



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2008 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☒ Termination  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization Aurora Sinai Medical Center, Inc  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
3031 W Montana St., P O. Box 343910  
 City or town, state or country, and ZIP + 4  
Milwaukee WI 53234-3910

**D** Employer identification number  
39-1597102

**E** Telephone number  
414-647-3444

**G** Gross receipts \$ 212,218,358

**F** Name and address of principal officer  
George Hinton 945 North 12 Street, Milwaukee, WI 53233

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
 If "No," attach a list. (see instructions)

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

**J** Website: www.aurorahealthcare.org

**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1987

**M** State of legal domicile WI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities The mission of Aurora Sinai Medical Center, Inc. is to promote health, prevent illness, and provide state-of-the-art diagnosis and treatment. We are committed to improving the quality of health care and health outcomes, creating environments that meet the diverse physical, emotional, spiritual, social, and economic needs of our patient and clients, and providing services that are affordable and accessible.

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

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

**4** Number of independent voting members of the governing body (Part VI, line 1b) 5

**5** Total number of employees (Part V, line 2a) 1,694

**6** Total number of volunteers (estimate if necessary) 378

**7a** Total gross unrelated business revenue from Part VIII, column (C) 0

**7b** Net unrelated business taxable income from Form 990-E, line 34 0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,334,637	1,544,207
<b>9</b> Program service revenue (Part VIII, line 2g)	194,910,687	211,276,248
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,423	317,320
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	-770,398	-919,417
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,870,349	212,218,358
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	80,395,067	90,654,493
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	125,409,189	121,144,658
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	205,804,256	211,799,151
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-8,933,907	419,207
<b>20</b> Total assets (Part X, line 16)	43,094,226	28,348,447
<b>21</b> Total liabilities (Part X, line 26)	121,860,009	115,719,701
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	-78,765,783	-87,371,254

## Part II Signature Block

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

Sign Here

Signature of officer

George Hinton

Type or print name and title

VP and Chief Administrative Officer

Date

6/2/10

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ▶

Phone no ▶

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

☐ Yes ☐ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form 990 (2008)

ENVELOPE DATE JUN 04 2010

SCANNED JUL 27 2010

1545 9/6-28

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

The mission of Aurora Sinai Medical Center, Inc. is to promote health, prevent illness, and provide state-of-the-art diagnosis and treatment. We are committed to improving the quality of health care and health outcomes; the education of health professionals; creating environments that meet the diverse physical, emotional, spiritual, social, and economic needs of our patients and clients; and providing services that are affordable and accessible.

**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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 202,550,168 including grants of \$ 0 ) (Revenue \$ 204,976,378 )

Medical Services Provider

Aurora Sinai Medical Center provides health promotion, diagnosis and treatment services including widely recognized cardiology, oncology, obstetrics and neonatal programs. The Regional Parkinsons Center is one of the largest centers of its kind in the US. As the only hospital remaining in downtown Milwaukee, WI the medical center furnished 48,366 days of inpatient care & 260,439 outpatient visits in 2008. The medical center also supports a Sexual Assault Treatment Center and many other community programs. Charity Care, including GAMP, in the amount of \$15,969,523 was provided for patients who met certain criteria.

**4b** (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4c** (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ► \$ 202,550,168 (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<b>11</b> X	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	<b>16</b>	X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20</b> X	
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	<b>23</b> X	
<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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	X
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<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>		X
<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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	X	
<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>		X
<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>		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b> 165	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 1,694	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b> X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b> 0	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b> 0	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b> 0	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b> 0	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b> 0	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . . . .	1a	5
b	Enter the number of voting members that are independent . . . . .	1b	1
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? . . . . .	2	X
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? . . . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6	Does the organization have members or stockholders? . . . . .	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	X
11	Is there any officer, director or 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 . . . . .	11	X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13	Does the organization have a written whistleblower policy? . . . . .	13	X
14	Does the organization have a written document retention and destruction policy? . . . . .	14	X
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:		
a	The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
b	Other officers or key employees of the organization? . . . . .	15b	X
Describe the process in Schedule O. (see instructions).			
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? . . . . .	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed . . . . .	None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: . . . . . Aurora Health Care, Inc.    414-647-3444 3031 W. Montana St., Milwaukee, WI 53215	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Ela Chairperson	1.	X		X				0	0	0
Stephen Bush Secretary/Treasurer	1.	X		X				0	0	0
Philip F. Farrell, MD Director	1.	X						0	0	0
Bev Greenberg Director	1.	X						0	0	0
George Hinton VP & Chief Admin Officer & Vice Chair	40.	X		X				161,525	0	0
Leah Borchardt Registered Nurse	40.					X		226,450	0	0
Dorothy Wozniak Registered Nurse	40.					X		216,764	0	0
James Thompson Chief Philanthropy Exec	40.					X		177,406	0	0
Linda Cottreau VP & Nurse Executive	40.					X		173,277	0	0
Pamela Gercz Registered Nurse	36.					X		144,950	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0



## Part VII

(A)

Name and title

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization	46
---	---	----

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual . . . . .*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual . . . . .*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person . . . . .*

## 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.

(A) Name and business address			(B) Description of services	(C) Compensation
Diversified Care, Inc.	4811 South 76th Street Greenfield WI 53220		Patient Services	2,394,969
Summit Anesthesiology,	Seven Parkway Center Pittsburgh PA 15220		Patient Services	729,083
WI Institute for Neuro &	PO Box 342 Milwaukee WI 53201		Patient Services	596,474
Healthcare Parking Sys c	6319 Memorial Hwy Tampa FL 33615		Valet Services	345,000
Milwaukee Orthopedic Sp	1575 N. Rivercenter Dr Milwaukee WI 53212		Patient Services	345,000
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 24				

Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	0			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	0			
	d	Related organizations . . . . .	1d	0			
	e	Government grants (contributions) . . . . .	1e	566,182			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	978,025			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		16,506			
	h	Total. Add lines 1a-1f . . . . .		1,544,207			
Program Service Revenue	2a	Net Patient Service Revenue . . . . .	Business Code	900099	205,608,765	205,608,765	
	b	Pharmacy Sales . . . . .	446110	2,722,430			2,722,430
	c	Office Rents . . . . .	531120	1,719,912			1,719,912
	d	Cafeteria Sales . . . . .	722210	782,394			782,394
	e	Gift Shop Sales . . . . .	453220	155,717			155,717
	f	All other program service revenue . . . . .		287,030	287,030		
	g	Total. Add lines 2a-2f . . . . .		211,276,248			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		312,050		
4		Income from investment of tax-exempt bond proceeds . . . . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents . . . . .	(i) Real	(ii) Personal			
b		Less: rental expenses . . . . .	0	0			
c		Rental income or (loss) . . . . .	0	0			
d		Net rental income or (loss) . . . . .	0	0			
7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses . . . . .	0	5,270			
c		Gain or (loss) . . . . .	0	0			
d		Net gain or (loss) . . . . .	0	5,270			
8a		Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .		0			
b		Less: direct expenses . . . . .	a	0			
c		Net income or (loss) from fundraising events . . . . .	b	0			
9a		Gross income from gaming activities. See Part IV, line 19 . . . . .		0			
b		Less: direct expenses . . . . .	a	0			
c		Net income or (loss) from gaming activities . . . . .	b	0			
10a		Gross sales of inventory, less returns and allowances . . . . .		0			
b	Less: cost of goods sold . . . . .	a	0				
c	Net income or (loss) from sales of inventory . . . . .	b	0				
Miscellaneous Revenue		Business Code					
11a	Direct Public Support to Aurora Foundation . . . . .	900099	-938,025	-938,025			
b	. . . . .		0				
c	. . . . .		0				
d	All other revenue . . . . .		18,608	18,608			
e	Total. Add lines 11a-11d . . . . .		-919,417				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		212,218,358	204,976,378	0	5,697,773	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0	0		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,100,372	588,164	512,208	0
<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) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	64,204,980	63,559,029	645,951	0
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,683,348	7,547,088	136,260	0
<b>9</b> Other employee benefits . . . . .	12,762,433	12,536,098	226,335	0
<b>10</b> Payroll taxes . . . . .	4,903,360	4,816,401	86,959	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	45,118	0	45,118	0
<b>c</b> Accounting . . . . .	0	0	0	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other . . . . .	13,961,479	13,496,313	465,166	0
<b>12</b> Advertising and promotion . . . . .	451,646	68,281	383,364	0
<b>13</b> Office expenses . . . . .	1,274,645	1,266,361	8,284	0
<b>14</b> Information technology . . . . .	0	0	0	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	4,835,580	5,288,606	-453,026	0
<b>17</b> Travel . . . . .	41,508	39,595	1,913	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	312,136	255,261	56,875	0
<b>20</b> Interest . . . . .	5,139,985	5,649,589	-509,604	0
<b>21</b> Payments to affiliates . . . . .	35,311,539	26,714,193	8,597,346	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,579,595	10,529,364	-949,769	0
<b>23</b> Insurance . . . . .	1,158,805	1,202,843	-44,037	0
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> Medical and Other Supplies	27,422,021	27,244,778	177,243	0
<b>b</b> Bad Debt	14,657,914	14,657,914	0	0
<b>c</b> Equipment Rental and Maintenance	6,225,490	6,316,419	-90,929	0
<b>d</b> . . . . .	0			
<b>e</b> . . . . .	0			
<b>f</b> All other expenses	727,197	773,871	-46,674	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	211,799,151	202,550,168	9,248,983	0
<b>26</b> <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	6,693	1	13,847
	2 Savings and temporary cash investments . . . . .	-92,396,623	2	-100,983,895
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	12,781,872	4	18,479,094
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	255,421	7	249,255
	8 Inventories for sale or use . . . . .	962,010	8	807,882
	9 Prepaid expenses and deferred charges . . . . .	2,831,991	9	2,651,200
	10a Land, buildings, and equipment: cost basis <b>10a</b> 226,866,284			
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . . <b>10b</b> 143,462,491	88,609,280	10c	83,403,793
	11 Investments—publicly traded securities . . . . .	0	11	0
	12 Investments—other securities. See Part IV, line 11 . . . . .	5,551,753	12	5,167,767
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .		14	0
	15 Other assets. See Part IV, line 11 . . . . .	24,491,829	15	18,559,504
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	43,094,226	16	28,348,447	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	25,042,629	17	16,937,826
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	47,103	19	73,969
	20 Tax-exempt bond liabilities . . . . .	81,368,198	20	78,391,052
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable . . . . .	0	24	0
	25 Other liabilities. Complete Part X of Schedule D . . . . .	15,402,079	25	20,316,854
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	121,860,009	26	115,719,701
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	-100,939,783	27	-103,722,674
	28 Temporarily restricted net assets . . . . .	20,771,000	28	14,938,697
	29 Permanently restricted net assets . . . . .	1,403,000	29	1,412,723
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	0	32	0
	33 <b>Total net assets or fund balances</b> . . . . .	-78,765,783	33	-87,371,254
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	43,094,226	34	28,348,447

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c If "Yes" to lines 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? . . . . .	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	X

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

**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: (Please check only **one** organization.)

- 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.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total</b> Add lines 1-3 . . . . .	0	0	0	0	0	0
<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 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0

**12** Gross receipts from related activities, etc. (see instructions.) . . . . . **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	0.00%

**16a 33 1/3% support test-2008.** 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-2007.** 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-2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐**b 10%-facts-and-circumstances test-2007.** 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 IV 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<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 . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests-2008.** 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-2007.** 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

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other .....
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:
- |  | Amount      |
|--|-------------|
| <b>c</b> Beginning balance             | <b>1c</b>   |
| <b>d</b> Additions during the year     | <b>1d</b>   |
| <b>e</b> Distributions during the year | <b>1e</b>   |
| <b>f</b> Ending balance                | <b>1f</b> 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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> Investment earnings or 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	0				

- 2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ☐ %
- b** Permanent endowment ☐ %
- c** Term endowment ☐ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land	0	4,281,978		4,281,978
<b>b</b> Buildings	0	151,512,235	90,190,198	61,322,037
<b>c</b> Leasehold improvements	0	2,703,366	978,253	1,725,113
<b>d</b> Equipment	0	65,334,772	49,931,404	15,403,368
<b>e</b> Other	0	3,033,933	2,362,636	671,297
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) )				83,403,793

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . .	0	
Closely-held equity interests . . . . .	0	
Other Cash, Commercial Paper	1,128,452	F
Treasury and Federal Agencies	3,836,571	F
Corporate Obligations	202,744	F
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	5,167,767	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )	0	

**Part IX**      **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Funds Held by Aurora Foundation	16,351,420
Other Non-Current Assets	1,774,481
Other Miscellaneous Receivables	433,603
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.)	18,559,504

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	0
Due to Affiliates	20,236,189
Asset Retirement Obligation	80,665
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	<b>20,316,854</b>

In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	0
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	0
3	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	0
4	Net unrealized gains (losses) on investments . . . . .	4	
5	Donated services and use of facilities . . . . .	5	
6	Investment expenses . . . . .	6	
7	Prior period adjustments . . . . .	7	
8	Other (Describe in Part XIV) . . . . .	8	0
9	Total adjustments (net). Add lines 4–8 . . . . .	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 . . . . .	10	0

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	0
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) . . . . .	5	0

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part X Line There have been no uncertain tax positions recorded in 2008 under FIN 48.

**Part XIV**   **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- To be completed by organizations that answer "Yes" to Form 990,  
Part IV, line 20.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

**Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)**

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a . . . . .
- b** If "Yes," is it a written policy? . . . . .
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.
- ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals
- ☐ Generally tailored to individual hospitals
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
- a** Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: . . . . .
- ☐ 100% ☐ 150% ☐ 200% ☐ Other \_\_\_\_\_%
- b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other \_\_\_\_\_%
- c** If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .
- 6a** Does the organization prepare an annual community benefit report? . . . . .
- b** If "Yes," does the organization make it available to the public? . . . . .
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>4</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6a</b>		
<b>6b</b>		

**7 Charity Care 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>Charity Care and Means-Tested Government Programs</b>						
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .			0	0	0	0.00%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			0	0	0	0.00%
<b>c</b> Unreimbursed costs – other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0.00%
<b>d</b> Total Charity Care and Means-Tested Government Programs . . . . .	0	0	0	0	0	0.00%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			0	0	0	0.00%
<b>f</b> Health professions education (from Worksheet 5) . . . . .			0	0	0	0.00%
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			0	0	0	0.00%
<b>h</b> Research (from Worksheet 7) . . . . .			0	0	0	0.00%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			0	0	0	0.00%
<b>j</b> Total Other Benefits . . . . .	0	0	0	0	0	0.00%
<b>k</b> Total (line 7d and 7j) . . . . .	0	0	0	0	0	0.00%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities (Optional for 2008)

	(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					0	0.00%
2 Economic development					0	0.00%
3 Community support					0	0.00%
4 Environmental improvements					0	0.00%
5 Leadership development and training for community members					0	0.00%
6 Coalition building					0	0.00%
7 Community health improvement advocacy					0	0.00%
8 Workforce development					0	0.00%
9 Other					0	0.00%
10 Total	0	0	0	0	0	0.00%

**Part III Bad Debt, Medicare, & Collection Practices** (Optional for 2008)

**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .

2 Enter the amount of the organization's bad debt expense (at cost) . . . . .

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .

6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

7 Enter line 5 less line 6—surplus or (shortfall) . . . . .

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy? . . . . .

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI .

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

	(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			0.00%	0.00%	0.00%
2			0.00%	0.00%	0.00%
3			0.00%	0.00%	0.00%
4			0.00%	0.00%	0.00%
5			0.00%	0.00%	0.00%
6			0.00%	0.00%	0.00%
7			0.00%	0.00%	0.00%
8			0.00%	0.00%	0.00%
9			0.00%	0.00%	0.00%
10			0.00%	0.00%	0.00%
11			0.00%	0.00%	0.00%
12			0.00%	0.00%	0.00%
13			0.00%	0.00%	0.00%
14			0.00%	0.00%	0.00%





**Complete this part to provide the following information.**

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ **Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract          |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations                | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

Yes No

**1b** X

**2** X

**4a** X

**4b** X

**4c** X

**5a** X

**5b** X

**6a** X

**6b** X

**7** X

**8** X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
(HTA)

Schedule J (Form 990) 2008

d.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

**Part III Supplemental Information**

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

Part I Line 1a Tax indemnification and gross up payments are allowed for management employees related to health/dental insurance premiums.

Part I Line 7 Written incentive compensation plan for certain management levels are awarded based on the organization's annual clinical quality, patient loyalty, employee engagement, and financial performance results.

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Aurora Sinai Medical Center, Inc.

39-1597102

**Part I** Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization? . . . . .
- b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .
- c Become a direct or indirect owner of a successor or transferee organization? . . . . .
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.▶

Yes	No
2a	
2b	
2c	
2d	

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III . . . . .
- 4 a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated? . . . . .
- b (If "Yes," provide the date of the letter: \_\_\_\_\_)
- 5 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .
- b If "Yes," did the organization provide such notice? . . . . .
- 6 Did the organization discharge or pay all liabilities in accordance with state laws? . . . . .
- 7 a Did the organization have any tax-exempt bonds outstanding during the year? . . . . .
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? . . . . .
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization? . . . . .
- b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .
- c Become a direct or indirect owner of a successor or transferee organization? . . . . .
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . .
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		
2b		
2c		
2d		

**Part III** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

- ▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

Form 990 Part IV Line 12 (Audited Financial Statements): The consolidated financial statements of Aurora Health Care, Inc.

(AHC) are audited by an independent accountant. The financial results of Aurora Sinai

Medical Center, Inc. (ASMC) are included as part of this audit process.

Form 990 Part VI Section A Line 6 (Members of the org): ASMC is organized as a non-stock, nonprofit corporation, with

a sole corporate member of AHC.

Form 990 Part VI Section A Line 7A (Appointing members): AHC may appoint members of the governing

body of ASMC.

Form 990 Part VI Section A Line 7B (Right to approve decisions): Certain decisions of the governing body of

ASMC are subject to approval by AHC. The governing body of ASMC has delegated

all authority to Aurora Health Care Metro, Inc. to make decisions.

Form 990 Part VI Section A Line 10 (Review of the 990): A hard copy of the draft of the 2008 Form 990 was made

available for review to the Audit Committee of AHC's Board of Directors. The

governing body of ASMC has approved the review of the Form 990 by the

Audit Committee of AHC, as AHC has financial oversight over the operations of

of ASMC. Senior management of AHC also reviewed the Form 990.

Form 990 Part VI Section B Line 12C (Conflict of Interest Policy): Officers, directors, and key employees are required to

complete a Conflict of Interest Statement on an annual basis. Senior Leadership

reviews these Statements for compliance with the established policy. When a

conflict is discovered, the governing body determines if such conflict warrants a



Name of the organization

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

restriction on the capacity of the board member involved.

Form 990 Part VI Section B Line 15A and B (Process for determining compensation): Annually, AHC completes a competitive

marketplace benchmark comparison study of compensation for the leadership

positions of ASMC. As part of the marketplace study, AHC utilizes the services of

an international human resource consulting organization, which performs an audit

review of the compensation study. This compensation study compares AHC's

compensation with other organizations that are of comparable revenue size and

job content. This compensation study consists of a blend of national for-profit and

non-profit health care systems with revenues and job content comparable to AHC's.

For those positions that are portable across different business lines (i.e. Finance, IT),

competitive benchmark data will include non-health care employers with revenues

and job content comparable to AHC. The Executive Compensation Committee of

the AHC Board of Directors has delegated the authority to the president and chief

executive officer of AHC to establish appropriate compensation levels for leadership

positions for ASMC.

Form 990 Part VI Section C Line 19 (Availability of documents): The Articles of Incorporation for ASMC are on file with

the State of Wisconsin, Department of Financial Institutions. Any significant changes made

made to the bylaws are attached to the Form 990 in the year the change was

approved. The financial statements are on file with the State of Wisconsin,

Department of Regulation and Licensing. Abbreviated financial information is

available, at a consolidated AHC level, on the AHC web site.

Form 990 Part XI Line 2B (Audited Financial Statements): The consolidated financial statements of AHC are audited

by an independent accountant. The financial results of ASMC are included as part of

this audit process.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Aurora Sinai Medical Center, Inc.

Employer identification number

39-1597102

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	
.....			0	0	

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Aurora Health Care, Inc. 39-1442285 3031 West Montana Street, Milwaukee, WI 53215	support services	WI	501(c)(3)	509(a)(3)	N/A
Aurora Health Care Metro, Inc. 39-0806181 2900 West Oklahoma Avenue, Milwaukee, WI 53215	hospital	WI	501(c)(3)	170(b)(1)(A)(iii)	Aurora Health Care
See Form 990 Aurora Health Care, Inc. for other affiliated organizations.		WI			N/A
.....					
.....					
.....					
.....					

**Part III** Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	
.....					0	0			0	

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%
.....					0	0	%

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization(s) . . . . .
- c** Gift, grant, or capital contribution from other organization(s) . . . . .
- d** Loans or loan guarantees to or for other organization(s) . . . . .
- e** Loans or loan guarantees by other organization(s) . . . . .
- f** Sale of assets to other organization(s) . . . . .
- g** Purchase of assets from other organization(s) . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
- m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
- q** Other transfer of cash or property to other organization(s) . . . . .
- r** Other transfer of cash or property from other organization(s) . . . . .

**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) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	Aurora Health Care, Inc.	0	4,879,426
(2)	Aurora Health Care Metro, Inc.	0	4,520,124
(3)			0
(4)			0
(5)			0
(6)			0



**Part VII (Sch D (990)) - Investments Other Securities**

5,167,767

Description		Book Value	Method of Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3	Cash, Commercial Paper	1,128,452	F
4	Treasury and Federal Agencies	3,836,571	F
5	Corporate Obligations	202,744	F
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

**Part IX (Sch D (990)) - Other Assets**

18,559,504

Description		Book Value
1	Funds Held by Aurora Foundation	16,351,420
2	Other Non-Current Assets	1,774,481
3	Other Miscellaneous Receivables	433,603
4		0
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0

**Part X (Sch D (990)) - Other Liabilities**

20,316,854

Description		Amount
1	Federal Income Taxes	
2	Due to Affiliates	20,236,189
3	Asset Retirement Obligation	80,665
4		0
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21		0



## Part IX, Line 21 (990) - Payments to Affiliates

	Name	Street	City	State	Zip Code	Foreign Country	ID Number	Purpose	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fundraising
1	Aurora Health Care, Inc.	3031 W Montana Street	Milwaukee	WI	53215		39-1442285	Corporate Support/Cost Transfer	4,879,426	802,204	8,597,346	0
2	Aurora Medical Group, Inc.	13031 W Montana Street	Milwaukee	WI	53215		39-1678306	Clinic Support/Cost Transfer	7,709,336	7,709,336	4,077,222	
3	Aurora UW Academic Medical Center	1020 North 12 Street	Milwaukee	WI	53233		39-1136738	Clinic Support/Cost Transfer	16,535,273	16,535,273		
4	Aurora Foundation, Inc.	3031 W Montana Street	Milwaukee	WI	53215		39-6044569	Philanthropy Support/Cost Transfer	4,278,568	4,278,568		
5	Aurora Consolidated Laboratories	18901 W Lincoln Avenue	West Allis	WI	53227		39-1898089	Laboratory Services	5,945,948	5,945,948		
6	AHC Metro, Inc	3000 W Montana Street	Milwaukee	WI	53215		39-0806181	Intraregional Support	4,520,124		4,520,124	
7									0			
8									0			
9									0			
10									0			
11									0			
12									0			
13									0			
14									0			
15									0			
16									0			
17									0			
18									0			
19									0			
20									0			

**Part IX, Line 22 (990) - Depreciation, Depletion, etc.**

		9,579,595	10,529,364	-949,769	0
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
Description			services	and general	
1	Building	5,750,078	6,320,342	-570,264	
2	Land Improvements	142,237	156,333	-14,096	
3	Equipment	3,490,243	3,836,126	-345,883	
4	Leasehold Improvements	197,037	216,563	-19,526	
5	Depreciation Method: Straight Line	0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

	Cash		Non Cash
1 Federated Campaigns . . . . .		1	
2 Membership dues . . . . .		2	
3 Fundraising events . . . . .		3	
4 Related organizations . . . . .		4	
5 Government grants (contributions) . . . . .	566,182	5	
6 All other contributions, gifts, grants, and similar amounts not included above:			
Direct Public Support Transferred from Affiliated Foundation	961,519		16,506
Other contributions total . . . . .	961,519	6	16,506
7 Total . . . . .	1,527,701	7	16,506

Totals

[illegible]

**Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors**

	Contractor's Name	Check if Business	Street Address	City	State	Zip Code	Foreign Country
1	Diversified Care, Inc.	X	4811 South 76th Street	Greenfield	WI	53220	
2	Summit Anesthesiology, LTD	X	Seven Parkway Center	Pittsburgh	PA	15220	
3	WI Institute for Neuro & Slip Disorders	X	PO Box 342	Milwaukee	WI	53201	
4	Healthcare Parking Sys of America	X	6319 Memorial Hwy	Tampa	FL	33615	
5	Milwaukee Orthopedic Specialists	X	1575 N. Rivercenter Dr	Milwaukee	WI	53212	
6							
7							
8							
9							
10							

4,410,526

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	Patient Accounts Receivable .....	1	36,254,049	42,842,718	23,472,177		24,363,624
2	.....	2					
3	.....	3					
4	.....	4					
5	.....	5					
6	.....	6					
7	.....	7					
8	.....	8					
9	.....	9					
10	.....	10					
11	Total accounts receivable . . . . .	11	36,254,049	42,842,718	23,472,177		24,363,624

## Part X, Line 7 (990) - Other Notes

916,854 255,421 249,255 0

	Check if a business	Check if credit union or 501(c)(3) scholarship loan	Borrower's name	Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1	X		Marquette University	Note Receivable	916,854	255,421	249,255	
2						0		
3						0		
4						0		
5						0		
6						0		
7						0		
8						0		
9						0		
10						0		
11						0		
12						0		
13						0		
14						0		
15								
16								
17								
18								
19								
20								



[illegible]

## Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Land	X							4,281,978	0	0		4,281,978	4,281,978
2	Land Improvements					X			3,033,933	2,220,399	2,362,636		813,534	671,297
3	Buildings		X						151,512,235	84,445,043	90,190,198		66,125,714	61,322,037
4	Equipment			X	X				65,334,772	46,592,861	49,931,404		14,734,230	15,403,368
5	Leasehold								2,703,366	781,216	978,253		1,906,997	1,725,113
6	Construction in Progress								0	0	0		746,827	0
7									0	0	0		0	0
8									0	0	0		0	0
9									0	0	0		0	0
10									0	0	0		0	0
11									0	0	0		0	0
12									0	0	0		0	0
13									0	0	0		0	0
14									0	0	0		0	0
15									0	0	0		0	0
16									0	0	0		0	0
17									0	0	0		0	0
18									0	0	0		0	0
19									0	0	0		0	0
20									0	0	0		0	0
21									0	0	0		0	0
22									0	0	0		0	0
23									0	0	0		0	0
24									0	0	0		0	0
25									0	0	0		0	0
26									0	0	0		0	0
									226,866,284	134,039,519	143,462,491	0	88,609,280	83,403,793

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

☐ Cost☒ End of year market value (FMV)

						0	5,551,753	5,167,767
Securities at end of year		Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Cash, Commencal Paper				0 00	0	1,433,092	1,128,452
2	Treasury and Federal Agencies				0.00	0	3,914,567	3,836,571
3	Corporate Obligations				0.00	0	204,094	202,744
4					0.00	0	0	0
5					0.00	0	0	0
6					0.00	0	0	0
7					0.00	0	0	0
8					0.00	0	0	0
9					0.00	0	0	0
10					0.00	0	0	0
11					0.00	0	0	0
12					0.00	0	0	0
13					0.00	0	0	0
14					0.00	0	0	0
15					0.00	0	0	0
16					0.00	0	0	0
17					0.00	0	0	0
18					0.00	0	0	0
19					0.00	0	0	0
20					0.00	0	0	0
21					0.00	0	0	0
22					0.00	0	0	0
23					0.00	0	0	0
24					0.00	0	0	0
25					0.00	0	0	0
26					0.00	0	0	0
27					0.00	0	0	0
28					0.00	0	0	0
29					0.00	0	0	0
30					0.00	0	0	0
31					0.00	0	0	0
32					0.00	0	0	0
33					0.00	0	0	0
34					0.00	0	0	0
35					0.00	0	0	0
36					0.00	0	0	0
37					0.00	0	0	0
38					0.00	0	0	0
39					0.00	0	0	0
40					0.00	0	0	0
41					0.00	0	0	0
42					0.00	0	0	0
43					0.00	0	0	0
44					0.00	0	0	0
45					0.00	0	0	0
46					0.00	0	0	0

**Part X, Line 15 (990) - Other Assets**

24,491,829

18,559,504

Description		Beginning	End
1	Funds Held by Aurora Foundation	22,129,817	16,351,420
2	Other Non-Current Assets	1,907,567	1,774,481
3	Other Miscellaneous Receivables	454,445	433,603
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

## Part X, Line 20 (990) - Tax-Exempt Bond Liabilities

	Issue name	Purpose	Beginning balance	End of year amount outstanding	Unexpended proceeds	% of space used by 3rd party, if required	Maturity date
1	WHEFA Series 1996	Capital Expenditures	43,157,947	42,715,201	0		8/15/2026
2	WHEFA Series 1997	Capital Expenditures	21,250,251	19,910,851	0		8/15/2027
3	WHEFA Series 1994A	Capital Expenditures	16,960,000	15,765,000	0		8/31/2019
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

81,368,198 78,391,052 0



Part X, Line 25 (990) - Other Liabilities		15,402,079	20,316,854
	Description	Beginning	End
1	Due to Affiliates	15,326,337	20,236,189
2	Asset Retirement Obligation	75,742	80,665
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			