subtract line 18 from line 12	-348,273	27,006

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,883,943	17,862,158
21 Total liabilities (Part X, line 26)	13,855,049	13,548,349
22 Net assets or fund balances Subtract line 21 from line 20	4,028,894	4,313,809

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: ***** Date: 2020-08-11

GORDON LEWIS CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-08-11 Check if self-employed PTIN P01833529

Firm's name ▶ WIPFLI LLP Firm's EIN ▶ 39-0758449

Firm's address ▶ 1502 LONDON ROAD SUITE 200 DULUTH, MN 55812 Phone no (218) 722-4705

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

THE MISSION OF BURNETT MEDICAL CENTER IS TO PROVIDE COMPASSIONATE, COMPREHENSIVE, COMMUNITY HEALTHCARE

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 \$	11,291,669	including grants of \$	0)(Revenue \$	15,350,720)
	See Additional Data					

4b	(Code) (Expenses \$	3,580,247	including grants of \$	0)(Revenue \$	3,140,006)
	See Additional Data					

4c	(Code) (Expenses \$	3,065,952	including grants of \$	0)(Revenue \$	2,991,375)
	See Additional Data					

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

4e	Total program service expenses ▶	17,937,868
-----------	---	------------

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	279		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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; 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.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY CAREY DIRECTOR	0 50	X						0	0	0
(2) DAN DOWLING DIRECTOR	0 50	X						0	0	0
(3) KATIE HOLLEY DIRECTOR	0 50	X						0	0	0
(4) CHRIS SYBERS DIRECTOR	0 50	X						0	0	0
(5) PATRICK TAYLOR PRESIDENT	0 50	X		X				0	0	0
(6) RYAN BENSON VICE PRESIDENT	0 50	X		X				0	0	0
(7) JULIE FIEDLER SECRETARY/TREASURER	0 50	X		X				0	0	0
(8) STEVEN MCNALLY SECRETARY/TREASURER (THRU OCTOBER)	0 50	X		X				0	0	0
(9) GORDON LEWIS CEO	40 00			X				180,783	0	2,442
(10) GORDON FORBORT CFO	40 00			X				21,000	0	0
(11) TIMOTHY NOVICK PHYSICIAN	36 00					X		307,020	0	32,231
(12) DAVID LANG MD PHYSICIAN	32 00					X		193,307	0	24,023
(13) MARK THAYER PHYSICIAN	40 00					X		166,646	0	15,272
(14) JULIE ANDERSSON PHYSICIAN'S ASSISTANT	40 00					X		150,834	0	27,972
(15) PATRICIA DOOLEY EID NURSE PRACTITIONER	36 00					X		158,194	0	16,305

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	25,000		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,433		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		31,433			

Program Service Revenue			Business Code				
	2a HOSPITAL PATIENT SERVICE REVENUE		621990	15,350,720	15,350,720		
b NURSING HOME RESIDENT SERVICE REV		623000	3,140,006	3,140,006			
c CLINIC PATIENT SERVICE REVNUUE		621110	2,991,375	2,991,375			
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			21,482,101				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		57,048			57,048	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		21,122					
	b Less rental expenses	0					
	c Rental income or (loss)	21,122					
	d Net rental income or (loss)			21,122			21,122
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		152,115					
	b Less cost or other basis and sales expenses	152,584					
	c Gain or (loss)	-469					
d Net gain or (loss)			-469			-469	
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 CAFETERIA REVENUE	900099		19,810			19,810	
b _____							
c _____							
d All other revenue			40,969			40,969	
e Total. Add lines 11a-11d			60,779				
12 Total revenue. See Instructions			21,652,014	21,482,101	0	138,480	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	258,569		258,569	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,939,247	7,592,359	1,346,888	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,898,020	1,566,724	331,296	
10 Payroll taxes	633,397	522,839	110,558	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	70,811		70,811	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,797		5,797	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,455,250	3,015,730	439,520	
12 Advertising and promotion	65,855		65,855	
13 Office expenses	285,258	69,695	215,563	
14 Information technology	102,298		102,298	
15 Royalties				
16 Occupancy	326,982	326,982		
17 Travel	95,289	78,320	16,969	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	553,304	449,208	104,096	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,059,926	866,298	193,628	
23 Insurance	80,695		80,695	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	1,413,569	1,413,569		
b MEDICAL SUPPLIES	1,291,638	1,291,363	275	
c REPAIRS & MAINTENANCE	599,262	428,818	170,444	
d MINOR EQUIPMENT	294,423	293,116	1,307	
e All other expenses	195,418	22,847	172,571	
25 Total functional expenses. Add lines 1 through 24e	21,625,008	17,937,868	3,687,140	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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
Assets	1 Cash—non-interest-bearing	83,199	1	0
	2 Savings and temporary cash investments	1,086,806	2	1,555,403
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,732,388	4	4,154,270
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	370,706	8	304,579
	9 Prepaid expenses and deferred charges	80,038	9	124,527
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 28,044,803		
	b Less accumulated depreciation	10b 19,176,441	9,762,825	10c 8,868,362
	11 Investments—publicly traded securities	2,711,310	11	2,687,308
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	56,671	15	167,709
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,883,943	16	17,862,158	
Liabilities	17 Accounts payable and accrued expenses	1,588,139	17	1,877,679
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	11,775,982	20	11,147,797
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	490,928	25	522,873
	26 Total liabilities. Add lines 17 through 25	13,855,049	26	13,548,349
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,996,359	27	4,299,511
	28 Temporarily restricted net assets	32,535	28	14,298
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,028,894	33	4,313,809	
34 Total liabilities and net assets/fund balances	17,883,943	34	17,862,158	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,652,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,625,008
3	Revenue less expenses Subtract line 2 from line 1	3	27,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,028,894
5	Net unrealized gains (losses) on investments	5	246,814
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,095
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,313,809

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0938661

Name: BURNETT MEDICAL CENTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

HOSPITAL - BURNETT MEDICAL CENTER, LOCATED IN RURAL NORTHWEST WISCONSIN IS A 17 BED CRITICAL ACCESS HOSPITAL THAT PROVIDES THE FOLLOWING SERVICES THROUGHOUT A THREE COUNTY REGION ACUTE CARE HAS 50+ EMPLOYEES WHO ALSO WORK IN OB, OR, ER, AND PAR WE PROVIDE GENERAL INPATIENT MEDICAL AND SURGICAL CARE, AS WELL AS A LARGE VOLUME OF OUTPATIENT SERVICES WHICH INCLUDE OP SURGERY, CHEMOTHERAPY, BLOOD TRANSFUSION, IV THERAPY AS EXAMPLES ALL OF THE RN STAFF IS ACLS ACCREDITED AND THE ENTIRE STAFF IS CERTIFIED IN CPR THE GOAL OF THE NURSING STAFF IS TO PROVIDE EXCELLENT PATIENT CARE, CLOSE TO HOME, NEAR FAMILY AND FRIENDS WE ALSO PROVIDE A FULL RANGE OF SERVICES FROM A 24/7 ER TO CARDIAC REHAB, AND WE PROVIDE OTHER THERAPEUTIC AND DIAGNOSTIC SERVICES VIA RADIOLOGY, LAB, PHYSICAL THERAPY, AND OCCUPATIONAL THERAPY DURING FY2019, IN A TOTAL OF 1,110 PATIENT DAYS WE SERVED 222 PATIENTS IN OUR INPATIENT AND SWING BED PROGRAMS WE PERFORMED 428 SURGICAL PROCEDURES, SAW 3,630 PATIENTS IN EMERGENCY AND URGENT CARE, AND PROVIDED SERVICES FOR 13,632 OTHER OUTPATIENT VISITS GROSS HOSPITAL REVENUE OF \$71,245 WAS PROVIDED AS CHARITY CARE TO 26 DIFFERENT PATIENTS FOR 133 EPISODES OF CARE SINCE JUNE OF 2004, BURNETT MEDICAL CENTER HAS BEEN PARTICIPATING IN A PROGRAM DEVELOPED BY ABBOTT NORTHWESTERN HOSPITAL AND THE MINNEAPOLIS HEART INSTITUTE THE LEVEL 1 HEART ATTACK PROGRAM IS AN INNOVATIVE APPROACH TO TREATING PATIENTS SUFFERING FROM A HEART ATTACK THE KEY INGREDIENT FOR SUCCESS IS SPEED IN TREATMENT THE GOAL IS TO TREAT AND TRANSPORT PATIENTS WITHIN 120 MINUTES, MEANING 120 MINUTES FROM THE TIME A PATIENT ENTERS THE EMERGENCY ROOM AT BURNETT MEDICAL CENTER UNTIL THE FIRST BALLOON IS INFLATED OR STENT PLACED AT ABBOTT NORTHWESTERN HOSPITAL (ABNW) BECAUSE RURAL HOSPITALS DO NOT HAVE THE CAPABILITY TO DO ANGIOPLASTY, IT IS IMPORTANT TO MOVE A HEART ATTACK PATIENT TO THE NEAREST HOSPITAL THAT HAS A HEART CATHETERIZATION LAB THE LEVEL 1 PROGRAM HAS A DEFINITE PROTOCOL TO MOVE THESE PATIENTS QUICKLY DURING THAT "GOLDEN HOUR" WHEN ANGIOPLASTY IS THE MOST SUCCESSFUL BURNETT MEDICAL CENTER IS ONE OF 30 HOSPITALS IN MINNESOTA AND WISCONSIN PARTICIPATING IN THE LEVEL 1 PROGRAM CLEARLY, THE LEVEL 1 PROGRAM IS ADVANTAGEOUS TO RESIDENTS OF BURNETT COUNTY, KNOWING THAT CARDIOVASCULAR DISEASE IS THE LEADING CAUSE OF DEATH FOR MEN AND WOMEN IN THE US THIS TEAM APPROACH GIVES PATIENTS THE ADVANTAGE OF TIME WHICH TRANSLATES TO BETTER OUTCOMES AND DECREASED MORTALITY BURNETT MEDICAL CENTER'S MEDICAL AND NURSING STAFF HAVE BEEN TRAINED FOR THIS PROGRAM AND ARE PREPARED AND PLEASED TO PROVIDE QUICK ACCESS TO EFFICIENT CARDIAC CARE THROUGH THE LEVEL 1 HEART ATTACK PROGRAM

Form 990, Part III, Line 4b:

CLINIC - BURNETT MEDICAL CENTER CLINIC IS LOCATED JUST OFF HIGHWAY 70 IN GRANTSBURG AND IS PART OF OUR EXPANDED FACILITY THE CLINIC IS STAFFED BY 20 EMPLOYEES INCLUDING (3) PHYSICIANS, (3) CERTIFIED NURSE PRACTITIONERS, AND (1) CERTIFIED NURSE MIDWIFE SERVED SPECIALISTS INCLUDING A GENERAL SURGEON, A PULMONOLOGIST, AN INTERNAL MEDICINE PHYSICIAN AND OTHERS ALL SEE PATIENTS IN THE CLINIC WE ARE PLEASED TO OFFER OUR PATIENTS A RANGE OF SERVICES INCLUDING PHYSICALS (INCLUDING WELL CHILD CHECKS, PRE-OPERATIVE, DOT, ETC), OBSTETRICAL EXAMS, HEALTH STATUS ASSESSMENTS, DIAGNOSIS AND TREATMENT OF COMMON, ACUTE AND CHRONIC HEALTH CONDITIONS, IMMUNIZATIONS, FAMILY PLANNING, DIABETIC EDUCATION, WOMEN'S HEALTH, COLONOSCOPY PROCEDURES, FRACTURE CARE, VASECTOMIES, ROUTINE LABORATORY TESTING, EKG'S, AND HOLTER MONITORING ADDITIONALLY, THE CLINIC LABORATORY IS A CERTIFIED COLLECTION SITE FOR URINE DRUG SCREENING HOURS OF OPERATION HAVE BEEN EXPANDED TO ALLOW PEOPLE INCREASED ACCESS, INCLUDING WORKING FAMILIES WITH SCHOOL-AGE CHILDREN, PEOPLE THAT WORK VARYING SHIFTS, ETC OUR PROVIDERS HAVE COLLABORATIVE RELATIONSHIPS WITH AREA INDUSTRIES, INCLUDING THE LOCAL SCHOOL SYSTEMS THIS ALLOWS BURNETT MEDICAL CENTER TO PROVIDE EDUCATIONAL OPPORTUNITIES TO EMPLOYEES OF THESE INDUSTRIES, INCLUDING BLOODBORNE PATHOGENS TRAINING, HEALTH EDUCATION TO SCHOOL CHILDREN, AND PARTICIPATION IN EMPLOYEE HEALTH FAIRS BMC PROVIDERS PARTICIPATE IN THE LOCAL ROTARY GROUP AND IN COUNTY COALITIONS TO REDUCE PRESCRIPTION DRUG ABUSE AND IMPROVE AWARENESS OF WELLNESS ACTIVITIES IN THE AREA WE ALSO SPONSOR AN ANNUAL 5K/10K, AND KID-FRIENDLY 100-YARD EVENT THAT RAISES FUNDS FOR A LOCAL CHARITY WHILE PROMOTING HEALTHY LIFESTYLES THIS YEAR IS OUR 14TH ANNUAL OVER 12,000 PRIMARY CARE CLINIC VISITS WERE PROVIDED DURING FY 2019 CLINIC GROSS REVENUE OF \$6,108 WAS PROVIDED AS CHARITY CARE TO 23 DIFFERENT PATIENTS IN 53 VISITS

Form 990, Part III, Line 4c:

CONTINUING CARE - THE CONTINUING CARE CENTER OF BURNETT MEDICAL CENTER OFFERS 46 SEMI-PRIVATE AND 4 PRIVATE ROOM ACCOMMODATIONS AND A FULL RANGE OF HEALTH AND PERSONAL CARE SERVICES PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY ARE AVAILABLE, AS WELL AS NUTRITIONAL SERVICES, RECREATIONAL ACTIVITIES, AND SOCIAL SERVICES ADDITIONALLY, ADULT DAY CARE AND RESPITE CARE IS AVAILABLE THE GOAL OF THE CONTINUING CARE CENTER'S STAFF IS TO PROVIDE NECESSARY HEALTH SERVICES WHILE MAINTAINING AN ATMOSPHERE OF HOPE, HARMONY, HUMOR, AND A "HOME" AWAY FROM HOME WE STRIVE TO ENHANCE THE QUALITY OF RESIDENTS' LIFE VIA A VENUE FOR COMMUNITY-BASED VOLUNTEERS SHARING THEIR TIME AND TALENT WITH OUR RESIDENTS, SUCH AS MUSICAL BANDS, ROTARY CLUB SPONSORED FUNCTIONS, ETC DURING FY 2019 WE HAD 14,792 RESIDENT DAYS SERVING ABOUT 100 DIFFERENT RESIDENTS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BURNETT MEDICAL CENTER INC

Employer identification number
39-0938661

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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 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 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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: 39-0938661

Name: BURNETT MEDICAL CENTER INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

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 BURNETT MEDICAL CENTER INC	Employer identification number 39-0938661
--	--

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		3,688
j	Total Add lines 1c through 1i			3,688
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	BURNETT MEDICAL CENTER, INC PAYS ANNUAL ASSOCIATION MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA), LEADING AGE, AND TO THE WISCONSIN HOSPITAL ASSOCIATION (WHA) THESE DUES ARE PRIMARILY TO ACCESS EDUCATIONAL MATERIALS AND FOR STAFF TRAINING AND DEVELOPMENT THE AHA, THE LEADING AGE, AND WHA HAVE NOTIFIED BURNETT MEDICAL CENTER, INC THAT \$3,688 (\$2,264 TO AHA, \$400 TO THE LEADING AGE, AND \$1,024 TO WHA) OF THE ANNUAL DUES WERE USED IN CONJUNCTION WITH LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE OVERALL HEALTHCARE ENVIRONMENT

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
BURNETT MEDICAL CENTER INC

Employer identification number
39-0938661

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		50,000		50,000
b Buildings		20,066,173	11,826,259	8,239,914
c Leasehold improvements				
d Equipment		7,928,630	7,350,182	578,448
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				8,868,362

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
457(B) PLAN PAYABLE	522,873
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 522,873

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,396,184
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	157,739	
e	Add lines 2a through 2d		2e	157,739
3	Subtract line 2e from line 1		3	20,238,445
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,413,569	
c	Add lines 4a and 4b		4c	1,413,569
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	21,652,014

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

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

1	Total expenses and losses per audited financial statements		1	20,211,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	20,211,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,413,569	
c	Add lines 4a and 4b		4c	1,413,569
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	21,625,008

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	

Additional Data

Software ID:

Software Version:

EIN: 39-0938661

Name: BURNETT MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CMDI EQUITY GAINS 157,739

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 1,413,569

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 1,413,569

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury

Internal Revenue Service

Name of the organization
 BURNETT MEDICAL CENTER INC

Employer identification number
 39-0938661

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
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 checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			42,128		42,128	0.190 %
b Medicaid (from Worksheet 3, column a)			4,557,162	3,933,015	624,147	2.890 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4,599,290	3,933,015	666,275	3.080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,001		1,001	0.0 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			2,845,187	1,365,043	1,480,144	6.840 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,720	3,657	5,063	0.020 %
j Total. Other Benefits			2,854,908	1,368,700	1,486,208	6.860 %
k Total. Add lines 7d and 7j			7,454,198	5,301,715	2,152,483	9.940 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
			770,584
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
			385,292
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5		5,785,143
6 Enter Medicare allowable costs of care relating to payments on line 5.	6		5,685,382
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7		99,761
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

See Additional Data Table	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

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)
 BURNETT MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

BURNETT MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250 000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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)	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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

BURNETT MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

BURNETT MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 1 - THE CONTINUING CARE CENTER OF BURNETT MEDICAL CENTER 257 W ST GEORGE AVE GRANSTBURG, WI 54840	SKILLED NURSING FACILITY
2 2 - BURNETT MEDICAL CENTER CLINIC 257 W ST GEORGE AVE GRANTSBURG, WI 54840	PROVIDER BASED RURAL HEALTH CLINIC
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 7	THE COSTING METHOD USED ON FORM 990 IS BASED ON A COST-TO-CHARGE RATIO WHICH IS DEVELOPED BASED ON THE MEDICAL CENTER'S TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBTS DIVIDED BY GROSS PATIENT SERVICE REVENUE THIS COST-TO-CHARGE RATIO IS APPLIED AGAINST VARIOUS REVENUE AND EXPENSE CATEGORIES TO COMPUTE THE ESTIMATED COMMUNITY BENEFIT EXPENSE UNDER IRS COSTING METHODS FOR THE FORM 990
PART I, LINE 7G	THE COST OF SUBSIDIZED SERVICES IS BASED ON COST ALLOCATIONS FROM THE MEDICARE COST REPORT ALLOWABLE COSTS ARE ASSIGNED DIRECTLY TO DEPARTMENTS THROUGHOUT THE YEAR AND THEN THE COST REPORT USES THE ALLOCATION METHODOLOGY TO ASSIGN ALL OTHER COSTS TO CALCULATE SERVICE LINE COSTS SUBSIDIZED HEALTH SERVICES INCLUDE THE OPERATION OF THE SKILLED NURSING HOME, THE CLINIC, AND THE EMERGENCY ROOM DEPARTMENT THESE SERVICES ARE UNAVAILABLE TO MEMBERS OF THE COMMUNITY OTHER THAN THROUGH BURNETT MEDICAL CENTER, INC IT HAS BEEN THE GOAL OF BURNETT MEDICAL CENTER, INC TO PROVIDE THESE SERVICES TO THE COMMUNITY REGARDLESS OF A PATIENT'S ABILITY TO PAY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>WE ARE CLOSE TO THE COMMUNITIES WE SERVE AND TAKE AN ACTIVE ROLE IN ADDRESSING THE ROOT FACTORS CONTRIBUTING TO OUR COMMUNITY'S HEALTH STATUS WE DO SO THROUGH OUR INVOLVEMENT IN COMMUNITY-BUILDING PARTNERSHIPS THAT ADDRESS ECONOMIC DEVELOPMENT AND COMMUNITY HEALTH IMPROVEMENT ISSUES THE ORGANIZATION'S CEO SERVES AS A BOARD MEMBER OF THE GRANTSBURG INDUSTRIAL DEVELOPMENT CORPORATION (GIDC) AS WELL AS THE BURNETT COUNTY DEVELOPMENT ASSOCIATION (BDCA) THESE ORGANIZATIONAL ENTERPRISES SEEK TO ENCOURAGE ECONOMIC GROWTH IN BURNETT MEDICAL CENTER'S PRIMARY SERVICE AREA GIDC AND BDCA HAVE A STRONG HISTORY OF BRINGING NEW INDUSTRY INTO THE AREA WHICH RESULTS IN INCREASED EMPLOYMENT OPPORTUNITIES AND STRENGTHENS THE LOCAL ECONOMY KNOWING THAT UNEMPLOYMENT LEADS TO AN INCREASE IN UNHEALTHY BEHAVIORS-WHICH IN TURN CAN LEAD TO INCREASED RISK FOR DISEASE OR MORTALITY-GIDC'S AND BDCA'S MISSION OF ENCOURAGING ECONOMIC GROWTH FAVORABLE AND DIRECTLY IMPACTS THE HEALTH OF BURNETT MEDICAL CENTER'S SERVICE AREA FURTHERMORE, THE ORGANIZATION CONTINUES TO COLLABORATE WITH A LOCAL ADVOCACY GROUP, CITIZENS AGAINST POVERTY, WHICH SEEKS TO ELIMINATE BARRIERS CONTRIBUTING TO HIGH RATES OF POVERTY AMONG SERVICE AREA RESIDENTS FOR EXAMPLE, HAVING IDENTIFIED LACK OF ACCESS TO TRANSPORTATION AS A ROOT CAUSE OF POVERTY, ONE AREA OF FOCUS HAS BEEN TO ADVOCATE FOR A MEANS OF PUBLIC TRANSPORTATION IN THE SERVICE AREA DUE TO THE RURAL NATURE OF THE COMMUNITIES SERVED BY BURNETT MEDICAL CENTER, PROVIDING A MEANS OF TRANSPORTATION FOR RESIDENTS PROMOTES HEALTH BY INCREASING ACCESS TO JOB OPPORTUNITIES, TO GROCERY STORES AND FOOD SHELVES, AND TO HEALTHCARE SERVICES HUNGER AND LACK OF ACCESS TO HEALTHY FOODS WAS IDENTIFIED AS ANOTHER ROOT CAUSE OF POVERTY CITIZENS AGAINST POVERTY HAS UNDERTAKEN AN EFFORT TO ESTABLISH SUSTAINABLE SOURCES OF FOOD FOR AREA RESIDENTS BY PROVIDING SUPPLIES TO THEM AT NO COST TO CREATE RAISED BED GARDENS SO THEY ARE ABLE TO GROW THEIR OWN PRODUCE</p>
<p>PART III, LINE 2</p>	<p>THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST-TO-CHARGE RATIO WHICH IS DEVELOPED BASED ON THE MEDICAL CENTER'S TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBTS DIVIDED BY GROSS PATIENT SERVICE REVENUE THIS COST-TO-CHARGE RATIO IS APPLIED AGAINST THE TOTAL CHARGES THAT ARE WRITTEN OFF DURING THE FISCAL YEAR TO ESTIMATE THE COST OF THE CHARITY CARE OF PATIENTS THAT HAVE ACCOUNTS THAT ARE DEEMED TO BE BAD DEBTS TO THE HOSPITAL THE MEDICAL CENTER ALSO PROVIDES DISCOUNTS TO ELIGIBLE UNINSURED OR UNDERINSURED PATIENTS UNDER ITS CHARITY CARE POLICY THESE AMOUNTS ARE INCLUDED IN THE CONTRACTUAL ADJUSTMENTS ON THE FINANCIAL STATEMENTS AND ARE NOT INCLUDED IN THE RATIO AS DESCRIBED ABOVE AND APPROVED BY THE IRS FOR USE ON FORM 990 IF CONSIDERED, THESE ADDITIONAL WRITE-OFF AMOUNTS TO UNINSURED OR UNDERINSURED ACCOUNTS WOULD ALSO INCREASE THE ESTIMATED BAD DEBT EXPENSE ASSOCIATED WITH THESE UNCOLLECTIBLE ACCOUNTS TO THE HOSPITAL</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY UNINSURED PATIENTS AND AMOUNTS PATIENTS ARE PERSONALLY RESPONSIBLE FOR, THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO A VALUATION ALLOWANCE BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION LIKELIHOOD AND THE CURRENT STATUS OF INDIVIDUAL ACCOUNTS BALANCES THAT ARE STILL OUTSTANDING AFTER THE HOSPITAL HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE VALUATION ALLOWANCE AND A CREDIT TO ACCOUNTS RECEIVABLE MANY TIMES PATIENTS ARE UNABLE TO COMPLETE THE REQUIRED CHARITY CARE APPLICATION AND ARE TRANSFERRED TO COLLECTION SERVICES EVEN THOUGH THE HOSPITAL PROVIDES THIS INFORMATION TO ALL PATIENTS, A SMALL AMOUNT OF BAD DEBTS COULD BE CONSIDERED AS CHARTIY CARE
PART III, LINE 4	PATIENT ACCOUNTS RECEIVABLE AND CREDIT POLICY IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES PAST RESULTS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS SPECIFICALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE MEDICAL CENTER ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS AND PATIENTS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTSDUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A SEPARATE FOOTNOTE REGARDING BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	<p>BURNETT MEDICAL CENTER, INC IS DESIGNATED A CRITICAL ACCESS HOSPITAL AND AS SUCH A PORTION OF ITS REVENUE IS PAID UNDER A COST REIMBURSEMENT SYSTEM BASED ON THE INSTRUCTIONS, THE TOTAL MEDICARE REVENUE SHOWN ON THIS FORM 990 INCLUDES ONLY A PORTION OF THE GROSS MEDICARE REVENUE THAT IS ACTUALLY RECEIVED BY THE MEDICAL CENTER FROM THE MEDICARE PROGRAM THE AMOUNTS LISTED FOR MEDICARE DO NOT INCLUDE PHYSICIAN AND MID-LEVEL PRACTITIONER SERVICES FOR THE COVERAGE OF THE EMERGENCY DEPARTMENT AT BURNETT MEDICAL CENTER, INC PHYSICIAN COVERAGE IS REIMBURSED PRIMARILY ON A FEE SCHEDULE REIMBURSEMENT METHODOLOGY AT RATES THAT ARE OFTEN BELOW THE COSTS OF CARING FOR PATIENTS EMERGENCY SERVICES PROVIDED TO MEDICARE PATIENTS ARE VITAL TO THE WELL-BEING OF THE COMMUNITY AND AS SUCH THESE COSTS AND SHORTFALLS SHOULD ALSO BE CONSIDERED AS AN ADDITIONAL BENEFIT THAT BURNETT MEDICAL CENTER, INC PROVIDES TO THE COMMUNITY AND SURROUNDING AREA OF GRANTSBURG, WISCONSIN THE COSTING METHOD USED ABOVE FOR IRS 990 COMPLIANCE REPORTING IS ALSO BASED ON AN OVERALL AVERAGE COST-TO-CHARGE RATIO AND DOES NOT CONSIDER MEDICARE NON-ALLOWABLE EXPENSES AS IT IS BASED ON TOTAL MEDICAL CENTER PATIENT SERVICE REVENUE (IGNORING CONTRACTUAL ADJUSTMENTS ON FEE SCHEDULE REIMBURSED ITEMS AND NON-ALLOWABLE MEDICARE EXPENSES AS NOTED ABOVE) DIVIDED BY TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBT EXPENSE THIS RATIO IS THEN MULTIPLIED BY THE TOTAL MEDICARE SERVICES WHICH ARE REIMBURSED ON A COST METHODOLOGY EXCLUDING THE FEE SCHEDULE ITEMS LIKE PHYSICIAN AND MID-LEVEL PRACTITIONER SERVICES WHICH THE MEDICAL CENTER WOULD SHOW A LARGE LOSS ON THESE SERVICES WHETHER THERE IS A SHORTFALL OR SURPLUS ON SERVICES PROVIDED TO MEDICARE BENEFICIARIES, THESE PEOPLE, WHICH ARE TYPICALLY ELDERLY OR DISABLED MEMBERS OF THE COMMUNITY, ARE AN UNDERSERVED POPULATION WHO EXPERIENCE ISSUES WITH ACCESS TO HEALTHCARE SERVICES WITHOUT TAX-EXEMPT HOSPITALS PROVIDING MEDICARE PATIENT SERVICES, THE CENTERS FOR MEDICARE AND MEDICAID (CMS) WOULD BEAR THE BURDEN OF DIRECTLY PROVIDING SERVICES TO THE ELDERLY AND DISABLED MEMBERS OF THE COMMUNITY</p>
PART III, LINE 9B	<p>PATIENTS RECEIVE OUR COMMUNITY CARE APPLICATION WHEN THEY PRESENT FOR SERVICES THEY ARE ENCOURAGED TO REVIEW THE APPLICATION AND SUBMIT THE REQUIRED INFORMATION TO APPLY FOR POTENTIAL COVERAGE IF THEY HAVE QUESTIONS OR NEED HELP WITH THE APPLICATION THEY MAY MEET WITH OUR FINANCIAL COUNSELOR AND/OR OUR BUSINESS OFFICE MANAGER</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>WE CONTINUE TO RELY ON MARKETING AND DEMOGRAPHIC DATA FOR BOTH OUR PRIMARY AND SECONDARY SERVICE AREAS AS SUPPLIED BY PROPRIETARY SOURCES FROM THOMSON REUTERS MARKET EXPERT, ITS SUCCESSOR COMPANY, TRUVEN ANALYTICS, AND THE MINNESOTA HOSPITAL ASSOCIATION SUCH MARKET-BASED ANALYSIS PROVIDES EVIDENCE-BASED ESTIMATES AND PROJECTIONS FOR THE MEDICAL NEEDS OF THOSE THAT LIVE WITHIN OUR SERVICE AREA WE THEN ASSESS THE AVAILABILITY OF EXISTING HEALTHCARE PROVIDERS AND SERVICES TO DETERMINE WHAT GAPS MAY EXIST, AND HOW WE CAN BEST ALIGN OUR SERVICES IN ORDER TO BE ENGAGED IN THE ABILITY TO ADDRESS UNMET NEED IN PARTNERSHIP WITH BOTH PUBLIC AND PRIVATE PROVIDERS OF HEALTHCARE SERVICES THE RESULT OF OUR REVIEW AND ANALYSIS SERVES AS A FUNDAMENTAL BASIS FOR THE DEVELOPMENT OF GOALS AND OBJECTIVES IN OUR STRATEGIC PLAN FURTHERMORE, AS REQUIRED BY LAW, WE CONDUCT AND COMPLETE, ONCE EVERY THREE YEARS, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS REQUIRED UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AND RELY ON OUR FINDINGS TO DETERMINE ANY NEEDED CHANGES OR CHALLENGES IN OUR FOCUS IN CONDUCTING THE CHNA, A COMPREHENSIVE HEALTH NEEDS ASSESSMENT, USING BOTH QUANTITATIVE AND QUALITATIVE DATA, IS PERFORMED IN COLLABORATION WITH TWO KEY COMMUNITY PARTNERS BURNET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES-PUBLIC HEALTH QUANTITATIVE DATA SOURCES INCLUDING THE COUNTY HEALTH RANKINGS, THE UNITED STATES CENSUS BUREAU, THE WISCONSIN DEPARTMENT OF HEALTH SERVICES, WISCONSIN INTERACTIVE STATISTICS ON HEALTH, AND THE BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM WERE RELIED UPON AND USED TO ASSESS THE HEALTH NEEDS OF THE SERVICE AREA BY COMPARING COUNTY-LEVEL DATA FOR GIVEN INDICATORS OF HEALTH TO STATE AND NATIONAL BENCHMARKS WE INTEGRATED THIS QUANTITATIVE DATA WITH THE QUALITATIVE DATA THAT WAS GATHERED FROM COMMUNITY MEMBERS AND ORGANIZATIONS TO DEVELOP A BETTER UNDERSTANDING OF COMMUNITY PERCEPTIONS OF THE SERVICE AREA'S HEALTH NEEDS THIS DATA IS GATHERED THROUGH (1) AN INTERNET-BASED SURVEY AND PAPER SURVEY OF APPROXIMATELY 500 INDIVIDUALS, (2) FOCUS GROUPS, AND (3) A KEY INFORMANT INTERVIEW AFTER DATA IS COLLECTED, CHNA PARTNERS FACILITATE A COMMUNITY FORUM IN WHICH REPRESENTATIVES OF OTHER HEALTHCARE PROVIDERS, COMMUNITY GROUPS, AND LOCAL NON-PROFIT ORGANIZATIONS THAT HAVE AN INTEREST AND EXPERTISE IN THE HEALTH OF SERVICE AREA RESIDENTS ARE INVITED TO OFFER ADDITIONAL INPUT ON THE HEALTH NEEDS OF THE COMMUNITIES SERVED AND HELP PRIORITIZE THE IDENTIFIED NEEDS THE RESULTS OF THE ASSESSMENT AND COMMUNITY FORUM ARE USED ALONG WITH KNOWLEDGE OF EXISTING ASSETS AVAILABLE TO MEET IDENTIFIED HEALTH NEEDS IN DEVELOPING AN IMPLEMENTATION STRATEGY THAT DELINEATES HOW BURNETT MEDICAL CENTER WILL TARGET EXISTING PROGRAMS AND RESOURCES, TARGET AND DEPLOY ANY AVAILABLE ADDITIONAL RESOURCES, AND COLLABORATE WITH OTHER COMMUNITY ENTITIES TO ADDRESS THE IDENTIFIED HEALTH NEEDS FURTHERMORE, BURNETT MEDICAL CENTER HAS TAKEN A LEAD ROLE IN FORMULATING A COMMUNITY-WIDE PLAN TO ADDRESS THE TOP HEALTH NEED IDENTIFIED THROUGH THE CHNA THE PLAN IS BEING EXECUTED BY THE COMMUNITY COLLABORATIVE "HEALTHY BURNETT" THAT WAS CREATED AS A RESULT OF THE CHNA TO ADDRESS THE IDENTIFIED HEALTH NEEDS</p>
PART VI, LINE 3	<p>PATIENTS ARE TOLD ABOUT OUR COMMUNITY CARE PROGRAM BY OUR FINANCIAL COUNSELOR, REGISTRATION STAFF , PATIENT ACCOUNT REPRESENTATIVES AND BUSINESS OFFICE MANAGER IN ADDITION, WE HAVE SIGNS POSTED BY BOTH OUR CLINIC AND ER REGISTRATION AREAS INFORMING OUR PATIENTS OF THE COMMUNITY CARE PROGRAM AVAILABLE AT OUR FACILITY IF THE PATIENT FEELS THEY WILL NEED ASSISTANCE WITH THEIR MEDICAL BILLS, THEY ARE ENCOURAGED TO APPLY FOR THE COMMUNITY CARE PROGRAM WITH ALL THE REQUIRED INFORMATION FINALLY, PATIENTS ALSO HAVE ACCESS TO THE COMMUNITY CARE APPLICATION INFORMATION ON OUR WEBSITE, FOR EASIER ACCESS FOR OUR PATIENTS WHILE WE DO NOT HAVE ANY CERTIFIED APPLICATION COUNSELORS, WE ARE CHARTER MEMBERS THAT JOINED THE FEDERAL GOVERNMENT'S CHAMPIONS FOR COVERAGE CAMPAIGN TO HELP EDUCATE PEOPLE ABOUT AND TO PROMOTE THE HEALTH INSURANCE MARKETPLACE AS A CHAMPION FOR COVERAGE, WE HAVE UNDERTAKEN INITIATIVES TO DIRECT PEOPLE TO THE MARKETPLACE, INCLUDING SENDING OUR PATIENTS TO THE OFFICIAL CONSUMER SOURCES (HEALTHCARE GOV WEBSITE AND CONSUMER CALL CENTER) TO LEARN ABOUT THE MARKETPLACE AND GET COVERAGE, HANGING POSTERS AND FACT SHEETS IN OUR FACILITY, INCLUDING AN ARTICLE ABOUT THE MARKETPLACE IN OUR QUARTERLY COMMUNITY NEWSLETTER, AND HAVING STAFF LEARN ABOUT THE MARKETPLACE IN EDUCATION SESSIONS WE HAVE ALSO PARTICIPATED IN A COUNTY-WIDE EDUCATION SESSION ON THE NEW HEALTHCARE EXCHANGE AND HAVE WILLINGLY PROVIDED POSITIVE, RESPONSIVE ANSWERS TO MEDIA INQUIRIES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>LOCATED IN RURAL, NORTHWESTERN WISCONSIN, BURNETT COUNTY IS 880 SQUARE MILES WITH 18.8 CITIZENS PER SQUARE MILE (COMPARED TO THE WISCONSIN AVERAGE OF 105 CITIZENS PER SQUARE MILE). ANOTHER WAY OF REALIZING THE SIZE OF BURNETT COUNTY IS EVIDENCED BY THE FACT THAT, THE COUNTY'S LAND MASS WOULD ACCOUNT FOR OVER 85% OF THE ENTIRE LAND MASS OF THE STATE OF RHODE ISLAND (WHICH HAS A POPULATION DENSITY OF OVER 1,000 CITIZENS PER MILE). BURNETT COUNTY IS THE PRIMARY SERVICE AREA FOR BURNETT MEDICAL CENTER (BMC) AND BMC IS THE SOLE HOSPITAL IN BURNETT COUNTY. WHILE BURNETT MEDICAL CENTER IS A 17-BED FEDERALLY DESIGNATED CRITICAL ACCESS HOSPITAL, IT ALSO HAS A 50-BED LONG-TERM CARE CENTER, AS WELL AS A PRIMARY CARE CLINIC. FURTHERMORE, BURNETT COUNTY IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA/POPULATION (ID NUMBER 03764), HAVING BEEN SO DESIGNATED ON JUNE 28, 1984. NOT LIMITED TO SERVING JUST BURNETT COUNTY, BURNETT MEDICAL CENTER ALSO PROVIDES CARE FOR RESIDENTS IN VARYING DEGREES TO RESIDENTS LIVING IN ONE OF THE FOUR ADJOINING WISCONSIN COUNTIES (DOUGLAS, WASHBURN, POLK, AND BARRON) AS WELL AS TWO ADJOINING COUNTIES IN MINNESOTA (PINE AND CHISAGO). BOTH BURNETT COUNTY IN WISCONSIN AND PINE COUNTY IN MINNESOTA ARE DESIGNATED AS MEDICALLY UNDERSERVED AREAS, AND THE REMAINING COUNTIES AFOREMENTIONED, HAVE AREAS WITHIN THEIR COUNTIES DESIGNATED AS MEDICALLY UNDERSERVED AS WELL. DEMOGRAPHICALLY, BASED ON THE MOST CURRENTLY AVAILABLE US CENSUS DATA, THE 2016 ESTIMATES FOR BURNETT COUNTY REFLECT A POPULATION OF 15,159 WHICH IS A SLIGHT DECREASE FROM THE 2015 CENSUS RESULTS, OR A 1.9% DECREASE WHEN COMPARED TO THE 2010 CENSUS RESULTS. BURNETT COUNTY IS ONE OF WISCONSIN'S POORER COUNTIES APPROACHING NEARLY ONE IN FIVE PERSONS (16.5%) LIVING BELOW THE POVERTY LEVEL COMPARED TO THE STATE AVERAGE AND A MEDIAN INCOME WHICH IS WELL BELOW THE STATE MEDIAN INCOME. DEMOGRAPHICALLY, OUR OVER 65-YEAR-OLD POPULATION REPRESENTS MORE THAN ONE IN FOUR, OR 26.3% OF THE POPULATION, AND AGAIN WELL ABOVE THE WISCONSIN STATE AVERAGE OF 15.2%. ACCORDING TO THE US CENSUS DATA FROM JULY 2015, WHILE THE COUNTY POPULATION IS COMPRISED OF PREDOMINATELY WHITE PERSONS AT 91.85%, OUR NEXT LARGEST POPULATION IS AMERICAN INDIAN AT 4.7% (COMPARED TO 1.1% OVERALL FOR THE STATE). THERE ARE SIMILARITIES IN OUR SECONDARY SERVICE AREAS. FOR INSTANCE, IN THE NEIGHBORING COUNTIES OF POLK COUNTY IN WISCONSIN AND PINE COUNTY IN MINNESOTA, BASED ON CENSUS BUREAU DATA, THEIR COMPARISONS SHOW THEY TOO HAVE FAR FEWER PERSONS PER SQUARE MILE, ARE RELATIVELY LOWER THAN THEIR RESPECTIVE STATE AVERAGES FOR MEDIAN HOUSEHOLD INCOME, AND RELATIVELY HIGHER IN THE 65+ YEARS OF AGE POPULATION, AS WELL AS HAVING GREATER THAN STATE AVERAGE OF BOTH WHITE PERSONS AND AMERICAN INDIANS. DESPITE OUR RURAL LOCATION IN NORTHWEST WISCONSIN, WE ARE IN A RELATIVELY COMPETITIVE MARKET AS RESIDENTS FROM BOTH OUR PRIMARY AND SECONDARY SERVICE AREAS HAVE ACCESS TO TEN HOSPITALS (IN EITHER WISCONSIN OR MINNESOTA) WITHIN 50 MILES OF BURNETT MEDICAL CENTER'S GEOGRAPHIC LOCATION IN GRANTSBURG, WISCONSIN. AS STATED PREVIOUSLY, BURNETT MEDICAL CENTER OPERATES AN EMPLOYED-PROVIDER MEDICAL CLINIC WHICH IS ONE OF MANY COMPETITOR CLINICS WITHIN OUR PRIMARY AND SECONDARY MARKETS. FINALLY, WE TAKE OUR ROLE AS A VITAL PART OF A NECESSARY HEALTH CARE SAFETY NET FOR ALL SERIOUSLY, INCLUDING THE UNINSURED, AS EVIDENCED BY OUR 24/7 EMERGENCY DEPARTMENT WHICH PROVIDES EMERGENT, URGENT, AND PRIMARY CARE TO ALL THAT PRESENT TO THE EMERGENCY DEPARTMENT. WE STAND READY AS, WITH PRIDE, WE ARE ACUTELY AWARE OF OUR MISSION OF SERVICE TO EVERY PATIENT, EVERY MINUTE, OF EVERY DAY.</p>
PART VI, LINE 5	<p>AS A SOLE COMMUNITY RURAL HOSPITAL WE TAKE PRIDE IN BEING CLOSE TO THOSE WE SERVE. WE SHARE WITH THE COMMUNITY VIA PRINT, SOCIAL, AND ONLINE MEDIA OUTLETS RELEVANT AND HELPFUL KNOWLEDGE OF OUR SERVICES, AS WELL AS EDUCATIONAL INFORMATION ON VARIOUS HEALTH TOPICS. WE ALSO SHARE AND PROMOTE OUR MISSION THROUGHOUT THE COMMUNITIES SERVED. WE LEARN DIRECTLY FROM THOSE WE SERVE BY OUR BOARD OF DIRECTORS GOVERNING STRUCTURE WHICH IS COMPOSED OF SEVEN UNCOMPENSATED COMMUNITY VOLUNTEERS FROM THROUGHOUT BURNETT COUNTY, THAT RESIDE IN EITHER OUR PRIMARY OR SECONDARY SERVICE AREA, NONE OF WHICH ARE NEITHER EMPLOYEES, CONTRACTORS, NOR FAMILY MEMBERS. WE ENJOY THE CONTINUED SUPPORT OF OUR COMMUNITY VIA A HEALTHCARE FOUNDATION, WHICH PROVIDES PHILANTHROPIC SUPPORT TO FULFILLING THE HOSPITAL'S MISSION IN ORDER TO ENSURE CONTINUED AND READY ACCESS TO QUALIFIED HEALTHCARE PROVIDERS. WE TAKE PRIDE IN HAVING AN OPEN MEDICAL STAFF MODEL THAT EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PROVIDERS IN OUR COMMUNITY. WHEN WE HAVE SURPLUS FUNDS, THOSE FUNDS, COMBINED WITH OUR LOCAL FOUNDATION AND OTHER GRANTS OBTAINED THROUGH COMPETITIVE PROCESSES, ARE USED FOR IMPROVEMENTS IN PATIENT CARE AND QUALITY, AS EVIDENCED BY THE PURCHASE OF NEW AND NEEDED CAPITAL EQUIPMENT. WE ALSO HAVE CONTINUED INVESTMENTS AS AN EARLY ADOPTER OF THE ELECTRONIC MEDICAL RECORD AND WE REMAIN FOCUSED ON ACHIEVING THE GOALS OF FEDERALLY-ESTABLISHED MEANINGFUL USE GUIDELINES AND EXPECTATIONS. ADVOCACY OF THE COMMUNITIES HEALTHCARE NEEDS ARE DONE LOCALLY BY MEMBERS OF THE BOARD SPEAKING WITH LOCAL OFFICIALS ON RELEVANT ISSUES THAT MAY AFFECT THE HOSPITAL. ADDITIONALLY, THE ORGANIZATION'S CEO CONTINUES TO SERVE AS A MEMBER OF THE WISCONSIN HOSPITAL ASSOCIATION'S PUBLIC POLICY COUNCIL, AS WELL AS A MEMBER OF THE HOSPITAL ASSOCIATION'S NETWORK ADEQUACY TASK FORCE, AND TELEMEDICINE TASK FORCE IN SUPPORT OF THE ASSOCIATION'S MISSION AND STRATEGIC PLAN THAT EMPHASIZES ADVOCACY FOR INITIATIVES FOR COMMUNITY, STATE AND NATIONAL EFFORTS FOR IMPROVING THE OVERALL HEALTH OF THE POPULATION AND CONTINUED READY ACCESS TO QUALITY HEALTHCARE FOR ALL. FINALLY, MINDFUL OF THE NEED FOR SUPPORT OF VARIOUS METHODS OF INSURANCE, WE ARE PROUD OF OUR PARTICIPATION IN SUCH GOVERNMENTALLY-SPONSORED HEALTHCARE PROGRAMS SUCH AS MEDICARE, MEDICAID, AND TRICARE, ALL OF WHICH HAVE AN INCREASED FOCUS ON THE PROVISION OF VALUED BASED SERVICES, TO INCLUDE AN INCREASED EMPHASIS ON PREVENTATIVE CARE SERVICES. SUCH SERVICES FOCUS ON THE EARLY DETECTION AND INTERVENTION(S) WHICH ARE DESIGNED TO PREVENT OR DELAY THE HARMFUL ASPECTS MORE CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES AND CONGESTIVE HEART FAILURE.</p>

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:** 39-0938661**Name:** BURNETT MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(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											
1	BURNETT MEDICAL CENTER INC 257 WEST SAINT GEORGE AVENUE GRANTSBURG, WI 54840 1034	X	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
BURNETT MEDICAL CENTER, INC	PART V, SECTION B, LINE 5 THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, EFFORTS WERE MADE TO ENGAGE AND GATHER INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SERVED THIS WAS ACCOMPLISHED IN THE FOLLOWING CAPACITIES 1 CHNA CORE PARTNERS AS THE PRIMARY DRIVERS OF THE PROCESS, FACILITATORS OF THE CHNA FROM BURNETT MEDICAL CENTER AND BURNETT COUNTY DHHS-PUBLIC HEALTH, EACH BROUGHT KNOWLEDGE OF THEIR POPULATION SERVED, THEIR NEEDS, AND RESOURCES CURRENTLY AVAILABLE TO ADDRESS THOSE NEEDS CORE PARTNERS ARE ALSO ACTIVELY INVOLVED IN OTHER COMMUNITY HEALTH-RELATED GROUPS AND CONVEYED INPUT REGARDING THE HEALTH NEEDS OF THE GROUPS' RESPECTIVE TARGET POPULATIONS THROUGHOUT THE PROCESS 2 SURVEY THE SURVEY WAS AVAILABLE TO THE PUBLIC FOR ABOUT 2 MONTHS AND WAS DISTRIBUTED TO 20 DIFFERENT LOCATIONS ACROSS BURNETT COUNTY THE SURVEY ASKED RESPONDENTS TO IDENTIFY WHAT THEY PERCEIVED TO BE THE THREE BIGGEST HEALTH PROBLEMS AND RISKY BEHAVIORS AMONG BURNETT COUNTY RESIDENTS (SEE APPENDIX FOR RESULTS) DEMOGRAPHIC QUESTIONS ABOUT INCOME, INSURANCE TYPE, AND RACE/ETHNICITY, AMONG OTHERS WERE ALSO ASKED IN ORDER TO IDENTIFY MEMBERS OF DIFFERENT POPULATIONS AND THUS ENSURE THEIR REPRESENTATION 3 COMMUNITY HEALTH FORUM TWO COMMUNITY HEALTH FORUMS TOOK PLACE OVER TWO DAYS THE FORUM CONSISTED OF A DATA PRESENTATION AND GROUP DISCUSSIONS TO DETERMINE THE NEXT STEPS TO BE TAKEN IN ORDER TO IMPROVE THE TOP THREE HEALTH NEEDS IN BURNETT COUNTY THERE WERE GOOD DISCUSSIONS ON WHAT THE COMMUNITY WANTS TO DO TO IMPROVE EDUCATION AND COMMUNITY INVOLVEMENT WERE BROUGHT UP FOR ALL THREE HEALTH NEEDS INPUT WAS GATHERED FROM PUBLIC HEALTH REPRESENTATIVES, NOTFORPROFIT ORGANIZATION PROFESSIONALS, AND OTHER INDIVIDUALS WHO SERVE UNDERSERVED GROUPS

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
BURNETT MEDICAL CENTER, INC	PART V, SECTION B, LINE 6B BURNETT COUNTY DHHS-PUBLIC HEALTH

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
BURNETT MEDICAL CENTER, INC	<p>PART V, SECTION B, LINE 11 IN RESPONSE TO THE REQUIREMENTS UNDER THE AFFORDABLE CARE ACT, BURNETT MEDICAL CENTER, IN PARTNERSHIP WITH THE BURNETT COUNTY DHHS-PUBLIC HEALTH, JOINTLY CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH HAS BEEN HIGHLIGHTED IN OUR PREVIOUS 990H SUBMISSIONS AS A RESULT OF THIS PARTNERSHIP, WE, ALONG WITH MANY PUBLIC AND PRIVATE HEALTHCARE INTERESTS, WORK COLLABORATIVELY VIA THE FORMATION OF HEALTHY BURNETT, AN ENTERPRISE THAT SEEKS AND WELCOMES OTHER COMMUNITY MEMBERS AND ORGANIZATIONS TO WORK TOGETHER IN ADDRESSING THE MOST COMPELLING NEEDS IDENTIFIED VIA THE CHNA FOR THE CURRENT REPORTING PERIOD, THE THREE MOST SIGNIFICANT HEALTH NEEDS IDENTIFIED THAT BURNETT MEDICAL CENTER AND HEALTHY BURNETT ARE ADDRESSING ARE 1) ALCOHOL AND OTHER DRUG ABUSE (AODA) BURNETT MEDICAL CENTER (BMC) SEEKS TO IMPROVE ACCESS TO COUNSELING BY KEEPING AN UPDATED LIST OF AODA COUNSELING SERVICES AND COLLABORATING WITH AODA STAKEHOLDERS TO ASSIST THE COMMUNITY IN EARLY REFERRAL AND POTENTIAL TREATMENT BMC WILL ALSO PROVIDE EDUCATION AND PROMOTION OF CURRENT RESOURCES THROUGH EVENTS AND USE OF SOCIAL MEDIA 2) BEHAVIORAL HEALTH BURNETT MEDICAL CENTER (BMC) WILL IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES BY WORKING TOWARDS OFFERING ADULT PSYCHIATRIC SERVICES VIA TELEMEDICINE WITH THE POTENTIAL OF ADDING PEDIATRIC/ADOLESCENT TELEPSYCHIATRY SERVICES IN FUTURE BMC WILL PROMOTE AWARENESS OF BEHAVIORAL HEALTH SERVICES BY HAVING THE "BEHAVIORAL HEALTH PROVIDERS" BROCHURES READILY AVAILABLE THROUGHOUT THE FACILITY AS WELL AS THROUGH EVENTS AND USE OF SOCIAL MEDIA 3) TOBACCO USE AND EXPOSURE BURNETT MEDICAL CENTER (BMC) WILL EDUCATE PATIENTS ON THE IMPORTANCE OF TOBACCO ABSTINENCE/CESSATION THROUGH COUNSELING AND PROMOTION OF THE WISCONSIN TOBACCO QUIT LINE BMC WILL PROVIDE EDUCATION TO COMMUNITY ADOLESCENTS ON THE IMPORTANCE OF TOBACCO ABSTINENCE AT AN AGE APPROPRIATE LEVEL IN CLOSING, PLEASE KNOW THAT BURNETT MEDICAL CENTER IS THE SOLE HOSPITAL IN BURNETT COUNTY (880 SQUARE MILES) WE ARE A 17-BED, RURAL CRITICAL ACCESS HOSPITAL, COMBINED WITH AN EMPLOYED PROVIDER RURAL HEALTH CLINIC, 24/7 EMERGENCY DEPARTMENT, AND A 50-BED LONG-TERM CARE CENTER AS SUCH, WE TAKE OUR MISSION SERIOUSLY, AND REMAIN EVER FOCUSED ON OUR DAILY CALLING OF PROVIDING QUALITY, COMPASSIONATE CARE MINDFUL OF OUR MISSION--WE, LIKE FEDERAL, STATE AND LOCAL GOVERNMENT--MUST BALANCE THE MANY COMPELLING AND COMPETING NEEDS, WITHIN A SEVERELY CONSTRAINED RESOURCE ENVIRONMENT THERE IS GREAT NEED AMONG THOSE WE SERVE WE ACKNOWLEDGE THE MANY COMPETING HEALTH ISSUES INHERENT IN SERVING A POPULATION THAT HAS LESS FINANCIAL RESOURCES, THAT IS OLDER, AND IS MORE GEOGRAPHICALLY-DISPersed THAN THAT OF EITHER THE STATE OR THE NATION WE ARE ACUTELY AWARE AND RECOGNIZE THAT THERE ARE MANY OTHER COMPELLING HEALTHCARE ISSUES WHILE WE CAN AND DO IDENTIFY THESE NEEDS, WE ARE FORCED TO PRIORITIZE THE MOST NEEDED AND COMPELLING AS DETERMINED BY OUR CHNA PROCESS, AND WITHIN THE LIMIT</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
BURNETT MEDICAL CENTER, INC	ED RESOURCES AVAILABLE IN A POOR, RURAL COUNTY BE ASSURED THAT AS RESOURCES AND GRANT-FUN DING MAY BECOME AVAILABLE, BURNETT MEDICAL CENTER, IN PARTNERSHIP WITH OUR HEALTHY BURNETT CONSORTIUM, WILL CONTINUE TO ALLOCATE TIME, TALENT, AND RESOURCES TO THE SIGNIFICANT HEAL TH NEEDS THAT HAVE BEEN CAPTURED IN OUR CONSENSUS-BUILDING CHNA PROCESS

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
BURNETT MEDICAL CENTER, INC	PART V, SECTION B, LINE 13H HOMELESSNESS IS ALSO A DETERMINATION FACTOR

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
BURNETT MEDICAL CENTER, INC	PART V, SECTION B, LINE 16J REGISTRATION AND CLINIC PERSONNEL OFTEN REFER UNINSURED AND LOW-INCOME INDIVIDUALS TO A FINANCIAL COUNSELOR TO DISCUSS THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	HTTPS //J9Q55N0YFI38AIM2249RFJ19-WPENGINE NETDNA-SSL COM/WP-CONTENT/UPLOADS/2020/06/COMMUNITY_HEALTH_NEEDS_ASSESSMENT_2019 PDF

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B	HTTP //HEALTHYBURNETT.ORG/WP-CONTENT/UPLOADS/2019/10/BMC-CHNA-AND-IMPLEMENTATION-STRATEGY-2019.PDF

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10	HTTP //HEALTHYBURNETT.ORG/WP-CONTENT/UPLOADS/2019/10/BMC-CHNA-AND-IMPLEMENTATION-STRATEGY-2019.PDF

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A	FAP HTTPS //WWW BURNETTMEDICALCENTER COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE/FINANCIAL-COLLECTION-POLICY-SUMMARY/

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16B	FAP APPLICATION HTTPS //J9Q55N0YFI38AIM2249RFJ19-WPENGINE NETDNA-SSL COM/WP-CONTENT/UPLOADS/2020/07/ATTACHMENT-E-APPLICATION PDF

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16C	FAP PLAIN LANGUAGE SUMMARY HTTPS //J9Q55N0YFI38AIM2249RFJ19-WPENGINE NETDNA-SSL COM/WP-CONTENT/UPLOADS/2020/07/ATTACHMENT-D-PLAIN-LANGUAGE-SUMMARY PDF

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BURNETT MEDICAL CENTER INC

Employer identification number
39-0938661

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>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.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported 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.

(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				
1 GORDON LEWIS CEO	(i)	179,813	0	970	0	2,442	183,225	0
	(ii)	0	0	0	0	0	0	0
2 TIMOTHY NOVICK PHYSICIAN	(i)	305,984	0	1,036	0	32,231	339,251	0
	(ii)	0	0	0	0	0	0	0
3 DAVID LANG MD PHYSICIAN	(i)	192,416	0	891	0	24,023	217,330	0
	(ii)	0	0	0	0	0	0	0
4 MARK THAYER PHYSICIAN	(i)	165,057	0	1,589	0	15,272	181,918	0
	(ii)	0	0	0	0	0	0	0
5 JULIE ANDERSSON PHYSICIAN'S ASSISTANT	(i)	150,414	0	420	0	27,972	178,806	0
	(ii)	0	0	0	0	0	0	0
6 PATRICIA DOOLEY EID NURSE PRACTITIONER	(i)	157,798	0	396	0	16,305	174,499	0
	(ii)	0	0	0	0	0	0	0

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.

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

Schedule K (Form 990)

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BURNETT MEDICAL CENTER INC

Employer identification number

39-0938661

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 BURNETT COUNTY	39-6005675		03-23-2007	7,000,000	TO REFINANCE AND PROVIDE FUNDS FOR BUILDING RENOVATION AND EXPANSION		X		X		X
B VILLAGE OF GRANTSBURG	39-6006277		04-10-2007	5,000,000	TO PROVIDE FUNDS FOR BUILDING RENOVATION AND EXPANSION		X		X		X
C VILLAGE OF SIREN	39-6008452		04-25-2007	4,850,000	TO PROVIDE FUNDS FOR BUILDING RENOVATION AND EXPANSION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,376,492		1,688,177		1,637,534			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	7,000,000		5,000,000		4,850,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	140,000		100,000		97,000			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,464,764		4,900,000		4,753,000			
11	Other spent proceeds	1,395,236							
12	Other unspent proceeds								
13	Year of substantial completion	2008		2008		2008			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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		
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		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 ▶								
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								
7 Does the bond issue meet the private security or payment test?		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		
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		

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?	X		X		X			
c No rebate due?		X		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		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
BURNETT MEDICAL CENTER INC

Employer identification number

39-0938661

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EACH PERSON, BUSINESS, CORPORATION, OR ORGANIZATION WHO HAS CONTRIBUTED AND PAID ONE HUNDRED DOLLARS OR MORE TO BURNETT MEDICAL CENTER, INC "THE MEDICAL CENTER" SHALL BE A LIFETIME MEMBER OF THE MEDICAL CENTER EACH PERSON, BUSINESS, CORPORATION, OR ORGANIZATION IS ENTITLED TO HOLD A MAXIMUM OF ONE MEMBERSHIP CERTIFICATE A HUSBAND AND WIFE, OR TWO OR MORE RELATED PERSONS, MAY HOLD A MEMBERSHIP AS JOINT TENANTS, HOWEVER, ONLY ONE VOTE PER MEMBERSHIP SHALL BE PERMITTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE DUTIES OF THE MEMBERS OF THE MEDICAL CENTER SHALL BE THE FORMULATION AND DEVELOPMENT OF THE OVERALL PURPOSES, OBJECTIVES, AND PHILOSOPHY OF THE MEDICAL CENTER, THE ELECTION OF MEMBERS OF THE BOARD OF DIRECTORS OF THE MEDICAL CENTER, THE REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS OF THE MEDICAL CENTER, THE CHANGING OF THE NUMBER OF DIRECTORS CONSTITUTING THE BOARD OF DIRECTORS, THE AMENDMENT, RESTATEMENT, OR MODIFICATION OF THE ARTICLES OF INCORPORATION OR BYLAWS OF THE MEDICAL CENTER, AND THE APPROVAL OF THE SALE, LEASE, OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL OF THE ASSETS AND PROPERTY OF THE MEDICAL CENTER OR ITS MERGER WITH ANOTHER CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS FOR BURNETT MEDICAL CENTER, INC REVIEWS AND APPROVES FORM 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BURNETT MEDICAL CENTER, INC HAS A CONFLICT OF INTEREST POLICY THE PURPOSE OF THIS POLICY IS TO PROTECT THE INTEREST OF THE MEDICAL CENTER WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE CORPORATION IT IS EXPECTED THAT SUCH PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS TOUCHING UPON THEIR DUTIES AT BURNETT MEDICAL CENTER, INC AND ITS PROPERTY ALL MEMBERS OF THE BOARD COMPLETE A DISCLOSURE FORM UPON APPOINTMENT, AND REVIEW AND SIGN IT ANNUALLY THEREAFTER THIS STATEMENT ESTABLISHES THE DUTY OF AN INTERESTED PARTY TO DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST DISCLOSE ALL MATERIAL FACTS AFTER ANY SUCH DISCLOSURE, HE/SHE SHALL LEAVE THE GOVERNING BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD MEMBERS IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS OF SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF MEMBERS FAIL TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	BURNETT MEDICAL CENTER INC 'S EXECUTIVE COMPENSATION POLICY IS DESIGNED WITH THE GOAL OF PROVIDING REMUNERATION THAT IS FAIR, REASONABLE, AND COMPETITIVE THE MEDICAL CENTER'S BOARD MAY ESTABLISH A COMPENSATION COMMITTEE OR MAY ACT AS A COMMITTEE OF THE WHOLE IN EXECUTIVE SESSION THE COMMITTEE OVERSEES THE TOTAL COMPENSATION PACKAGES TO ENSURE THAT THEY ARE COMPETITIVE WITH OTHER HEALTHCARE ORGANIZATIONS, REFLECT JOB RESPONSIBILITIES AND REQUIREMENTS, AND ARE FAIR, EQUITABLE, AND CONSISTENTLY MANAGED THE COMMITTEE MEETS AS OFTEN AS IT DEEMS APPROPRIATE TO CARRY OUT ITS RESPONSIBILITIES IN GENERAL, THE MEDICAL CENTER POSITIONS TOTAL EXECUTIVE COMPENSATION AT THE MEDIAN OF THE MARKET THE BOARD OF DIRECTORS USES CONTEMPORANEOUS DATA INCLUDING EXECUTIVE COMPENSATION DATA FROM THE WISCONSIN HOSPITAL ASSOCIATION AS A GUIDE WHEN APPROVING THE COMPENSATION OF THE ADMINISTRATOR AND CHIEF FINANCIAL OFFICER THE POLICY IS MEANT TO BE FLEXIBLE SO THAT COMPENSATION CAN BE ABOVE OR BELOW THE MEDIAN BASED ON EXPERIENCE, PERFORMANCE, SIZE AND COMPLEXITY OF ORGANIZATION, AND BUSINESS NEED TO ATTRACT AND RETAIN EXECUTIVE TALENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BURNETT MEDICAL CENTER, INC MAKES IT FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC ON A PER REQUEST BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RADIOLOGY SERVICES PROGRAM SERVICE EXPENSES 441,646 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 441,646 ANESTHESIOLOGY CONTRACT LABOR PROGRAM SERVICE EXPENSES 552,864 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 552,864 CLINIC PURCHASED SERVICES AND CONTRACT LABOR PROGRAM SERVICE EXPENSES 548,186 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 548,186 LAUNDRY PURCHASED SERVICES PROGRAM SERVICE EXPENSES 200,077 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 200,077 DIETARY PURCHASED SERVICES AND CONTRACT LABOR PROGRAM SERVICE EXPENSES 352,732 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 352,732 EMERGENCY CONTRACT LABOR PROGRAM SERVICE EXPENSES 217,992 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 217,992 MEDICAL AND ADMIN PURCHASED SERVICES AND CONTRACT LABOR PROGRAM SERVICE EXPENSES 702,233 MANAGEMENT AND GENERAL EXPENSES 439,520 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,141,753

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION 11,095

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	OVERSIGHT OF THE AUDIT BURNETT MEDICAL CENTER, INC DOES NOT HAVE A SPECIFIC COMMITTEE WHICH ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT THE ENTIRE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR