	22	Depletion
\mathbf{z}	23	Contributions to deferred compen
7	24	Employee benetit programs
တ	25	Excess exempt expenses (Schedu
63	26	Excess readership costs (Schedul
<u> </u>	27	Other deductions (attach schedule
\exists	28	Total deductions. Add lines 14 th
Ω	29	Unrelated business taxable incom-
回	30	Deduction for net operating loss a
Z		(see instructions)
CANNE	31	Unrelated business taxable incom-
SC	92370	1 01-27-20 LHA For Paperwork
07	, 3711	16 147695 19511

-	Form 990 Tach Exempt Organ				ax Return	_	OMB No 1545-0047
	$\left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array}\right)$ (an	d proxy tax und	er se	ction 6033(e))	_	- 1	0040
	For calendar year 2019 or other tax year	beginning		, and ending	\sim		2019
,	Department of the Treasury Internal Revenue Service Do not enter SSN numbers			ons and the latest inform			pen to Public Inspection for 01(c)(3) Organizations Only
	A X Check box if address changed Name of organization (_		and see instructions.)		D Employ (Employ	ver identification number yees' trust, see
	B Exempt under section Print AURORA MEDIC	AL CENTER	BAY	AREA, INC		instruct)-1528430
	X 501(c)(3 or Number, street, and room	or suite no. If a P.O. box	x, see II	nstructions.	ĺ		ed business activity code structions)
	408(e) 220(e) Type 750 W. VIRGI	NIA ST, P.	0. 1	341880		,	···································
	408A 530(a) City or town, state or provi 529(a) MILWAUKEE, W			n postal code	ļ	6215	500
	Book value of all assets at end of year F Group exemption number		<u> </u>				
	206,850,392. G Check organization type				401(a) 1		Other trust
	1 Enter the number of the organization's unrelated trades or bu		3		the only (or first) unr		
	trade or business here SEE STATEMENT				complete Parts I-V. If		
	describe the first in the blank space at the end of the previous	s sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additional	l trade o	ır
	business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an af	filiated aroun or a paren	t oubo	diary controlled group?		¬ _V	X No
	If "Yes," enter the name and identifying number of the parent		it-SubS	diary controlled group?		Yes	A NO
	J The books are in care of ADVOCATE AURO		INC	Telephr	one number > 4 1	14-2	99-1576
	Part I Unrelated Trade or Business Inco			(A) Income	(B) Expenses	<u> </u>	(C) Net
•	1a Gross receipts or sales				<u>, , , , , , , , , , , , , , , , , , , </u>		
	b Less returns and allowances	c Balance	1c				
	2 Cost of goods sold (Schedule A, line 7)	-	2				
	3 Gross profit. Subtract line 2 from line 1c		3				
	4a Capital gain net income (attach Schedule D)		4a				···
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form	1797)	4b				
	c Capital loss deduction for trusts		4c		<u>/</u>		
	5 Income (loss) from a partnership or an S corporation (atta	ich statement)	5				
	6 Rent income (Schedule C)		6				
	7 Unrelated debt-financed income (Schedule E)		7		Rec	:- iV	FI)
	 Interest, annuities, royalties, and rents from a controlled org Investment income of a section 501(c)(7), (9), or (17) org 	· · · · · · · · · · · · · · · · · · ·	8		N	5-4-1	<u> </u>
	10 Exploited exempt activity income (Schedule I)	anization (Schedule d)	10		S NOV	192	<u> </u>
	11 Advertising income (Schedule J)		11		- 1.01		
	12 Other income (See instructions; attach schedule)		12	·-·· .	OGD	EN.	UT
	13 Total. Combine lines 3 through 12		13	0.			 '
	Part II Deductions Not Taken Elsewhere						
	(Deductions must be directly connected with	the unrelated busine	ess inc	ome)			
	14 Compensation of officers, directors, and trustees (Schedule)	ıle K)				14	
	15 Salaries and wages				- -	15	
	Repairs and maintenance				ļ-	16	
	17 Bad debts				-	17	
	18 Interest (attach schedule) (see instructions) 19 Taxes and licenses					18	
	20 Depreciation (attach Form 4562)			20		19	
	21 Less depreciation claimed on Schedule A and elsewhere of	on return		21a		21b	
	22 Depletion	,		(2191		22	
	23 Contributions to deferred compensation plans				<u> </u>	23	
	24 Employee benefit programs				r	24	· <u>··</u>
2	Excess exempt expenses (Schedule I)				ſ	25	
2	26 Excess readership costs (Schedule J)					26	
2	Other deductions (attach schedule)					27	
	R8 Total deductions. Add lines 14 through 27					28	0.
	Phrelated business taxable income before net operating to				L	29	0.
3	Deduction for net operating loss arising in tax years begin	ining on or after January	y 1, 20	18	j		_
_	(see instructions)	L 00			<u> </u>	30	0.
7	31 Unrelated business taxable income. Subtract line 30 from line 29 31 0. 32 20 31 0. 33 990-T (2019)						

		w AURORA MEDICAL CENTER BAY AREA, INC		39-	1528430 Page 2
Par	t Hr	Total Unrelated Business Taxable Income			
32	/ fotal	of unrelated business taxable income computed from all unrelated trades or businesses (see instruc	tions) , ,		0.
89		unts paid for disallowed fringes		B3	
34	Chari	table contributions (see instructions for limitation rules)		84	0.
35	Total	5			
36		unrelated business taxable income before pre-2018 NOLs and specific deduction. Southed the all for ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	3	16	0.
37					<u></u>
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	· · · · · · · · · · · · · · · · · ·		1,000.
39		itic deduction (Generally \$1,000, but see line 38 instructions for exceptions) Lated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	· · · · · · · · · · · · · · · · · · ·	1 1 1 1	1,000.
39		the employ of zero or line 27			•
Borr		Tax Computation	<u> </u>	39	0.
					
40		nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	0.
41		s Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 3	9 from:	1 1	
		Tax rate schedule or Schedule D (Form 1041)		41	_
42	Proxy	tax. See instructions		42	
43	Aitern	ative minimum tax (trusts only)		43	
44	Tax o	n Noncompliant Facility Income. See instructions		44	
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part	V	Tax and Payments			
46 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)			
		credits (see Instructions) 46b		1	
c		al business credit. Attach Form 3800	· · · · · · · · · · · · · · · · · · ·	1	
•		for prior year minimum tax (attach Form 8801 or 8827)		1	
				46.	
				46e	
		act line 46e from line 45		47	0.
		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		48	
		tex. Add lines 47 and 48 (see instructions)		49	0.
		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51 a	Payme	ents: A 2018 overpayment credited to 2019 51a		1 1	
b	2019	estimated tax payments		1 1	
0	Tax de	posited with Form 8868]	
		n organizations: Tax paid or withheld at source (see instructions) 51d]	
		p withholding (see instructions) 51e]	
		for small employer health insurance premiums (attach Form 8941) 51f]	
		credits, adjustments, and payments: Form 2439		1	
•		Form 4136			
52		assemble Add lines 51s through 51s	1	52	
		ated tax penalty (see instructions). Check if Form 2220 is attached		53	
		ie. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
	•	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
		he amount of line 55 you want: Credited to 2020 estimated tax	Refunded	56	
Part	VI	Statements Regarding Certain Activities and Other Information (se	e instructions)		
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other a	uthority		Yes No
1	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	e to file		
Į	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry		
1	here	>	<u></u>		X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign trust?		X
		see instructions for other forms the organization may have to file.			
	•	he amount of tax-exempt interest received or accrued during the tax year > \$			1 1
	Ti	inder penalties of oerkey. I declare that I have examined this return, including accompanying schedules and statements.	and to the best of my knowled	ige and belief	it is true,
Sign	c	orrect, and complete. Declaration of prederer (other than taxpayer) is based on all information of which preparer has any VP -TAX AND	knowledge.		
Here		ALCOUNTING	OBDUTORO M	•	cuss this return with
	- 11	Signature of officer Date Title			wn below (see
				structions)?	Yes X No
		Print/Type preparer's name Preparer's signature Date	Check if	PTIN	
Paid		MICHAEL J PETERSON, MICHAEL J	self- employed		000500
Prep	arer	CPA PETERSON, CPA 11/16			833529
Use (Firm's name ► WIPFLI LLP	Firm's EIN	39-	0758449
	- · · · · y	1502 LONDON ROAD, SUITE 200	سر ا		3
		Firm's address ▶ DULUTH, MN 55812	Phoneuro: 7		5-3111
923711 01	1-27-20			Fo	orm 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	<u> </u>		·	
Inventory at beginning of year 1			6 Inventory at end of year 6				
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2		į.	7	
(attach schedule)	4a		8 Do the rules of section	n 263A (v	vith respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	_	the organization?				
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Personal Property I	_ease	d With Real Prope	erty)	
Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued			0/->0-1		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percente personal property exceeds 50% or if at is based on profit or income)				
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.		N.	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Det	t-Financed	Income (see	instructions)				
			2. Gross income from		3. Deductions directly conne to debt-finance		
1. Description of debt-fil	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)			,				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	adjusted basis llocable to iced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 . Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					ater here and on page 1, art I, line 7, column (A)	Enter here and on page Part I, line 7, column (B	
Totals			•		0.		0.
Total dividends-received deductions in	ncluded in column	8	·		>		0.
						Form 990-T (2019)

.		, <u>, , , , , , , , , , , , , , , , , , </u>	es, and Rents			<u>-</u>		(000)	struction	
				Controlled O			1_			
Name of controlled organiz	ation	2. Emplo identifica numbe	tion (loss) (se			yments made inc		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
/1\							-			<u> </u>
(1)										
(3)										
(4)	_								-+	
<u>(५)</u> Nonexempt Controlled Orgai	nizations	<u></u>	·							
7. Taxable Income		nrelated income	(loop) D Tata	I of specified payr		40 Post of a alice	C 4b -4		44 0-	
f. Taxable income		ee instructions)	(ioss) g rota	made	nents	10. Part of colur in the controlli gross			With	ductions directly connected income in column 10
(1)	1									
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0
Schedule G - Investme (see ins	ent Inconstructions)	ne of a Se	ction 501(c)(7), (9), or (⁻	17) Org	janization		·		
1 . De:	scription of incor	n of income 2 Amount of income		ncome	3. Deductions directly connected (attach schedule) 4. Set-a (attach sc					
(1)										
(2)										
(3)				,				·		
(4)										
				Finter hore and o Part I, line 9 col	umn (A)					Citter here and on page Part I, line 0, column (B)
Totals				· <u> </u>	0.1					0
Schedule I - Exploited (see insti	=	Activity Ir	ncome, Other	Than Adv	ertisin	g Income		·		
1. Description of exploited activity	2. Gi unrelated l income trade or b	business from	3. Expenses directly connected with production of unrelated business income	from unrelated business (col minus column gain, compute	at income (loss) nrelated trade or ness (column 2) s column 3) if a compute cols 5 through 7		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)										
(4)										
otals	Enter here page 1, line 10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertis	ing Incom			1						1
Part I Income From				solidated l	Basis		·			
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) if a ga cols 5 th	l 2 minus in, compute	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									Ī	
(2)	-			\neg				 		
(3)				7						
(4)										
				<u> </u>	•					
otals (carry to Part II, line (5))	▶	0.	.] o				- 1			0

Form 990-T (2019) AURORA MEDICAL CENTER BAY AREA, INC Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	Advertising gain or (toss) (cot 2 minus cot 3) If a gain, compute cots 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		,				i i
(2)		-		·•····		
(3)						
(4)			İ			
Totals from Part I	0.	0.			•	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

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

BAY AREA MEDICAL CENTER OPERATES A RETAIL PHARMACY AND PROVIDES REFERENCE LABORATORY SERVICES TO NON-PATIENTS.

TO FORM 990-T, PAGE 1

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

1

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	I Revenue Service	▶ Do not enter SSN numbers on this form as it	may b	e made public if your organiz	ation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization	ntificati 284	on number 30				
ι	Inrelated Business	Activity Code (see instructions) ▶ 44611	0				
	Describe the unrelat	ted trade or business PHARMACY			<u></u>		
Pai	rt I Unrelated	Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or	sales 435,155.					- "
b	Less returns and alle	owances c Balance ▶	1c	435,155.			
2	Cost of goods sol	d (Schedule A, line 7)	2	447,676.	, .		
3	Gross profit Subt	ract line 2 from line 1c	3	-12,521.			-12,521.
4 a	Capital gain net in	come (attach Schedule D)	4a				
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduc	ction for trusts	4c				,
5	Income (loss) from	a partnership or an S corporation (attach					
	statement)		5				
6	Rent income (Sch	edule C)	6				
7	Unrelated debt-fin	anced income (Schedule E)	7		.,		
8		, royalties, and rents from a controlled					
	organization (School		8				
9		e of a section 501(c)(7), (9), or (17)					
	organization (Sche	•	9				
10	•	activity income (Schedule I)	10	+-			
11	Advertising incom	•	11				<u>-</u>
12	,	e instructions, attach schedule)	12	10 501	<u>-</u> -		10 501
<u>13</u>	Total, Combine lir	nes 3 through 12	13	-12,521.			-12,521.
Par		ns Not Taken Elsewhere (See instruction in the struction in the structure			uctions.) (Ded	ductio	ons must be
14	Compensation of	officers, directors, and trustees (Schedule K)				14	
15	Salaries and wage	es				15	92,383.
16	Repairs and maint	renance				16	
17	Bad debts					17	
18	Interest (attach sc	hedule) (see instructions)				18	
19	Taxes and license	s		1 1	4 500	19	
20	Depreciation (atta	•		20	1,700.	 	1 500
21	Less depreciation	claimed on Schedule A and elsewhere on return		21a		21b	1,700.
22	Depletion					22	10 110
23		eferred compensation plans				23	12,118.
24	Employee benefit	· -				24	8,086.
25	Excess exempt ex	penses (Schedule I)				25	
26	Excess readership		26	67.746			
27	Other deductions	•		SEE STATE	MENT, 3	27	67,746.
28		Add lines 14 through 27			_	28	182,033.
29		s taxable income before net operating loss dedu			3	29	-194,554.
30		operating loss arising in tax years beginning on o	r after	January 1, 2018 (see	CONTO A		^
	instructions)	<u> </u>			STMT 4	30	0.
31	Unrelated busines	s taxable income Subtract line 30 from line 29				31	-194,554.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

AMOUNT
18,620. 13,157. 35,969.
67,746.

Page 3

AURORA ME						39-1528	430
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory valu	uation 🕨 N	1/A		
 Inventory at beginning of year 	1 1			nventory at end o	of year		6
2 Purchases	2	447,676.	7 0	ost of goods sol	l d. Subtract	t line 6	
3 Cost of labor	3		_ f₁	rom line 5. Enter	here and in	n Part I,	
4a Additional section 263A costs			, la	ne 2		L	7 447,676.
(attach schedule)	4a		_ 8 🛚	o the rules of se	ction 263A	(with respect to	Yes No
 Other costs (attach schedule) 	4b			roperty produce	d or acquire	ed for resale) apply to	
5 Total. Add lines 1 through 4b	5	447,676.		he organization?			X
Schedule C - Rent Income	(From Real	Property and	Perso	onal Proper	ty Leas	ed With Real Prope	erty)
(see instructions)							
1. Description of property							
(1)							
(2)							, <u> </u>
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonal pro	al property (if the per operty exceeds 50% on profit or income)	centage or if	3(a) Deductions directly c columns 2(a) and	onnected with the income in I 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.	}	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruct	ions)			
			١,	Gross income from	1	 Deductions directly conne to debt-finance 	
1 0			or	allocable to debt-	(a	Straight line depreciation	(b) Other deductions
1. Description of debt-fil	nanced property		'	inanced property	,	(attach schedule)	` (attach schedule)
(1)							
(2)							
(3)							
(4)			ļ				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	ļ	1			%		
(2)					%		
(3)					%		
(4)					%		
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals						0.	0.
Total dividends-received deductions in	icluded in columi	n 8			<i>-</i>	•	0.
		-					Form 000 T (2010)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

2

ENTITY

2010

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, and ending ________, and ending ________.

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name of the organization AURORA MEDICAL CENTER BAY AREA, INC						Employer identification number 39-1528430			
$\overline{}$	Jurelated Business Activity Code (see instructions) ► 62150		Interior Interior		<u> </u>		<u> </u>		
	Describe the unrelated trade or business LAB SERVI								
Part I Unrelated Trade or Business Income			(A) Income		(B) Expense	s	(C) Net		
1 a	Gross receipts or sales 2,731,014.								
	Less returns and allowances 2,500,351. c Balance	10	230,661	3.					
2	Cost of goods sold (Schedule A, line 7)	2	18,298	В.			*******		
3	Gross profit Subtract line 2 from line 1c	3	212,369	5.			212,365.		
4 a	Capital gain net income (attach Schedule D)	4a							
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b]		•			
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Schedule C)	6							
7	Unrelated debt-financed income (Schedule E)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Schedule F)	8							
9	Investment income of a section 501(c)(7), (9), or (17)	l i		ı					
	organization (Schedule G)	9							
10	Exploited exempt activity income (Schedule I)	10							
11	Advertising income (Schedule J)	11							
12	Other income (See instructions, attach schedule)	12							
13	Total. Combine lines 3 through 12	13	212,369	5.		j	212,365.		
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)									
14	Compensation of officers, directors, and trustees (Schedule K)					14	112,659.		
15	Salaries and wages					15	114,009.		
16	Repairs and maintenance					16 17			
17	Bad debts					-			
18	Interest (attach schedule) (see instructions) Taxes and licenses					18 19			
19 20	Depreciation (attach Form 4562)		20		2,979.	19	· · · · · · · · · · · · · · · · · · ·		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		2,515.	21b	2,979.		
22	Depletion		[214]			22	4,5,5,		
23	Contributions to deferred compensation plans					23	14,762.		
24	Employee benefit programs					24	18,616.		
	, ,						- ,		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

424,535.

573,551.

0.

-361,186.

-361,186.

25

26

27

29

30

25

26

27

28

29

30

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

STMT 6

SEE STATEMENT 5

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
ADMINISTRATION INTEREST & BOND AMORT PURCHASED SERVICES MISC.	,	111,790. 7,974. 302,627. 2,144.
TOTAL TO SCHEDULE M, PART II,	LINE 27	424,535.

	EN	\mathtt{TITY}		2
9-15 <u>2</u>	843	0	l	Page 3
	6	<u> </u>	-	
	7	1	8,2	98.
)			Yes	No
			1	

AURORA MEDICAL CENTER BAY AREA, INC 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 6 Inventory at end of year 18,298. Purchases 7 Cost of goods sold. Subtract line 6 Cost of labor 3 from line 5. Enter here and in Part I. 3 4a Additional section 263A costs (attach schedule) 8 Do the rules of section 263A (with respect to 48 **b** Other costs (attach schedule) property produced or acquired for resale) apply to 4b 18,298. Total. Add lines 1 through 4b the organization? 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2)(3) (4) Rent received or accrued 2. 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) the rent is based on profit or income) (1) (2) (3)(4) Total 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) 0. here and on page 1, Part I, line 6, column (A) Ο. Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property 2. Gross income from or allocable to debt-(a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) 1. Description of debt-financed property financed property (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed 8. Allocable deductions 5. Average adjusted basis 6. Column 4 divided of or allocable to debt-financed property (attach schedule) by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) (1) % (2) % % (3) (4) % Enter here and on page 1 Enter here and on page 1. Part I, line 7, column (A) Part I, line 7, column (B) 0. 0 **Totals**

Form 990-T (2019)

0.

Total dividends-received deductions included in column 8