

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 01-01-2018, and ending 12-31-2018

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

C Name of organization BAY AREA MEDICAL CENTER INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
3003 UNIVERSITY DR
City or town, state or province, country, and ZIP or foreign postal code
MARINETTE, WI 54143

D Employer identification number 39-1528430
E Telephone number (715) 735-4200

F Name and address of principal officer
JEFFREY DALEN-BARD
750 WEST VIRGINIA STREET PO BOX
341880
MILWAUKEE, WI 53234

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 BAMC ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1985 M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BAY AREA MEDICAL CENTER (BAMC) IS A REGIONAL HEALTH CARE FACILITY PROVIDING A WIDE RANGE OF MEDICAL SERVICES TO THE RESIDENTS OF MARINETTE AND MENOMINEE COUNTIES AND THE SURROUNDING AREAS BAMC'S PRIMARY EXEMPT PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES
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) 9
4 Number of independent voting members of the governing body (Part VI, line 1b) 9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 771
6 Total number of volunteers (estimate if necessary) 9
7a Total unrelated business revenue from Part VIII, column (C), line 12 1,298,599
7b Net unrelated business taxable income from Form 990-T, line 34 0

Table with 3 columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-19 showing financial data for Prior Year and Current Year.

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
Signature of officer: RACHEL HALVERSON VP-TAX AND ACCOUNTING SERVICES
Date: 2019-11-12

Paid Preparer Use Only
Print/Type preparer's name: WIPFLI LLP
Preparer's signature
Date: 2019-11-12
Check if self-employed
PTIN: P00766668
Firm's EIN: 39-0758449
Firm's address: PO BOX 8010 WAUSAU, WI 544028010
Phone no: (715) 845-3111

**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

WE ARE YOUR MEDICAL CENTER, STRIVING TO EXCEED YOUR EXPECTATIONS BY PROVIDING COMPASSIONATE, COST-EFFECTIVE, QUALITY HEALTHCARE TO ALL

**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 \$ 109,682,227 including grants of \$ 0 ) (Revenue \$ 122,395,005 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 109,682,227

Part IV Checklist of Required Schedules

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

|   |            |     |            |     |    |
|---|------------|-----|------------|-----|----|
| <p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>  | <b>2a</b>  | 771 |            |     |    |
| <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br/><b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>                                |            |     | <b>2b</b>  | Yes |    |
| <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>  |            |     | <b>3a</b>  | Yes |    |
| <p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>   |            |     | <b>3b</b>  | Yes |    |
| <p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>             |            |     | <b>4a</b>  |     | No |
| <p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br/>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> |            |     |            |     |    |
| <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>  |            |     | <b>5a</b>  |     | No |
| <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>  |            |     | <b>5b</b>  |     | No |
| <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>  |            |     | <b>5c</b>  |     |    |
| <p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>  |            |     | <b>6a</b>  |     | No |
| <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>   |            |     | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |            |     |            |     |    |
| <p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>   |            |     | <b>7a</b>  |     | No |
| <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>   |            |     | <b>7b</b>  |     |    |
| <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>  |            |     | <b>7c</b>  |     | No |
| <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>   | <b>7d</b>  |     |            |     |    |
| <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>   |            |     | <b>7e</b>  |     | No |
| <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>  |            |     | <b>7f</b>  |     | No |
| <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>  |            |     | <b>7g</b>  |     |    |
| <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>  |            |     | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b>  |            |     |            |     |    |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>  |            |     | <b>8</b>   |     |    |
| <p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>   |            |     | <b>9a</b>  |     |    |
| <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>   |            |     | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter  |            |     |            |     |    |
| <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>  | <b>10a</b> |     |            |     |    |
| <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>   | <b>10b</b> |     |            |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter   |            |     |            |     |    |
| <p><b>a</b> Gross income from members or shareholders . . . . .</p>   | <b>11a</b> |     |            |     |    |
| <p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>  | <b>11b</b> |     |            |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   |            |     |            |     |    |
| <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>   | <b>12b</b> |     |            |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |     |            |     |    |
| <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br/><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>  |            |     | <b>13a</b> |     |    |
| <p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>   | <b>13b</b> |     |            |     |    |
| <p><b>c</b> Enter the amount of reserves on hand . . . . .</p>  | <b>13c</b> |     |            |     |    |
| <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>  |            |     | <b>14a</b> |     | No |
| <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>   |            |     | <b>14b</b> |     |    |
| <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>                                   |            |     | <b>15</b>  |     | No |
| <p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>   |            |     | <b>16</b>  |     | No |

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



Section A. Governing Body and Management

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)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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) PAT KRAH<br>CHAIR                         | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) JEFFREY BARD<br>VICE CHAIR                | 0 80   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) WILLIAM MALLORY MD<br>SECRETARY/TREASURER | 0 80   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) DR STEPHEN CASELTON<br>BOARD MEMBER       | 0 80   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) SANDY EWALD<br>BOARD MEMBER               | 0 80   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) TONY FURTON<br>BOARD MEMBER               | 0 80   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) CHUCK HAWKINS<br>BOARD MEMBER             | 0 80   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) PATRICK O'HARA<br>BOARD MEMBER            | 0 80   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) MARC JAMO<br>BOARD MEMBER                 | 0 80   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) EDWARD HARDING<br>CEO                    | 55 00  |   |                       | X       |              |                              |        | 641,688   | 0  | 52,360  |
| (11) ROGER SNEATH<br>CFO                      | 55 00  |   |                       | X       |              |                              |        | 369,923   | 0  | 0   |
| (12) BERNADINE VAN COURT<br>COO               | 55 00  |   |                       |         | X            |                              |        | 339,345   | 0  | 31,025  |
| (13) FRANCISCO GAMEZ MD<br>PHYSICIAN          | 55 00  |   |                       |         |              | X                            |        | 564,941   | 0  | 37,568  |
| (14) MOHAMED EL-JACK<br>PHYSICIAN             | 55 00  |   |                       |         |              | X                            |        | 745,988   | 0  | 55,848  |
| (15) MICHAEL KARKKAINEN MD<br>PHYSICIAN       | 55 00  |   |                       |         |              | X                            |        | 1,123,402   | 0  | 61,112  |
| (16) EDGAR MASSABNI MD<br>PHYSICIAN           | 55 00  |   |                       |         |              | X                            |        | 520,391   | 0  | 41,285  |
| (17) ROBERT MACCANI<br>PHYSICIAN              | 55 00  |   |                       |         |              | X                            |        | 520,509   | 0  | 52,032  |

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

Table with 6 main columns (A-F): (A) Name and Title, (B) Average hours per week, (C) Position (do not check more than one box), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 66

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ACL, INFINITY HEALTHCARE PHYSICIANS SC, SODEXO INC & AFFILIATES, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            |  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            | 851,060  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above | <b>1f</b>            | 7,568  |   |  |
|   | <b>g</b> Noncash contributions included<br>in lines 1a - 1f \$ _____                          |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 858,628  |   |  |

| <b>Program Service Revenue</b> |  |  | Business Code |             |             |         |           |
|--------------------------------|--|--|---------------|-------------|-------------|---------|-----------|
|                                | <b>2a</b> NET PATIENT REVENUE              |  | 900099        | 105,671,013 | 105,671,013 |         |           |
|                                | <b>b</b> PHYSICIAN SERVICES - ABAMG & AURO |  | 900099        | 15,661,843  | 15,661,843  |         |           |
|                                | <b>c</b> OTHER MISCELLANEOUS ACTIVITIES    |  | 900099        | 5,967,439   | 229,934     |         | 5,737,505 |
|                                | <b>d</b> RETAIL PHARMACY                   |  | 446110        | 996,602     |             | 996,602 |           |
|                                | <b>e</b> SPACE LEASED FOR MEDICAL PURPOSES |  | 621110        | 424,313     | 424,313     |         |           |
|                                | <b>f</b> All other program service revenue |  |               | 301,997     |             | 301,997 |           |
|                                | <b>g Total.</b> Add lines 2a-2f . . . . .  |  |               | 129,023,207 |             |         |           |

|  |   |                |               |             |           |           |         |
|--|---|----------------|---------------|-------------|-----------|-----------|---------|
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |                |               | 908,671     |           |           | 908,671 |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |                |               |             |           |           |         |
|  | <b>5</b> Royalties . . . . .  |                |               |             |           |           |         |
|  | <b>6a</b> Gross rents   | (i) Real       | (ii) Personal |             |           |           |         |
|  |   | 33,088         |               |             |           |           |         |
|  | <b>b</b> Less rental expenses   | 56,801         |               |             |           |           |         |
|  | <b>c</b> Rental income or (loss)  | -23,713        |               |             |           |           |         |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                |               | -23,713     |           |           | -23,713 |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities | (ii) Other    |             |           |           |         |
|  |   | 663,517        | 1,585,568     |             |           |           |         |
|  | <b>b</b> Less cost or other basis and sales expenses  | 0              | 1,648,770     |             |           |           |         |
|  | <b>c</b> Gain or (loss)   | 663,517        | -63,202       |             |           |           |         |
|  | <b>d</b> Net gain or (loss) . . . . .   |                |               | 600,315     |           |           | 600,315 |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>       |               |             |           |           |         |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>       |               |             |           |           |         |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . .   |                |               |             |           |           |         |
|  | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .  | <b>a</b>       |               |             |           |           |         |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>       |               |             |           |           |         |
| <b>c</b> Net income or (loss) from gaming activities . . . . .             |   |                |               |             |           |           |         |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . | <b>a</b>  |                |               |             |           |           |         |
| <b>b</b> Less cost of goods sold . . . . .                                 | <b>b</b>  |                |               |             |           |           |         |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .            |   |                |               |             |           |           |         |
| Miscellaneous Revenue  | Business Code   |                |               |             |           |           |         |
| <b>11a</b> INTEREST RATE SWAP VALUATION ADJU                               | 900099  | 407,902        | 407,902       |             |           |           |         |
| <b>b</b>   |   |                |               |             |           |           |         |
| <b>c</b>   |   |                |               |             |           |           |         |
| <b>d</b> All other revenue . . . . .                                       |   |                |               |             |           |           |         |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                |   |                | 407,902       |             |           |           |         |
| <b>12 Total revenue.</b> See Instructions . . . . .                        |   |                | 131,775,010   | 122,395,005 | 1,298,599 | 7,222,778 |         |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 1,426,541             |                                 | 1,426,541                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 42,691,894            | 35,837,654                      | 6,854,240                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 2,243,467             | 1,738,768                       | 504,699                                |                             |
| <b>9</b> Other employee benefits . . . . .   | 6,487,399             | 5,202,424                       | 1,284,975                              |                             |
| <b>10</b> Payroll taxes . . . . .  | 2,815,933             | 2,214,503                       | 601,430                                |                             |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 647,240               |                                 | 647,240                                |                             |
| <b>c</b> Accounting . . . . .  | 626,398               |                                 | 626,398                                |                             |
| <b>d</b> Lobbying . . . . .  | 52,466                |                                 |  | 52,466                      |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  | 149,482               |                                 | 149,482                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 14,757,169            | 10,492,755                      | 4,264,414                              |                             |
| <b>12</b> Advertising and promotion . . . . .  | 623,321               | 36,249                          | 587,072                                |                             |
| <b>13</b> Office expenses . . . . .  | 22,364,547            | 21,555,062                      | 809,485                                |                             |
| <b>14</b> Information technology . . . . .   | 576,749               |                                 | 576,749                                |                             |
| <b>15</b> Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 1,476,413             | 1,199,951                       | 276,462                                |                             |
| <b>17</b> Travel . . . . .   | 90,541                | 63,189                          | 27,352                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .   | 762,092               | 762,050                         | 42                                     |                             |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 5,727,459             | 2,895,749                       | 2,831,710                              |                             |
| <b>23</b> Insurance . . . . .  | 439,673               | 350,089                         | 89,584                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> IMPAIRMENT LOSS ON GOOD   | 16,662,000            | 16,662,000                      |  |                             |
| <b>b</b> REPAIRS AND MAINTENANCE   | 5,695,039             | 3,538,688                       | 2,156,351                              |                             |
| <b>c</b> BAD DEBTS   | 4,532,640             | 4,532,640                       |  |                             |
| <b>d</b> WI HOSPITAL ASSESSMENT  | 2,493,364             | 2,493,364                       |  |                             |
| <b>e</b> All other expenses  | 481,256               | 107,092                         | 374,164                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 133,823,083           | 109,682,227                     | 24,088,390                             | 52,466                      |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 2,825                    | <b>1</b>    | 3,425              |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 27,687,642               | <b>2</b>    | 6,810,523          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                          | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net . . . . .   | 14,853,812               | <b>4</b>    | 15,050,628         |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  | 2,880,951                | <b>8</b>    | 3,044,988          |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 1,453,422                | <b>9</b>    | 1,385,914          |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 201,378,357              |             |                    |
|   | <b>b</b> Less accumulated depreciation  | 40,761,241               |             |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 45,737,008               | <b>11</b>   | 26,760,381         |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets . . . . .   | 17,147,000               | <b>14</b>   | 464,996            |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 2,976,101                | <b>15</b>   | 865,292            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 234,035,074   | <b>16</b>                | 215,003,263 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 10,401,974               | <b>17</b>   | 14,888,433         |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue . . . . .  |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 85,307,661               | <b>20</b>   | 83,305,440         |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D  | 10,505,442               | <b>25</b>   | 7,201,610          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 106,215,077              | <b>26</b>   | 105,395,483        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets   | 126,439,276              | <b>27</b>   | 108,702,565        |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 1,380,721                | <b>28</b>   | 905,215            |
|   | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>   |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 127,819,997   | <b>33</b>                | 109,607,780 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 234,035,074   | <b>34</b>                | 215,003,263 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 131,775,010 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 133,823,083 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -2,048,073  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 127,819,997 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -1,783,835  |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -14,380,309 |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 109,607,780 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1528430

**Name:** BAY AREA MEDICAL CENTER INC

Form 990 (2018)

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

INPATIENT HOSPITAL SERVICES FOR MEDICAL, SURGICAL AND OBSTETRICS/GYNECOLOGY PATIENTS - BAMC PROVIDED CARE FOR 2,961 PATIENTS WHO WERE ADMITTED AS INPATIENTS DURING 2018 THESE SERVICES INCLUDED 24/7 CARE FOR PATIENTS ADMITTED WITH MEDICAL CONDITIONS WARRANTING A HOSPITAL STAY, PATIENTS ADMITTED FOR SURGICAL PROCEDURES EXTENSIVE ENOUGH TO REQUIRE A STAY OVERNIGHT OR FOR SEVERAL DAYS FOLLOWING THE PROCEDURES, AND PATIENTS ADMITTED FOR THE DELIVERY OF NEWBORNS OUTPATIENT SURGICAL SERVICES - BAMC PERFORMED 3,408 OUTPATIENT SURGICAL PROCEDURES FOR PATIENTS DURING 2018 THESE PROCEDURES INCLUDED ORTHOPEDIC, UROLOGICAL, GENERAL SURGERY, GYNECOLOGY, AND ENT SURGERIES

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**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAY AREA MEDICAL CENTER INC

Employer identification number  
39-1528430

**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 |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**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<br>(or fiscal year beginning in) ▶ |   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")   |          |          |          |          |          |           |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <b>5</b>   | 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) |          |          |          |          |          |           |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

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

**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**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> |  |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> |  |

- 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<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

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

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |

**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.

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1528430

**Name:** BAY AREA 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |  |
|---|--|
| Name of the organization<br>BAY AREA MEDICAL CENTER INC | Employer identification number<br>39-1528430 |
|---|--|

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

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

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

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| <b>a</b> Volunteers?  |     | No |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |        |
| <b>c</b> Media advertisements?  |     | No |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | No |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | No |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   | Yes |    | 10,153 |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | No |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |        |
| <b>i</b> Other activities?  |     | No |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    | 10,153 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

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

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

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

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

**Part IV Supplemental Information**

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

| Return Reference  | Explanation   |
|-------------------|---|
| PART II-B, LINE 1 | THE WHA AND AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO REPRESENT AND ADVOCATE POLICY POSITIONS BEFORE THE CONGRESS, THE COURTS, THE WHITE HOUSE AND FEDERAL AGENCIES THROUGH REPRESENTATION AND ADVOCACY, THE AHA ASSISTS ITS MEMBERS ON INITIATIVES AND CHANGES NEEDED TO FURTHER HOSPITALS' MISSION TO DELIVER HIGH-QUALITY, COST-EFFICIENT HEALTH CARE TO ALL AMERICANS PORTION OF AHA (\$5,464) AND WHA (\$4,690) DUES = \$10,153 |



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
BAY AREA MEDICAL CENTER INC

**Employer identification number**  
39-1528430

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year                    |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 13,388,814                      |                              | 13,388,814     |
| <b>b</b> Buildings . . . . .   |                                      | 122,951,653                     | 4,493,561                    | 118,458,092    |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 60,753,396                      | 36,267,680                   | 24,485,716     |
| <b>e</b> Other . . . . .   |                                      | 4,284,494                       |                              | 4,284,494      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 160,617,116    |

**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<br>(including name of security)  | (b)<br>Book<br>value | (c) Method of valuation<br>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)  |                      |   |
| <b>Total.</b> (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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (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)  |                |
| <b>Total.</b> (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   |                |
| ACCRUED POSTRETIREMENT BENEFITS  | 1,280,576      |
| DEFERRED COMPENSATION  | 681,839        |
| INTEREST RATE SWAP VALUATION   | 3,875,809      |
| AMOUNTS PAYABLE TO THIRD-PARTY REIMBURSEMENT PROGRAM                     | 1,163,386      |
| REC CENTER NAMING RIGHTS   | 200,000        |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 7,201,610      |

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

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

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

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  |  |

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

# 2018

**Open to Public  
Inspection**

Name of the organization  
BAY AREA MEDICAL CENTER INC

**Employer identification number**  
39-1528430

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|--|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser)                           | (ii) Activity    | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------|--|----|-----------------------------------|--|---|
|   |                  | Yes  | No |                                   |  |   |
| ACCORDANT PHILANTHROPY<br>105 TEAL NEST COURT<br><br>PONTE VEDRA BEACH, FL<br>32082 | CAPITAL CAMPAIGN |  | No | 95,255                            | 42,611   | 52,644  |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
|   |                  |  |    |                                   |  |   |
| <b>Total</b>  |                  |  |    | 95,255                            | 42,611   | 52,644  |

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

WI

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

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

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

| Revenue  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|---|--|
|  |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| Direct Expenses  | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|  | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   |   |  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |  |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
 

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

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

Name ▶ .....  
 Address ▶ .....

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

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

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

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Name of the organization**  
 BAY AREA MEDICAL CENTER INC

**Employer identification number**  
 39-1528430

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

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a  | <b>1a</b> | Yes |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .  | <b>1b</b> | Yes |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities  |           |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year<br><b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> % | <b>3a</b> | Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %   | <b>3b</b> |     | No |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care  |           |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?  | <b>4</b>  | Yes |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | <b>5a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  | <b>5b</b> |     | No |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  | <b>5c</b> |     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?   | <b>6a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public?<br>Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H  | <b>6b</b> | 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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>                                   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 1,165,598                           |                               | 1,165,598                         | 1 030 %                      |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 15,879,920                          | 7,983,126                     | 7,896,794                         | 7 010 %                      |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           |   |                               | 17,045,518                          | 7,983,126                     | 9,062,392                         | 8 040 %                      |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |   |                               |                                     |                               |                                   |                              |
| <b>f</b> Health professions education (from Worksheet 5)   |   |                               |                                     |                               |                                   |                              |
| <b>g</b> Subsidized health services (from Worksheet 6)   |   |                               |                                     |                               |                                   |                              |
| <b>h</b> Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               |                                     |                               |                                   |                              |
| <b>j Total.</b> Other Benefits   |   |                               |                                     |                               |                                   |                              |
| <b>k Total.</b> Add lines 7d and 7j  |   |                               | 17,045,518                          | 7,983,126                     | 9,062,392                         | 8 040 %                      |

**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   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>   |   |                               |                                      |                               |                                    |                              |

**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?   |     | 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.   |     |    |
| 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. |     |    |
| 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 | 26,325,483 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5.  | 6 | 27,103,671 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall).  | 7 | -778,188   |
| 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:<br><input type="checkbox"/> Cost accounting system<br><input checked="" type="checkbox"/> Cost to charge ratio<br><input type="checkbox"/> Other |   |            |

**Section C. Collection Practices**

|    |  |    |     |
|----|--|----|-----|
| 9a | Did the organization have a written debt collection policy during the tax year?  | 9a | Yes |
| 9b | 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)

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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 |
|--|---|-----|----|
| <b>Community Health Needs Assessment</b> |   |     |    |
| <b>1</b>                                 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .  |     | No |
| <b>2</b>                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .   |     | No |
| <b>3</b>                                 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)  | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community   |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained   |     |    |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community   |     |    |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| <b>i</b>                                 | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |     |    |
| <b>j</b>                                 | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>  |     |    |
| <b>5</b>                                 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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 |    |
| <b>6a</b>                                | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .  |     | No |
| <b>6b</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 . . . . .   |     | No |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)   | Yes |    |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW BAMC ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS/</u>   |     |    |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url) _____   |     |    |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility   |     |    |
| <b>d</b>                                 | <input checked="" type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b>                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .   | Yes |    |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>  |     |    |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>HTTPS //WWW BAMC ORG/MEDIA/1310/COMMUNITY-NEEDS-UPDATE-2016 PDF</u>   | Yes |    |
| <b>a</b>                                 |   |     |    |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .  |     |    |
| <b>11</b>                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed   |     |    |
| <b>12a</b>                               | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .   |     | No |
| <b>12b</b>                               | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .  |     |    |
| <b>c</b>                                 | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____   |     |    |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

BAY AREA MEDICAL CENTER

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 |   |     |    |
| <b>13</b>  | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP  | Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> %<br>and FPG family income limit for eligibility for discounted care of _____ %   |     |    |
| <b>b</b>   | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)   |     |    |
| <b>c</b>   | <input checked="" type="checkbox"/> Asset level   |     |    |
| <b>d</b>   | <input checked="" type="checkbox"/> Medical indigency   |     |    |
| <b>e</b>   | <input checked="" type="checkbox"/> Insurance status  |     |    |
| <b>f</b>   | <input checked="" type="checkbox"/> Underinsurance discount   |     |    |
| <b>g</b>   | <input type="checkbox"/> Residency  |     |    |
| <b>h</b>   | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b>  | Explained the basis for calculating amounts charged to patients? . . . . .  | Yes |    |
| <b>15</b>  | Explained the method for applying for financial assistance? . . . . .<br>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 |    |
| <b>a</b>   | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |    |
| <b>b</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  |     |    |
| <b>c</b>   | <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  |     |    |
| <b>d</b>   | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| <b>e</b>   | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>16</b>  | Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  | Yes |    |
| <b>a</b>   | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>HTTPS //WWW BAMC ORG/MEDIA/1013/FINANCIAL_BROCHURE PDF</u>   |     |    |
| <b>b</b>   | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>HTTPS //WWW BAMC ORG/MEDIA/1016/FINANCIAL_ASSISTANCE_APPLICATION_- BAMC-ABA</u>   |     |    |
| <b>c</b>   | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>HTTPS //WWW BAMC ORG/MEDIA/1013/FINANCIAL_BROCHURE PDF</u>   |     |    |
| <b>d</b>   | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>e</b>   | <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)   |     |    |
| <b>f</b>   | <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)  |     |    |
| <b>g</b>   | <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 |     |    |
| <b>h</b>   | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>   | <input 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  |     |    |
| <b>j</b>   | <input checked="" type="checkbox"/> Other (describe in Section C)   |     |    |

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

BAY AREA MEDICAL CENTER

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

BAY AREA MEDICAL CENTER

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

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |

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

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data          |             |
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**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)                     |
|--|---|
| <b>1</b> 1 - BAY AREA MOBILITY CENTER<br>3117 SHORE DRIVE<br>MARINETTE, WI 54143                     | REHABILITATION SERVICES AND OCCUPATIONAL HEALTH |
| <b>2</b> 2 - BAY AREA REHAB SERVICES - CRIVITZ WI<br>218 S US HWY 141 SUITE 100<br>CRIVITZ, WI 54114 | REHABILITATION SERVICES AND OCCUPATIONAL HEALTH |
| <b>3</b>   |   |
| <b>4</b>   |   |
| <b>5</b>   |   |
| <b>6</b>   |   |
| <b>7</b>   |   |
| <b>8</b>   |   |
| <b>9</b>   |   |
| <b>10</b>  |   |

**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          | BAY AREA UTILIZES A COST TO CHARGE RATIO   |
| PART I, LN 7 COL(F)     | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$4,532,640 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| PART III, LINE 2        | BAY AREA MEDICAL CENTER UTILIZED A COST TO CHARGE RATIO FOR DETERMINING THE COST OF BAD DEBT EXPENSE   |
| PART III, LINE 4        | BAY AREA ANALYZES PAST RESULTS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE 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 UNCOLLECTIBLE ACCOUNTS SPECIFICALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, BAY AREA 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 THIRD-PARTY PAYORS HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO HAVE FINANCIAL DIFFICULTIES THAT MAKE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WITH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), BAY AREA 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 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| PART III, LINE 8        | AMOUNTS ABOVE USE STANDARD MEDICARE DETERMINATION OF ALLOWABLE AND UNALLOWABLE DEPARTMENTS, STANDARD/RECOMMENDED MEDICARE ALLOCATION OF ADMINISTRATION AND GENERAL DEPARTMENTS COSTS TO ALLOWABLE AND UNALLOWABLE DEPARTMENTS BY THE USE OF BAY AREA MEDICAL CENTER'S MEDICARE COST REPORT THE MEDICARE COST REPORT WAS CALCULATED ON A COST TO CHARGE RATIO THE COST TO CHARGE RATIO FOLLOWS THE REGULATIONS FOR FILING THE MEDICARE COST REPORT  |
| PART III, LINE 9B       | BAY AREA MEDICAL CENTER WILL PROVIDE NEEDED HOSPITAL CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR THESE SERVICES COMMUNITY CARE IS ALLOCATED TO PATIENTS BASED ON SET GUIDELINES ESTABLISHED BY THE ORGANIZATION A FULL OR PARTIAL ADJUSTMENT WILL BE DETERMINED BY COMPARING THE PATIENT'S FINANCIAL STATUS TO A SLIDING FEE SCHEDULE BASED ON THE MOST RECENTLY PUBLISHED FEDERAL POVERTY GUIDELINES IT IS THE POLICY OF BAY AREA MEDICAL CENTER TO WRITE-OFF BOTH PARTIAL AND FULL PATIENT BALANCES FOR ACCOUNTS THAT QUALIFY FOR COMMUNITY CARE THERE ARE NO FURTHER COLLECTIONS EFFORTS RELATED TO THOSE WHO QUALIFY FOR A FULL COMMUNITY CARE WRITE-OFF PATIENTS THAT HAVE HAD PARTIAL WRITE-OFFS THAT DO NOT COOPERATE WITH COLLECTION EFFORTS ON THE BALANCES REMAINING WILL BE REFERRED TO A THIRD-PARTY COLLECTION AGENCY IF STILL UNCOLLECTIBLE, THE PATIENT ACCOUNT WILL BE WRITTEN OFF TO BAD DEBT |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
|-------------------------|---|
| PART VI, LINE 2         | BAY AREA MEDICAL CENTER USES A BI-ANNUAL COMMUNITY SURVEY AND ALSO PARTICIPATES IN THE MARINETTE & MENOMINEE COUNTY HEALTH ASSESSMENT INITIATIVES                       |
| PART VI, LINE 3         | - BROCHURES ARE PROVIDED TO EVERY PATIENT - THE INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - ONE ON ONE MEETINGS WITH FINANCIAL ADVISORS ARE ALSO AVAILABLE |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation   |
|-------------------------|---|
| PART VI, LINE 4         | BAY AREA MEDICAL CENTER SERVES MARINETTE COUNTY, WI AND MENOMINEE COUNTY, MI THERE ARE NO OTHER HOSPITALS LOCATED IN THESE COUNTIES   |
| PART VI, LINE 5         | <p>- THE MAJORITY OF THE BAMC BOARD IS MADE UP OF RESIDENTS OF THE TWO COUNTIES IT SERVES - BAMC HOSTS QUARTERLY MEETINGS WITH LOCAL MENTAL HEALTH PROFESSIONALS TO SUPPORT THIS INITIATIVE WE ARE ALSO MEMBERS OF THE MICHIGAN HEALTHCARE CONSORTIUM IN THE UPPER PENINSULA - ANY SURPLUS FUNDS ARE USED FOR IMPROVEMENTS TO THE FACILITY, EQUIPMENT, STAFF DEVELOPMENT AND PATIENT CARE - BAMC PROVIDES DIRECT FINANCIAL SUPPORT TO THE TWIN COUNTIES FREE CLINIC - BAMC HAS WORKING ARRANGEMENTS WITH A TWO YEAR TECHNICAL SCHOOL AND TWO YEAR COLLEGE TO OFFER NURSING AND OTHER MEDICAL PROFESSIONAL STUDENTS INTERNSHIPS IN THEIR PREPARATION FOR HEALTH CARE CAREERS - BAMC PROVIDES SUPPORT TO LOCAL AREA VOLUNTEER RESCUE SQUAD UNITS THAT WORK WITH THE HOSPITAL-BASED AMBULANCE SERVICE BAY AREA ACTIVELY PROVIDED OR PARTICIPATED IN THE FOLLOWING COMMUNITY-BASED ACTIVITIES AND PROGRAMS DURING 2016 - PROMOTED GENERAL HEALTH EDUCATION SERVICES SUCH AS HEALTH FAIRS, CANCER EDUCATION, HEALTHY HEART EDUCATION, AND HEALTHY EATING - OFFERED HEALTH INFORMATION ON BAY AREA'S WEBSITE AND THROUGH HEALTH-RELATED PUBLICATIONS DISTRIBUTED AT NO CHARGE - OFFERED BLOOD PRESSURE SCREENINGS, CHOLESTEROL TESTING, GLUCOSE TESTING, BMD TESTING, AND INCONTINENCE SCREENINGS - PROVIDED CHOLESTEROL CANCER SCREENINGS AND FREE MAMMOGRAMS - PROVIDED ADVANCE DIRECTIVES AND LIVING WELL ASSISTANCE - PROVIDED GUIDANCE, REFERRAL, AND ENROLLMENT ASSISTANCE FOR PUBLIC MEDICAL PROGRAMS, CERTIFIED COUNSELING FOR AFFORDABLE CARE ACT HEALTH EXCHANGE APPLICANTS, AND OTHER FAMILY SUPPORT ASSISTANCE - PROVIDED SPACE AND FREE LAB TESTING AND DIAGNOSTIC SERVICES TO SUPPORT A FREE COMMUNITY PHYSICIAN CLINIC - PROVIDED EMERGENCY CAB FARE FOR PATIENTS WITH TRANSPORTATION NEEDS RELATED TO THEIR HEALTH CARE SERVICES - PROMOTED PARTICIPATION IN BLOOD DRIVES BY EMPLOYEES AND THE GENERAL PUBLIC - CONTRIBUTED TO THE EDUCATION OF STUDENT NURSES AND OTHER HEALTH CARE PROFESSIONALS - SPONSORED AND ORGANIZED THE BAMC MENOMINEE RIVER CENTURY BIKE RIDE WHICH ATTRACTS OVER 1,000 RIDERS - SPONSORED AND SUPPORTED CHAMBER OF COMMERCE AND EDUCATIONAL LEADERSHIP PROGRAMS - PROVIDED ATHLETIC TRAINING SERVICES, CONCUSSION EVALUATIONS, AND SPORTS PHYSICALS TO AREA SCHOOL SYSTEMS AND SPORTS PROGRAMS - PROVIDED FINANCIAL AND STAFF SUPPORT FOR COMMUNITY RUNS AND WALKS -SPONSORED AND ORGANIZED THE BAMC WATERFRONT 5K/10K RUN, WHICH ATTRACTS OVER 400 RUNNERS WHILE THERE IS A GROWING AGREEMENT IN THE UNITED STATES ABOUT WHAT CONSTITUTES A NON-PROFIT HOSPITAL'S "COMMUNITY BENEFIT," THIS IS A WORK IN PROGRESS OUR HOSPITAL PROVIDES SIGNIFICANT CHARITY CARE AND OTHER COMMUNITY BENEFITS AS DEFINED BY THE IRS BUT IN ADDITION, WE BELIEVE THAT WE PROVIDE A CRITICALLY IMPORTANT COMMUNITY BENEFIT, WHICH IS NOT QUANTIFIED OUR HOSPITAL, LIKE MOST RURAL HOSPITALS, WAS CREATED AND IS MAINTAINED IN ORDER TO PROVIDE CARE LOCALLY-CARE THAT WITHOUT OUR HOSPITAL, WOULD NOT BE AVAILABLE LOCALLY BEYOND INPATIENT HOSPITALIZATIONS, WE PROVIDE LOCAL ACCESS TO MANY HEALTH SERVICES' AMBULANCE SERVICES, BIRTHING CENTER, DIAGNOSTICS, EMERGENCY SERVICES, INPATIENT CARE, LABORATORY SERVICES, OCCUPATIONAL HEALTH &amp; REHABILITATION SERVICES, SURGICAL SERVICES AND WOMENS' SERVICES</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                    | Explanation  |
|--|--|
| PART VI, LINE 6                            | BAMC'S ROLE HAS NOT CHANGED SINCE IT IS PART OF AN AFFILIATED HEALTH CARE SYSTEM THE ROLE OF AURORA IS TO SUPPORT BAMC'S MISSION BY PROVIDING STATEGIC AND OPERATIONAL SUPPORT |
| PART VI, LINE 7, REPORTS FILED WITH STATES | WI   |

**Additional Data****Software ID:****Software Version:****EIN:** 39-1528430**Name:** BAY AREA MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| <b>Section A. Hospital Facilities</b>   |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><u>1</u> |  |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| Name, address, primary website address, and state license number  |  |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 1   | BAY AREA MEDICAL CENTER INC<br>3003 UNIVERSITY DR<br>MARINETTE, WI 54143<br>WWW BAMC ORG<br>2419-800 | 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   |
|-------------------------|---|
| BAY AREA MEDICAL CENTER | PART V, SECTION B, LINE 5 BAMC UTILIZED THE HEALTH YOUTH COALITION, A TWIN COUNTY ORGANIZATION, THAT PROMOTES HEALTHY AND POSITIVE YOUTH DEVELOPMENT A YOUTH SURVEY WAS CONDUCTED IN 2015 AND WAS DESIGNED TO IDENTIFY THE LEVELS OF RISK AND PROTECTIVE FACTORS THAT PREDICT PROBLEM BEHAVIORS SUCH AS ALCOHOL, TOBACCO, AND OTHER DRUG USE, POOR SCHOOL ACHIEVEMENT, AND DELINQUENCY THE REPORT IDENTIFIED THE RISK AND PROTECTIVE FACTORS MOST IN NEED OF ATTENTION IN THE COMMUNITY BAMC WAS A PARTICIPANT IN THE TRI CITY UNITED WAY COMMUNITY CONVERSATIONS AND IN THE MARINETTE COUNTY COMMUNITY HEALTH IMPROVEMENT ASSESSMENT UPDATE A BRIEF DESCRIPTION OF THESE INITIATIVES AND OTHER AGENCY RESEARCH EFFORTS ARE IN THE BAY AREA COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE COUNTY HEALTH RANKINGS DEVELOPED BY THE UNIVERSITY OF WISCONSIN AND THE ROBERT WOOD JOHNSON FOUNDATION MEASURE THE HEALTH OF NEARLY ALL COUNTIES IN THE NATION AND RANK THEM WITHIN STATES THE RANKINGS ARE COMPILED USING COUNTY-LEVEL MEASURES FROM A VARIETY OF NATIONAL AND STATE DATA SOURCES THESE MEASURES ARE STANDARDIZED AND COMBINED USING SCIENTIFICALLY-INFORMED WEIGHTS THIS IS EXTREMELY VALUABLE FOR THE BAMC EFFORT, GIVEN THAT OUR MARKET INVOLVES TWO COUNTIES IN TWO DIFFERENT STATES, WITH OFTENTIMES DIFFERENT DATA COLLECTION PROCESSES THE COUNTY HEALTH RANKINGS MODEL, IDENTIFIED A SET OF MEASURES THAT AFFECT HEALTH FROM BOTH INSIDE AND OUTSIDE THE DOCTOR'S OFFICE THE MODEL RECOGNIZES THAT WHERE PEOPLE LIVE, WORK, AND PLAY CAN HAVE A PROFOUND IMPACT ON THEIR HEALTH |

**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  |
|-------------------------|--|
| BAY AREA MEDICAL CENTER | PART V, SECTION B, LINE 7D AFTER YEAR END (12/31/2018) THE ORGANIZATION CHANGED OWNERSHIP AND STRUCTURE THE WEBSITE LINKS FOR THE CHNA AND IMPLEMENTATION PLAN MAY NOT BE APPLICABLE IN THE FUTURE AS CHANGES ARE MADE TO THE WEBSITE OR MOVED TO A SEPARATE WEBSITE |

**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  |
|-------------------------|--|
| BAY AREA MEDICAL CENTER | <p>PART V, SECTION B, LINE 11 THE BAY AREA MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH WAS CONDUCTED IN 2013 AND THEN AGAIN IN 2016, EVALUATES THE HEALTH NEEDS OF INDIVIDUALS LIVING IN THE MARINETTE/MENOMINEE MARKET AREA WORK DONE THIS YEAR IN ALL THREE AREAS OF CONCERN THAT WERE IDENTIFIED INCLUDED ACCESS TO CARE - BAMC IS IN ITS SIXTH YEAR OF A COMMUNITY WIDE EFFORT TO PROVIDE COMMUNITY MEMBERS ASSISTANCE IN SIGNING UP FOR HEALTH INSURANCE THROUGH THE HEALTH EXCHANGE PROGRAM BY PROVIDING FREE CERTIFIED COUNSELORS MARKETING PARTICIPATED IN THE OUTREACH, PUBLICITY AND CREATING COMMUNICATIONS TOOLS FOR THE INITIATIVE A NEW PRIMARY CARE CLINIC WAS OPENED IN CRIVITZ AND ANOTHER IS PLANNED FOR MENOMINEE (OPENING IN 2019) BAMC PROVIDES OFFICE SPACE AND VOLUNTEER SUPPORT FOR THE TWIN COUNTIES FREE CLINIC AND IS A MAJOR SPONSOR OF THEIR ANNUAL FUNDRAISING EVENT IN DECEMBER DRUG ABUSE BAMC IS A MEMBER OF TWO COMMUNITY TASK FORCES THAT FOCUS ON DRUG ABUSE IN GENERAL AND PRESCRIPTION DRUG ABUSE SPECIFICALLY WE REMAIN A STRONG SUPPORTER OF THE HEALTHY YOUTH COALITION INCLUDING SUPPORT FOR THEIR LOCK IT DROP IT STOP IT DRUG DISPOSAL PROGRAM BAMC'S COMMUNITY PHARMACY PARTNERED WITH THE MARINETTE SHERIFF'S DEPARTMENT IN THE ANNUAL APRIL TAKE BACK INITIATIVE, AN EFFORT BY THE DEA TO GIVE RESIDENTS A SAFE AND SECURE WAY TO DISPOSE OF EXPIRED OR UNUSED PRESCRIPTION DRUGS MEDICAL STAFF IS ALSO CLOSELY FOLLOWING OPIOID PRESCRIPTION GUIDELINES AND REPORTING TO BETTER MANAGE NONMEDICAL USE OF THOSE PRESCRIPTIONS YOUTH OBESITY - BAMC OFFERED FINANCIAL SUPPORT TO COMMUNITY INITIATIVES THAT FOCUSED ON YOUTH HEALTH AND WELLNESS, INCLUDING PHYSICAL EDUCATION GRANTS TO THE MENOMINEE, MARINETTE, STEPHENSON AND CRIVITZ SCHOOLS AS WELL AS SPONSORSHIP OF THE YMCA HEALTHY KIDS DAY WHERE WE PROVIDED INFORMATION ON BIKE SAFETY AND PRIMARY CARE THE MAJOR BAMC COMMUNITY EVENTS, THE LEOWSTRONG BIKE RIDE AND WATERFRONT RUN HAVE A KIDS RIDE AND RACE COMPONENT BAMC'S AND THE AURORA BAY AREA MEDICAL GROUP HELD THIRD WOMEN, WINE AND WELLNESS EVENT, RAISED \$6,700 FOR MENTAL HEALTH PROGRAMS IN MARINETTE AND MENOMINEE COUNTIES ON A PLEASANT SEPTEMBER MORNING AT OUR NEW HOSPITAL, NEARLY 100 WALKERS PARTICIPATED IN OUR ANNUAL KAREN VANHEFTY CARING HEARTS WALK THE WALK, SPONSORED BY THE BAMC CARDIAC REHAB DEPARTMENT, AND IS A WAY TO ENCOURAGE WALKING AS A HEALTHY LIFESTYLE ACTIVITY A NEW WALKING TRAIL AROUND THE HOSPITAL GROUNDS WAS DEVELOPED FOR THE WALK AND HAS BECOME A STAPLE FOR STAFF WALKING BAMC CONTINUES TO EMPHASIZE TO THE COMMUNITY THE IMPORTANCE OF HAVING AN ADVANCE DIRECTIVE ON HAND AT THE HOSPITAL ADVANCE DIRECTIVE INFORMATION IS AVAILABLE AT ALL HEALTH FAIRS THAT BAMC PARTICIPATES IN AND BAMC OFFERS FREE QUARTERLY EDUCATION SESSION TO ASSIST PEOPLE TO COMPLETE THE 5 WISHES LIVING WILL DOCUMENT IN JULY, BAMC AND ABAMG PROVIDERS AND STAFF CONDUCTED NEARLY 100 SPORTS PHYSICALS FOR STUDENTS FROM MARINETTE, MENOMINEE AND STEPHENSON SCHOOLS THE MONEY RA</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  |
|-------------------------|--|
| BAY AREA MEDICAL CENTER | <p>USED THROUGH THESE PHYSICALS GOES TO THE RESPECTIVE SCHOOL'S BOOSTER CLUBS STUDENTS FROM THESE SCHOOLS ALSO RECEIVE AN EDUCATIONAL NEWSLETTER, SIDELINES, THAT FOCUSES ON HEALTH ASPECTS OF BEING A STUDENT ATHLETE BAMC PARTICIPATED IN HEALTH AND WELLNESS ACTIVITIES FOR AREA EMPLOYERS INCLUDING STEPHENSON NATIONAL BANK, RW FERNSTRUM, THE CITY OF MARINETTE AND MARINETTE COUNTY CHILDBIRTH CLASSES ARE OFFERED BY BAMC OB NURSING STAFF FOR EXPECTANT MOTHERS AND FATHERS AND MARKETING HELPS BY PUBLICIZING THE CLASSES BAMC PARTICIPATED IN AND HELP SPONSOR THE MARINETTE COUNTY COMMUNITY HEALTH ASSESSMENT IN 2018 STAFF NOW ARE ALSO ON TWO OF THE STANDING COMMITTEES THAT ARE IMPLEMENTING THE PLAN</p> |

**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   |
|-------------------------|---|
| BAY AREA MEDICAL CENTER | PART V, SECTION B, LINE 16J A FINANCIAL BROCHURE IS OFFERED TO PATIENTS UPON REGISTRATION AND IS AVAILABLE ONLINE AT <a href="https://www.bamc.org/media/1013/financail_brochure.pdf">HTTPS //WWW BAMC ORG/MEDIA/1013/FINANCAIL_BROCHURE PDF</a> BILLING STATEMENTS REFERENCE THE FAP POLICY AND INSTRUCTIONS ON WHO TO CONTACT TO RECEIVE FINANCIAL ASSISTANCE INFORMATION BUT DO NOT INCLUDE THE DETAILED POLICY SECTION B, LINE 16E THE ORGANIZATION DOES NOT HAVE ANY LEP POPULATIONS IN THEIR IDENTIFIED SERVICES AREA, AND THUS ONLY HAVE MATERIALS IN ENGLISH, THE PRIMARY LANGUAGE SPOKEN |

**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  |
|-------------------------|--|
| BAY AREA MEDICAL CENTER | PART V, SECTION B, LINE 20E BAY AREA PROCESSED COMPLETE FAP APPLICATIONS REFERRED TO IN LINE 20C |

**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   |
|-------------------------|---|
| SECTION B, LINE 16, A-C | AFTER YEAR END (12/31/2018) THE ORGANIZATION CHANGED OWNERSHIP AND STRUCTURE THE WEBSITE LINKS FOR THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY NOT BE APPLICABLE IN THE FUTURE AS CHANGES ARE MADE TO THE WEBSITE OR MOVED TO A SEPARATE WEBSITE |

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

OMB No 1545-0047

# 2018

**Open to Public Inspection**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
BAY AREA MEDICAL CENTER INC

Employer identification number  
39-1528430

### Part I Questions Regarding Compensation

|  |  | Yes  | No |  |  |
|--|--|--|----|--|--|
| <p><b>1a</b> 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<br/> <input type="checkbox"/> Travel for companions<br/> <input type="checkbox"/> Tax indemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |    |  |  |
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |    |  |  |
| <p><b>b</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>   | <b>1b</b>  |  |    |  |  |
| <p><b>2</b> 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>   | <b>2</b>   |  |    |  |  |
| <p><b>3</b> 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<br/> <input checked="" type="checkbox"/> Independent compensation consultant<br/> <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>                                    | <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |    |  |  |
| <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |  |    |  |  |
| <p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>   | <b>4a</b>  |  | No |  |  |
|  | <b>4b</b>  | Yes  |    |  |  |
|  | <b>4c</b>  |  | No |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |  |  |    |  |  |
| <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>  | <b>5a</b>  |  | No |  |  |
|  | <b>5b</b>  |  | No |  |  |
| <p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>  | <b>6a</b>  |  | No |  |  |
|  | <b>6b</b>  |  | No |  |  |
| <p><b>7</b> 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>   | <b>7</b>   |  | No |  |  |
| <p><b>8</b> 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>   | <b>8</b>   |  | No |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>   |  |    |  |  |



**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 EDWARD HARDING<br>CEO              | (i)  | 634,325  | 0                                   | 7,363                               | 20,625   | 31,735                  | 694,048                         | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 ROGER SNEATH<br>CFO                | (i)  | 369,923  | 0                                   | 0                                   | 0  | 0                       | 369,923                         | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 BERNADINE VAN COURT<br>COO         | (i)  | 331,549  | 0                                   | 7,796                               | 20,625   | 10,400                  | 370,370                         | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 FRANCISCO GAMEZ MD<br>PHYSICIAN    | (i)  | 523,455  | 39,900                              | 1,586                               | 20,625   | 16,943                  | 602,509                         | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 MOHAMED EL-JACK<br>PHYSICIAN       | (i)  | 714,056  | 30,000                              | 1,932                               | 20,625   | 35,223                  | 801,836                         | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 MICHAEL KARKKAINEN MD<br>PHYSICIAN | (i)  | 964,354  | 155,436                             | 3,612                               | 24,369   | 36,743                  | 1,184,514                       | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 EDGAR MASSABNI MD<br>PHYSICIAN     | (i)  | 497,070  | 20,450                              | 2,871                               | 20,625   | 20,660                  | 561,676                         | 0   |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 ROBERT MACCANI<br>PHYSICIAN        | (i)  | 493,577  | 25,000                              | 1,932                               | 20,625   | 31,407                  | 572,541                         | 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.

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 4B  | THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED PAYMENT FROM A NON-QUALIFIED RETIREMENT PLAN CONTRIBUTIONS TO 457F PLAN<br>MICHAEL KARKKAINEN, M D \$13,800, EDGAR MASSABNI, M D \$26,718, FRANCISCO GAMEZ, M D \$141,359, EDWARD HARDING \$121,044, BERNADINE VAN COURT \$48,583 |



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**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAY AREA MEDICAL CENTER INC

Employer identification number

39-1528430

**Part I Bond Issues**

| (a) Issuer name   | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|   |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY | 39-1337955     |             | 12-17-2015      | 85,600,000      | NEW HOSPITAL CONSTRUCTION  |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|    |  | A          | B  | C   | D  |
|----|--|------------|----|-----|----|
| 1  | Amount of bonds retired . . . . .  | 2,015,000  |    |     |    |
| 2  | Amount of bonds legally defeased . . . . .   |            |    |     |    |
| 3  | Total proceeds of issue . . . . .  | 85,600,000 |    |     |    |
| 4  | Gross proceeds in reserve funds . . . . .  | 2          |    |     |    |
| 5  | Capitalized interest from proceeds . . . . .   |            |    |     |    |
| 6  | Proceeds in refunding escrows . . . . .  |            |    |     |    |
| 7  | Issuance costs from proceeds . . . . .   | 318,000    |    |     |    |
| 8  | Credit enhancement from proceeds . . . . .   |            |    |     |    |
| 9  | Working capital expenditures from proceeds . . . . .   |            |    |     |    |
| 10 | Capital expenditures from proceeds . . . . .   | 85,281,998 |    |     |    |
| 11 | Other spent proceeds . . . . .   |            |    |     |    |
| 12 | Other unspent proceeds . . . . .   |            |    |     |    |
| 13 | Year of substantial completion . . . . .   | 2018       |    |     |    |
|    |  | Yes        | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? . . . . .  |            | X  |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue? . . . . .   |            | X  |     |    |
| 16 | Has the final allocation of proceeds been made? . . . . .  |            | X  |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | 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  |     |    |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | X  |     |    |     |    |     |    |

**Part III Private Business Use** (Continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X  |     |    |     |    |     |    |
| <b>b</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?   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     |    |     |    |     |    |
| <b>d</b> 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?   |     |    |     |    |     |    |     |    |
| <b>4</b> 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 . . . . . ▶  |     |    |     |    |     |    |     |    |
| <b>5</b> 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 . . . . . ▶ |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     |    |     |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | X  |     |    |     |    |     |    |
| <b>8a</b> 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  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .  |     |    |     |    |     |    |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     |    |     |    |     |    |     |    |
| <b>9</b> 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   |    |     |    |     |    |     |    |

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
BAY AREA MEDICAL CENTER INC

Employer identification number

39-1528430

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 4 | ON JANUARY 22, 2019, ADVOCATE AURORA HEALTH, INC ("AURORA"), AURORA MEDICAL GROUP, INC , M&M HEALTH CARE, INC , AND BAMC (COLLECTIVELY THE "PARTIES") ENTERED INTO A MEMBERSHIP AGREEMENT (THE "MEMBERSHIP AGREEMENT") UNDER THE TERMS OF THE MEMBERSHIP AGREEMENT, THE PARTIES AGREED TO RESTATE THE ARTICLES OF INCORPORATION AND BYLAWS OF BAMC TO REMOVE M&M HEALTH CARE AS A MEMBER OF BAMC AND TO MAKE AURORA THE SOLE MEMBER OF BAMC THIS CHANGE WAS EFFECTIVE ON APRIL 1, 2019 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | IN 2014, BAMC AND AURORA HEALTH CARE NORTH, INC NEGOTIATED AN ARRANGEMENT UNDER WHICH M&M AND AURORA BECAME THE SOLE MEMBERS OF BAMC M&M HOLDS 51% OF THE VOTING INTERESTS IN BAMC AND AURORA HOLDS 49% OF THE VOTING INTERESTS |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | BAY AREA MEDICAL CENTER'S BY-LAWS INDICATE THAT THE BOARD OF DIRECTORS OF THE CORPORATION SHALL BE NINE (9), FIVE OF WHOM SHALL BE APPOINTED BY M&M HEALTH CARE, INC AND FOUR OF WHOM SHALL BY APPOINTED BY AURORA HEALTH CARE NORTH, INC |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>   |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7B | THE CORPORATE MEMBERS HAVE RETAINED THE FOLLOWING RESERVED POWERS OVER THE CORPORATION SUCH THAT NONE OF SUCH ACTIONS MAY BE TAKEN BY THE CORPORATION WITHOUT THE UNANIMOUS APPROVAL OF ALL CORPORATE MEMBERS, AND THE CORPORATE MEMBERS, ACTING UNANIMOUSLY, MAY INITIATE AND TAKE SUCH ACTIONS - TO CHANGE THE CORPORATION'S MISSION OR PURPOSE, - TO APPROVE ANY AMENDMENT TO THE ARTICLES OF INCORPORATION, BYLAWS OR OTHER GOVERNING DOCUMENTS OF THE CORPORATION, INCLUDING THE CONFLICT OF INTEREST, INSIDER TRANSACTION, AND CONFIDENTIALITY POLICY ADOPTED BY THE BOARD OF DIRECTORS FROM TIME TO TIME, - TO APPROVE ALL MATTERS RELATING TO THE MEMBERSHIP OF THE CORPORATION OR ANY RIGHTS ARISING FROM SUCH MEMBERSHIP, INCLUDING THE ISSUING OF ADDITIONAL MEMBERSHIPS IN THE CORPORATION, RECLASSIFYING MEMBERSHIPS IN THE CORPORATION, CREATING A NEW CLASS OF MEMBERSHIP IN THE CORPORATION, BRINGING ON A NEW MEMBER OF THE CORPORATION, TRANSFERRING MEMBERSHIPS IN THE CORPORATION OR ANY RIGHTS ARISING THEREFROM OR REDEEMING MEMBERSHIPS IN THE CORPORATION OR ANY RIGHTS ARISING FROM THEREFROM, - TO APPROVE ANY INDEBTEDNESS FOR BORROWED MONEY TO BE INCURRED OR GUARANTEED ON BEHALF OF THE CORPORATION, EXCEPT THAT FINANCING FOR A FACILITY PLAN DEVELOPED IN 2014 OR 2015 AND APPROVED BY SUPER-MAJORITY BOARD APPROVAL DOES NOT REQUIRE THE UNANIMOUS APPROVAL OF ALL CORPORATE MEMBERS, - TO APPROVE CAPITAL LEASES IN EXCESS OF \$3,000,000 IN THE AGGREGATE (AS DETERMINED BY TOTAL LEASE AND OTHER PAYMENTS), |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE DIRECTOR OF FINANCE HAS FORM 990 AVAILABLE ON SITE FOR BOARD MEMBERS TO REVIEW |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>BOARD OF DIRECTORS - PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SHALL FILE FOR MAL STATEMENTS DISCLOSING ACTUAL OR POTENTIAL CONFLICTS WHENEVER AN ACTUAL OR POTENTIAL CO NFLICT ARISES, BEFORE ANY TRANSACTIONS CONSTITUTING A CONFLICT OR POTENTIAL CONFLICT IS CO NSUMMATED, AND ONCE EACH CALENDAR YEAR SO LONG AS THE CONFLICT OR POTENTIAL CONFLICT CONTI NUES TO EXIST THE DISCLOSURE STATEMENT SHALL INCLUDE A DESCRIPTION OF THE RELATIONSHIP OR INTEREST CAUSING THE CONFLICT OR POTENTIAL CONFLICT, THE ROLE IN THE RELATIONSHIP OR TRAN SACTION PLAYED BY THE PERSON HAVING THE CONFLICT, AND THE BENEFITS AND DETRIMENTS ACCRUING TO THE HOSPITAL AND TO THE PERSON HAVING THE CONFLICT AS A RESULT OF THE CONTRACT, TRANSA CTION, OR RELATIONSHIP ANY MEMBER OF THE BOARD OF DIRECTORS HAVING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ON ANY MATTER SHALL NOT VOTE OR USE HIS/HER PERSONAL INFLUENCE ON TH E MATTER CONSTITUTING A CONFLICT THE INTERESTED DIRECTOR MAY, HOWEVER, BE COUNTED FOR THE PURPOSE OF DETERMINING WHETHER A QUORUM OF THE BOARD, OR OF A COMMITTEE OF THE BOARD, EXI STS THE MATTER CONSTITUTING THE CONFLICT SHALL BE APPROVED IF IT IS APPROVED BY A MAJORIT Y OF DISINTERESTED DIRECTORS VOTING ON THE MATTER THE CONFLICT OF INTEREST POLICY SHALL B E REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF THE BOARD OF DIRECTORS AND THAT AN Y NEW MEMBERS OF THE SAID BOARD OF DIRECTORS BE ADVISED OF THE POLICY UPON ENTERING ON THE DUTIES OF HIS/HER OFFICE IN ADDITION TO THE BOARD OF DIRECTORS BEING HELD TO THE CONFLIC T OF INTEREST POLICY, COPIES OF THE POLICY ARE PROVIDED TO ALL MANAGEMENT EMPLOYEES CONFL ICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES THE COMPLETED FORMS ARE KEPT ON FILE BY ADMINISTRATION</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE BOARD OF DIRECTOR'S COMPENSATION COMMITTEE REVIEWS COMPARABLE COMPENSATION INFORMATION ON OTHER HOSPITALS AND ESTABLISHES BAMC'S EXECUTIVE COMPENSATION LEVELS MEMBERS OF THE COMPENSATION COMMITTEE DO NOT HAVE A CONFLICT OF INTEREST AND THE CONCLUSIONS ARE SUBSTANTIATED THE REVIEW PROCESS TAKES PLACE AT LEAST ANNUALLY |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE ORGANIZATION DEEMS THESE DOCUMENTS PROPRIETARY SO THEY ARE NOT MADE AVAILABLE TO THE PUBLIC, EXCEPT THAT THE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE FORM 990 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                 | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VII,<br>SECTION A,<br>ROGER<br>SNEATH | THE ORGANIZATION REPORTED THE AMOUNT PAID TO R SNEATH ASSOCIATES, LLC ON THE LISTING OF OF FICERS AND DIRECTORS OF \$362,123 THIS AMOUNT IS FOR MANAGEMENT SERVICES ROGER SNEATH PROVI DED TO THE ORGANIZATION AND \$7,800 FOR RENTS PAID |

**990 Schedule O, Supplemental Information**

| Return Reference            | Explanation   |
|-----------------------------|---|
| FORM 990, PART IX, LINE 11G | EMERGENCY ROOM SERVICES PROGRAM SERVICE EXPENSES 2,225,571 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,225,571 ACL TESTING PROGRAM SERVICE EXPENSES 4,418,789 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,418,789 ENVIRONMENT / WASTE SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,712,798 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,712,798 PATIENT FINANCE SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 814,461 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 814,461 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 3,848,395 MANAGEMENT AND GENERAL EXPENSES 1,737,155 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,585,550 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>   |
|---------------------------------|--|
| FORM 990,<br>PART XI,<br>LINE 9 | INCREASE IN BENEFICIAL INTEREST IN BAMC FOUNDATION, INC 375,251 CHANGE IN POSTRETIREMENT BENEFIT OBLIGATION OTHER THAN EXPENSE 193,413 RECLASSIFICATION OF ACCUMULATED LOSS ON DESIGNATED CASHFLOW HEDGE 38,645 MEMBER EQUITY CONTRIBUTION 532,292 EQUITY TRANSFER FROM A BAMG -15,719,910 GRANTS FOR PP&E 200,000 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>  |
|----------------------------------|---|
| FORM 990,<br>PART IV,<br>LINE 12 | BAY AREA MEDICAL CENTER WAS AUDITED AS PART OF A CONSOLIDATED AUDIT. BAMC ASSETS MADE UP 99% OF TOTAL ASSETS IN THE CONSOLIDATED AUDIT. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                    | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART XI,<br>LINE 2B<br>AND 2C | BAY AREA MEDICAL CENTER WAS AUDITED AS PART OF A CONSOLIDATED AUDIT SEE EXPLANATION TO PART IV,<br>LINE 12 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAY AREA MEDICAL CENTER INC

**Employer identification number**

39-1528430

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

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

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|---|--|----------------------------|---|----------------------------------|---|----|
|  |   |  |                            |   |                                  | Yes   | No |
| <b>(1)</b> BAY AREA MEDICAL CENTER FOUNDATION INC<br>3100 SHORE DRIVE<br><br>MARINETTE, WI 54143<br>39-2020734 | FUNDRAISING FOR BAY AREA MEDICAL CENTER, INC                              | WI   | 501 (C) 3                  | LINE 12B, II  | M & M HEALTH CARE INC            | Yes   |    |
| <b>(2)</b> M & M HEALTH CARE INC<br>3100 SHORE DRIVE<br><br>MARINETTE, WI 54143<br>47-1540754                  | OVERSEEING THE ACCOMPLISHMENTS OF BAY AREA MEDICAL CENTER, INC 'S MISSION | WI   | 501 (C) 3                  | LINE 12B, II  |                                  |   | No |
|  |   |  |                            |   |                                  |   |    |
|  |   |  |                            |   |                                  |   |    |
|  |   |  |                            |   |                                  |   |    |
|  |   |  |                            |   |                                  |   |    |
|  |   |  |                            |   |                                  |   |    |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| <b>(1)</b> AURORA BAY AREA MEDICAL GROUP LLC<br>3100 SHORE DRIVE<br>MARINETTE, WI 54143<br>47-3548414 | PHYSICIAN SERVICES      | WI   | BAY AREA MEDICAL CENTER INC      | RELATED   | -15,264,067                  | 3,575,883                          |                                      | No |  |                                     | No | 73 000 %                    |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|--|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |  |  |                                  |  |                              |                                    |                             | Yes  | No |
| <b>(1)</b> NORTHSHORE HEALTH NETWORK<br>3100 SHORE DRIVE<br>MARINETTE, WI 54143<br>27-1389366 | MESSENGER MODEL FOR MANAGED CARE CONTRACTS | WI   | BAY AREA MEDICAL CENTER INC      | C  | 17,399                       | 457,899                            | 100 000 %                   | Yes  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |
|   |  |  |                                  |  |                              |                                    |                             |  |    |

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

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

|  | Yes           | No |
|--|---------------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |               |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b>     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b>     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> Yes |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b>     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b>     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> Yes |    |

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

| (a)<br>Name of related organization       | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1)AURORA BAY AREA MEDICAL GROUP LLC INC  | J                             | 20,017,719             | AGREEMENT                                    |
| (2)AURORA BAY AREA MEDICAL GROUP LLC INC  | R                             | 15,719,910             | CASH   |
| (3)BAY AREA MEDICAL CENTER FOUNDATION INC | C                             | 851,060                | CASH   |
|   |                               |                        |  |
|   |                               |                        |  |
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**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |