

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

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

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

SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL
Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
6071 W OUTER DRIVE

City or town, state or country, and ZIP + 4
DETROIT, MI 48235

D Employer identification number

38-1416522

E Telephone number

(313) 966-2026

G Gross receipts \$ 410,850,926

F Name and address of Principal Officer
CONRAD L MALLETT JR PRESIDENT
6071 W OUTER DRIVE
DETROIT, MI 48235

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)

H(c) Group Exemption Number

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

J Web site: WWW.SINAIGRACE.ORG

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1944

M State of legal domicile MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities See Additional Data Table		
	2	Check this box <input type="checkbox"/> 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	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	2,786
	6	Total number of volunteers (estimate if necessary)	6	54
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-8,141
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-8,141
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,543,444	1,314,673
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	392,900,271	401,811,067
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,846,540	583,176
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,559,142	1,438,529
			400,849,397	405,147,445
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,112,036	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	129,672,466	162,790,496
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 945,520)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	267,203,226	246,579,770
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	397,987,728	409,370,266
	19	Revenue less expenses Subtract line 18 from line 12	2,861,669	-4,222,821
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	142,497,659	128,955,004
	22	Net assets or fund balances Subtract line 21 from line 20	425,138,830	428,533,277
			-282,641,171	-299,578,273

Part II Signature Block

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including attachments and all schedules, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer)
Signature of officer
MICHAEL PRUSAITIS VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission

See Additional Data Table

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 (4) organizations and 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 \$ 147,970,725	including grants of \$	(Revenue \$ 132,837,963)
INTERNAL MEDICINE (GENERAL) - THE INTERNAL MEDICINE PROGRAM SERVED 33,438 PATIENTS IN 2008 56,845 DAYS OF INPATIENT CARE WERE PROVIDED 23% OF INTERNAL MEDICINE NET CHARGES WERE WRITTEN OFF TO UNCOMPENSATED CARE THE HOSPITAL HAS A REPRESENTATIVE OF EACH INTERNAL MEDICINE SUBSPECIALTY ON ITS STAFF, GIVING THE HOSPITAL THE ABILITY TO HANDLE NEARLY ANY TYPE OF MEDICAL CONDITION THE SUBSPECIALTIES ARE CARDIOVASCULAR SERVICES, CRITICAL CARE, ENDOCRINOLOGY, GASTROENTEROLOGY, HEMATOLOGY, INFECTIOUS DISEASE, MEDICAL ONCOLOGY, NEPHROLOGY, NEUROLOGY, PULMONOLOGY, AND RHEUMATOLOGY				
4b	(Code)	(Expenses \$ 33,996,521	including grants of \$	(Revenue \$ 24,400,801)
EMERGENCY MEDICINE - 88,193 PATIENTS WERE REGISTERED THROUGH THE EMERGENCY DEPARTMENT (ED) IN 2008 AS THE ONLY HEALTHCARE FACILITY SERVING THE NORTHWEST DETROIT COMMUNITY CARDIAC CASES ARE THE MOST COMMON TYPE OF CASE HANDLED BY THE ED DMC SINAI-GRACE'S ED IS DESIGNATED A LEVEL II TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS (ACS) LEVEL II DESIGNATION SIGNIFIES THAT THE HOSPITAL IS ABLE TO TREAT ANY EMERGENCY PATIENT, REGARDLESS OF THE SEVERITY OF THE INJURY A TRAUMA SURGEON IS AVAILABLE TO RESPOND RAPIDLY 24 HOURS A DAY ORTHOPEDIC SURGEONS, NEUROSURGEONS, EMERGENCY PHYSICIANS AND ALL ANCILLARY SERVICES ARE ALSO AVAILABLE BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIANS AND RESIDENTS STAFF THE DEPARTMENT, COMPLEMENTED BY REGISTERED NURSES TRAINED AND CERTIFIED IN ADVANCED CARDIAC LIFE SUPPORT (ACLS), TRAUMA NURSING AND EMERGENCY PEDIATRIC NURSING				

4c	(Code)	(Expenses \$ 28,516,177	including grants of \$	(Revenue \$ 26,146,160)
SURGERY (GENERAL) - SERVED 3,620 PATIENTS IN 2008 42,780 DAYS OF INPATIENT CARE WERE PROVIDED 15% OF NET CHARGES WERE WRITTEN OFF TO UNCOMPENSATED CARE WITH 12 FULLY EQUIPPED OPERATING ROOMS, THE HOSPITAL HANDLES A WIDE RANGE OF PATIENTS FROM COMPLEX TRAUMA CASES THAT ARRIVE IN OUR LEVEL II EMERGENCY DEPARTMENT TO ELECTIVE JOINT SURGERY AS SOUTHEAST MICHIGAN'S LARGEST KIDNEY DIALYSIS FACILITY, DMC SINAI-GRACE HANDLES NEPHROLOGY CASES AND DOES THE LARGEST NUMBER OF PERIPHERAL VASCULAR PROCEDURES OF ANY HOSPITAL IN THE AREA THE SURGICAL INTENSIVE CARE UNIT (SICU), LOCATED NEXT TO THE OPERATING ROOMS, IS STAFFED BY PHYSICIANS WHO HAVE COMPLETED CRITICAL CARE FELLOWSHIPS, PROVIDING AN EXTRA LEVEL OF EXPERTISE FOR PATIENTS RECOVERING FROM SURGERY				

	(Code)	(Expenses \$ 172,439,277	including grants of \$	(Revenue \$ 147,727,556)
OB/GYN - 17,665 TOTAL CASES, 4,996 INPATIENT DAYS, 15,555 OUTPATIENT REGISTRATIONS CARDIOLOGY - 2,205 TOTAL CASES, 2,276 INPATIENT DAYS, 1,668 OUTPATIENT REGISTRATIONS TRAUMATIC - 1,275 TOTAL CASES, 2,777 INPATIENT DAYS, 813 OUTPATIENT REGISTRATIONS ORTHOPEDICS - 6,730 TOTAL CASES, 1,509 INPATIENT DAYS, 6,352 OUTPATIENT REGISTRATIONS				
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 172,439,277	including grants of \$	(Revenue \$ 147,727,556)	
4e	Total program service expenses \$ 382,922,700 Must equal Part IX, Line 25, column (B).			

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 	2 Yes	
3 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	3	No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 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 	6	No
7 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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 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 	9	No
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 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 	11 Yes	
12 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 	12	No
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
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	14b	No
15 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	15	No
16 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	16	No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20 Yes	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
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 	25b	No
26 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 	26	No
27 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 	27	No

Part IV Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a 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)? If "Yes," complete Schedule L, Part IV		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c 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? If "Yes," complete Schedule L, Part IV	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a261		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a2,786		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and Financial Accounts</i> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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
<i>For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body . . .	1a	17
b	Enter the number of voting members that are independent . . .	1b	9
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	No
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	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes
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	Yes
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	Yes
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	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? <i>If "No", go to line 13</i> . . .	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization? Describe the process in Schedule O	15b	No
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	Yes
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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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 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. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL PRUSAITIS 6071 W OUTER DRIVE DETROIT, MI 48235 (313) 966-2026

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) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

(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				
1b Total									3,680,281	297,500	398,530

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
MRI CONSULTANTS LLC 363 W BIG BEAVER RD 200 TROY, MI 480845242	RADIOLOGY SVCS	1,595,213
HEALTH PROVIDERS CHOICE 691 N SQUIRREL RD 105 AUBURN HILLS, MI 48326	TEMPORARY HELP	1,013,162
EXPEDIENT MEDSTAFF LLC ONE HERITAGE PLACE 250 SOUTHGATE, MI 48195	TEMPORARY HELP	809,781
PATIENT ACCOUNTS SERVICES LLC 2603 AUGUSTA DR 600 HOUSTON, TX 77057	A/R COLLECTIONS	418,869
UNIVERSAL PARKING LLC 1899 ORCHARD LAKE RD 204 SYLVAN LAKE, MI 48320	PARKING SVCS	389,325
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		27

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues				
		1b				
	c	Fundraising events 47,978				
		1c				
	d	Related organizations 1d 80,350				
	e	Government grants (contributions) 1e 239,214				
	f	All other contributions, gifts, grants, and similar amounts not included above 947,131				
		1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total (Add lines 1a-1f)	1,314,673			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE	394,712,602	394,712,602		
	b	PHARMACY SALES	4,762,539	4,762,539		
	c	SELECT MEDICAL REVENUE	1,538,026	1,538,026		
	d	PARKING REVENUE	595,827	595,827		
	e	PROGRAM RELATED RENTAL REV	143,300	143,300		
	f	All other program service revenue	58,773	58,773		
	g	Total. Add lines 2a-2f				
		\$ 401,811,067				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	999,257			999,257
	4	Income from investment of tax-exempt bond proceeds	191,352			191,352
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross Rents 865,308				
	b	Less rental expenses 459,548				
	c	Rental income or (loss) 405,760				
	d	Net rental income or (loss)	405,760		-8,141	413,901
		(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory 4,448,001 166,307				
	b	Less cost or other basis and sales expenses 5,140,168 81,573				
	c	Gain or (loss) -692,167 84,734				
	d	Net gain or (loss)	-607,433			-607,433
	8a	Gross income from fundraising events (not including \$ 58,220 of contributions reported on line 1c). See Part IV, line 18. Attach Schedule G if total exceeds \$15,000 a 47,978				
	b	Less direct expenses b 22,192				
	c	Net income or (loss) from fundraising events	36,028			36,028
	9a	Gross income from gaming activities. See part IV, line 19. Complete Schedule G if total exceeds \$15,000 a				
b	Less direct expenses b					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances a					
b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue Business Code					
11a	MISCELLANEOUS REVENUE	996,741	996,741			
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d \$ 996,741					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	405,147,445	402,807,808	-8,141	1,033,105	

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).				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,758,705	1,274,583	437,026	47,096
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	136,684,420	136,684,420		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,438,736	3,438,736		
9 Other employee benefits	11,921,158	11,921,158		
10 Payroll taxes	8,987,477	8,987,477		
11 Fees for services (non-employees)				
a Management	675,023	675,023		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	28,673,923	28,673,923		
12 Advertising and promotion	1,011,736	1,011,736		
13 Office expenses	1,365,538	1,365,538		
14 Information technology	3,097	3,097		
15 Royalties				
16 Occupancy	6,600,388	6,600,388		
17 Travel	361,007	361,007		
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	130,648	130,648		
20 Interest	19,879,153	19,879,153		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,105,254	9,105,254		
23 Insurance	5,448,274	5,448,274		
24 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)				
a BAD DEBT EXPENSE	68,420,457	68,420,457		
b SUPPLIES - MEDICAL	43,497,754	43,497,754		
c DMC SUPPORT SVS - MIS	18,747,327	10,511,251	8,236,076	
d DMC SUPPORT SERVICES	17,726,599		16,828,944	897,655
e DMC SUPPORT SVS - LAB	8,258,000	8,258,000		
f All other expenses	16,675,592	16,674,823		769
25 Total functional expenses. Add lines 1 through 24f	409,370,266	382,922,700	25,502,046	945,520
26 Joint Costs. Check <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
Assets	1 Cash—non-interest-bearing	9,971	1	4,001
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,577,400	3	1,751,224
	4 Accounts receivable, net	22,328,668	4	16,761,949
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,097,144	8	3,953,049
	9 Prepaid expenses and deferred charges	1,380,331	9	1,450,867
	10a Land, buildings, and equipment—cost basis	10a 173,204,942		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 117,874,803	57,712,180	10c 55,330,139
	11 Investments—publicly traded securities		11	
	12 Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
15 Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i>	52,391,965	15	49,703,775	
16 Total assets. <i>Add lines 1 through 15 (must equal line 34)</i>	142,497,659	16	128,955,004	
Liabilities	17 Accounts payable and accrued expenses	38,364,472	17	39,342,255
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	130,389,557	20	125,378,196
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,510,936	23	2,926,496
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	251,873,865	25	260,886,330
	26 Total liabilities. <i>Add lines 17 through 25</i>	425,138,830	26	428,533,277
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-301,624,469	27	-312,537,663
	28 Temporarily restricted net assets	14,678,555	28	8,654,647
	29 Permanently restricted net assets	4,304,743	29	4,304,743
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-282,641,171	33	-299,578,273
	34 Total liabilities and net assets/fund balances	142,497,659	34	128,955,004

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	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
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	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A
(Form 990 or
990EZ)

Department of the
Treasury
Internal Revenue
Service

Name of the organization
SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number

38-1416522

Part I Reason for Public Charity Status (to be completed by all organizations) (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 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?
- h

☐

Provide the following information about the organizations the organization supports

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

(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	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1 - 3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total Support. (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions.)					12	

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15

- 16a 33 1/3% 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% Test - 2007.** If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐


Part III

Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support


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


Computation of Public Support Percentage


15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

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 SINAI HOSPITAL OF GREATER DETROIT DBA SINAI GRACE HOSPITAL	Employer identification number 38-1416522
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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 checked="" 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 checked="" 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> 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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the 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 why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 the 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
1a Beginning of year balance	5,196,491				
b Contributions					
c Investment earnings or losses	-1,427,183				
d Grants or scholarships					
e Other expenditures for facilities and programs	-402,979				
f Administrative expenses					
g End of year balance	3,366,329				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 6 000 %

b Permanent endowment ▶ 62 000 %

c Term endowment ▶ 33 000 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

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

☐ Yes ☒ No

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
1a Land		1,131,934		1,131,934
b Buildings		75,680,910	45,348,987	30,331,923
c Leasehold improvements		390,247		390,247
d Equipment		95,705,241	72,406,390	23,298,851
e Other		296,610	119,426	177,184
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				55,330,139

(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		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

(a) Description	(b) Book value
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	49,703,775

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY PAYABLE	249,209,675
POST-RETIREMENT BENEFITS/PROF LIAB	3,548,000
DEFERRED REIMBURSEMENTS	3,512,150
DUE TO AFFILIATES	1,650,466
EST LIAB TO 3RD PARTY PAYORS	1,199,893
DEFERRED COMPENSATION	1,014,547
DEFERRED LONG-TERM CREDIT	751,599
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	260,886,330

Schedule D (Form 990) 2008

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
3	Subtract line 2e from line 1	3	
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	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

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 XIV, 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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENTS SUPPORT PATIENTS' WELL-BEING BY PROVIDING OUTREACH SERVICES IN GERIATRICS, ONCOLOGY AND PERINATAL MEDICINE THEY ALSO PROVIDE FOR EQUIPMENT PURCHASES AND COMMUNITY AND HOSPITAL EDUCATION FOR THE NURSES AND OTHER HOSPITAL STAFF MEMBERS ONE ENDOWMENT SUPPORTS A CHAIR IN PERINATAL MEDICINE AT WAYNE STATE UNIVERSITY

Additional Data

Software ID:

Software Version:

EIN: 38-1416522

Name: SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
FUNDS HELD-BOND AGREEMENT	15,671,575
PREPAID PROFESSIONAL LIABILITY INS	10,793,992
TEMPORARILY RESTRICTED FUNDS	6,949,826
DUE FROM AFFILIATES	6,123,875
PERMANENTLY RESTRICTED FUNDS	4,304,743
DEFERRED DEBT ISSUANCE	2,007,528
DEFERRED COMPENSATION	1,014,547
INVESTMENT IN NW DETROIT	899,980
INVESTMENT IN NOVI REGIONAL IMAGING	649,939
INVESTMENT IN SPMC	425,866
INVESTMENT IN MRI BLDG	400,000
INVESTMENT IN AHPF	193,259
BOARD DESIGNATED FUNDS	188,306
OTHER RECEIVABLES	80,339

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Department of the
Treasury
Internal Revenue
Service

Name of the organization
SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

38-1416522

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> a | Mail solicitations | <input type="checkbox"/> e | Solicitation of non-government grants |
| <input type="checkbox"/> b | Email solicitations | <input type="checkbox"/> f | Solicitation of government grants |
| <input type="checkbox"/> c | Phone solicitations | <input type="checkbox"/> g | Special fundraising events |
| <input type="checkbox"/> d | In-person solicitations | | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		▲				

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF OUTING</u> (event type)	<u></u> (event type)	<u></u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	106,198			106,198
	2 Less Charitable contributions	47,978			47,978
	3 Gross revenue (line 1 minus line 2)	58,220			58,220
Direct Expenses	4 Cash Prizes	500			500
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	21,692			21,692
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				22,192
	9 Net income summary Combine lines 3 and 8 in column (d). ▶				36,028

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Yes

No

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

OMB No 1545-0047

2008

Open to Public
Inspection

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

Name of the organization
SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Employer identification number
38-1416522

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

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b If "Yes," is it a written policy?	1b	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> 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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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"?	3a	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Does the organization prepare an annual community benefit report?	6a	
6b If "Yes," does the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2)						
b Unreimbursed Medicaid (from worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)***Section A. Bad Debt Expense**

		Yes	No
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)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on 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 <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

Name and address

[illegible]

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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
SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Employer identification number
38-1416522

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	7	No
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	8	No

Software ID:
Software Version:

EIN: 38-1416522
Name: SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CONRAD MALLET	(i) (ii)429,545	98,717	12,634	52,872	19,580	613,348	
GEORGE SHADE MD	(i) (ii)275,000	68,750	-3,306	29,800	21,875	392,119	
KENNETH B LIPAN	(i) (ii)190,550	23,125	756	26,593	3,126	244,150	
ROBERT C SMYTHE	(i) (ii)265,225	64,375	906	35,555	16,862	382,923	
TERESA F PARKER	(i) (ii)208,000	58,240	-163	22,942	14,430	303,449	
RALPH BLASIER	(i) (ii)400,000		140,203	9,200	17,399	566,802	
JIN ZHU	(i) (ii)182,269		177,897	1,311	1,314	362,791	
JEFFERY JOHNSON	(i) (ii)177,438		70,227	1,076		248,741	
TONI SCHMITTLING	(i) (ii)160,319		87,201	19,750	1,738	269,008	
RICHARD BRIGGS	(i) (ii)178,291		59,414	625		238,330	
JOSEPH T SCALLEN JR	(i) (ii)231,547	56,264	6,356	45,398	13,141	352,706	
MARY JO FERENCE	(i) (ii)178,442		46	8,922	15,522	202,932	
KATHLEEN M SPILLANE KNIGHT	(i) (ii)134,588		417	18,565	934	154,504	

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.

Identifier	Return Reference	Explanation
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	SCHEDULE J, PART I, LINE 3: THE COMPENSATION OF THE PRESIDENT OF SINAI HOSPITAL OF GREATER DETROIT IS DETERMINED BY A RELATED ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC). THE DMC USES THE FOLLOWING PROCEDURES TO ESTABLISH SUCH COMPENSATION: 1. ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE DMC. THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL. 2. PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL. THIS WAS LAST DONE IN DECEMBER 2006. DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION, WHICH INCLUDES ALL ITEMS OF INCOME THAT ARE NOT BASE SALARY OR BONUS IN NATURE. THIS INCLUDES, BUT IS NOT LIMITED TO, OVERTIME PAY FOR CRNAs (WHO ARE HOURLY), ADMINISTRATIVE STIPENDS, MOONLIGHTING, ON-CALL PAY FOR PHYSICIANS, CASH AUTO AND CLUB ALLOWANCES FOR OFFICERS AND OTHER EXECUTIVES. THESE AMOUNTS ARE ALSO OFFSET BY SEC. 125 CAFETERIA PLAN DEDUCTIONS, WHICH HAVE BEEN DEDUCTED IN DETERMINING AMOUNTS REPORTED IN BOX 5, FORM W-2.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CONRAD MALLETT	(i) (ii)429,545	98,717	12,634	52,872	19,580	613,348	
GEORGE SHADE MD	(i) (ii)275,000	68,750	-3,306	29,800	21,875	392,119	
KENNETH B LIPAN	(i) (ii)190,550	23,125	756	26,593	3,126	244,150	
ROBERT C SMYTHE	(i) (ii)265,225	64,375	906	35,555	16,862	382,923	
TERESA F PARKER	(i) (ii)208,000	58,240	-163	22,942	14,430	303,449	
RALPH BLASIER	(i) (ii)400,000		140,203	9,200	17,399	566,802	
JIN ZHU	(i) (ii)182,269		177,897	1,311	1,314	362,791	
JEFFERY JOHNSON	(i) (ii)177,438		70,227	1,076		248,741	
TONI SCHMITTLING	(i) (ii)160,319		87,201	19,750	1,738	269,008	
RICHARD BRIGGS	(i) (ii)178,291		59,414	625		238,330	
JOSEPH T SCALLEN JR	(i) (ii)231,547	56,264	6,356	45,398	13,141	352,706	
MARY JO FERENCE	(i) (ii)178,442		46	8,922	15,522	202,932	
KATHLEEN M SPILLANE KNIGHT	(i) (ii)134,588		417	18,565	934	154,504	
	(ii)						
	(i)						
	(ii)						

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Employer identification number
38-1416522

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HAAPANIEMI - LESSOR	SEE SCHEDULE O	250,000	PHYSICIAN SERVICES		No
GRACE UNIVERSITY MEDICAL GROUP	SEE SCHEDULE O	541,440	PHYSICIAN SERVICES		No
NW TRAUMA CRITICAL CARE PHYSICIAN	SEE SCHEDULE O	933,250	PHYSICIAN SERVICES		No
ACADEMIC INTERNAL MED SPECIALTIES	SEE SCHEDULE O	319,232	PHYSICIAN SERVICES		No

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Employer identification number

38-1416522

OMB No 1545-0047

2008

Open to Public Inspection

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

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
See Additional Data Table					

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, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?
							Yes	No		
ASC DEVELOPMENT LLC 7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN46256 42-1690550	SURGERY	MI	NA N/A					No		No
DMC PARTNERSHIP IMAGING LLC 3990 JOHN R DETROIT, MI48201 16-1750127	HOLDING CO	MI	NA N/A					No		No
MICHIGAN REGIONAL IMAGING LLC 3990 JOHN R DETROIT, MI48201 56-2517225	MRI SRVCS	MI	NA N/A					No		No
NOVI REGIONAL IMAGING LLC 3901 BEAUBIEN SUITE 2B105 DETROIT, MI48201 45-0595233	DJAGNOSTIC	MI	SINAI N/A	RELATED	-527,042	1,294,211		No		No
THE BERRY CENTER LLC 3990 JOHN R DETROIT, MI48201 36-4564285	SURGERYCTR	MI	SINAI N/A					No		No

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
See Additional Data Table							

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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Form 990, Schedule R, 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
SINAI PROPERTY MANAGEMENT CORP 4707 ST ANTOINE BOULEVARD DETROIT, MI48201 38-2601454	PROP MGT	MI	SINAI	C CORP	-1,049,512	4,300,629	100 000 %
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R DETROIT, MI48201 38-3318267	COST REIMB	MI	N/A	C CORP			
DMC HEALTH CARE CENTERS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2648666	MED SRVCS	MI	N/A	C CORP			
DMC INSURANCE CO LTD C/O MARSH MGT SRVCS CYMN BOX 1051 GEORGETOWN, CAYMAN ISLANDS, BWI CJ 98-0198240	LIAB INS		N/A	C CORP			
METRO TPA SERVICES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 56-2402607	HEALTHCARE	MI	N/A	C CORP			
MULTI-CARE MEDICAL SERVICES & SUPPL 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2179342	HEALTHCARE	MI	N/A	C CORP			
PHYXX INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-3559445	HEALTHCARE	MI	N/A	C CORP			
RADIUS HEALTH CARE SYSTEMS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2282743	HEALTHCARE	MI	N/A	C CORP			
RADIUS REAL ESTATE INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2646917	HEALTHCARE	MI	N/A	C CORP			
THE MEDICAL PROVIDER ORGANIZATION 3990 JOHN R DETROIT, MI48201 38-2833100	ADMIN SVCS	MI	N/A	C CORP			

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

(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1) CHILDREN'S HOSPITAL OF MICHIGAN	K	29,000
(2) CHILDREN'S HOSPITAL OF MICHIGAN	L	4,000
(3) DETROIT MEDICAL CENTER	Q	560,000
(4) DETROIT MEDICAL CENTER	I	118,000
(5) DETROIT MEDICAL CENTER	L	54,632,000
(6) HARPER-HUTZEL HOSPITAL	K	15,000
(7) HARPER-HUTZEL HOSPITAL	L	527,000
(8) HEALTHSOURCE	L	3,371,000
(9) HURON VALLEY HOSPITAL INC	K	4,000
(10) DMC PRIMARY CARE SERVICES II	L	1,363,000

Software ID:
Software Version:
EIN: 38-1416522
Name: SINAI HOSPITAL OF GREATER DETROIT
 DBA SINAI GRACE HOSPITAL

Form 990, Schedule R, 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 501(c)(3))	(F) Direct Controlling Entity
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN DETROIT, MI48201 38-1357994	HEALTHCARE	MI	501	3	DMC
DET MED CENTER COOPERATIVE SERVICES 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 23-7083832	BILLING	MI	501	3	DMC
DETROIT MEDICAL CENTER GUILD 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2480730	AUXILIARY	MI	501	11C	DMC
DETROIT METRO CARE 3990 JOHN R DETROIT, MI48201 56-2402607	MCAID HMO	MI	501	11C	DMC
DETROIT RECEIVING HOSPITAL & UHC 4201 ST ANTOINE BOULEVARD DETROIT, MI48201 38-2320476	HEALTHCARE	MI	501	3	DMC
DMC CENTERS INC 41935 WEST TWELVE MILE ROAD NOVI, MI48377 38-3021666	HEALTHCARE	MI	501	11A	DMC
DMC NURSING HOMES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2562709	HEALTHCARE	MI	501	3	DMC
DMC PRIMARY CARE SERVICES II 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2578447	HEALTHCARE	MI	501	11A	DMC
GRACE GUILD OF SINAI-GRACE HOSPITAL 6071 WEST OUTER DRIVE DETROIT, MI48235 38-6092104	HSP SUPPOR	MI	501	11C	SINAI
HARPER-HUTZEL HOSPITAL 3990 JOHN R DETROIT, MI48201 38-2391907	HEALTHCARE	MI	501	3	DMC
HEALTHSOURCE 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-6095454	HEALTHCARE	MI	501	11C	DMC
HURON VALLEY HOSPITAL INC 1 WILLIAM CARLS DRIVE DETROIT, MI48382 38-2155995	HEALTHCARE	MI	501	3	DMC
REHABILITATION INSTITUTE INC 261 MACK BOULEVARD DETROIT, MI48201 38-1417366	HEALTHCARE	MI	501	3	DMC
RHHC INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2086422	HEALTHCARE	MI	501	11C	DMC
THE DETROIT MEDICAL CENTER 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2571767	HEALTHCARE	MI	501	11A	DMC

Additional Data

Software ID:

Software Version:

EIN: 38-1416522

Name: SINAI HOSPITAL OF GREATER DETROIT
DBA SINAI GRACE HOSPITAL

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a	NET PATIENT SERVICE REVENUE	394,712,602	394,712,602		
b	PHARMACY SALES	4,762,539	4,762,539		
c	SELECT MEDICAL REVENUE	1,538,026	1,538,026		
d	PARKING REVENUE	595,827	595,827		
e	PROGRAM RELATED RENTAL REV	143,300	143,300		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

SINAI HOSPITAL OF GREATER DETROIT IS A MEMBER/SUBSIDIARY HOSPITAL OF THE DETROIT MEDICAL CENTER (DMC) AND HAS ADOPTED THE DMC MISSION AS FOLLOWS: THE DETROIT MEDICAL CENTER (DMC) ASPIRES TO BE THE PREMIER HEALTH CARE RESOURCE IN SOUTHEAST MICHIGAN AND AMONG THE FINEST HEALTH CARE CENTERS IN THE UNITED STATES THROUGH EXCELLENCE IN THE PROVISION OF CLINICAL CARE ENHANCED BY EDUCATION AND RESEARCH. IN ALL CLINICAL ENDEAVORS, QUALITY TO CARE IS PARAMOUNT. IN ADDITION, THE DMC BELIEVES THAT ACCESS TO QUALITY HEALTH CARE IS THE RIGHT OF EVERY HUMAN BEING. DMC, ALONG WITH LOCAL, STATE AND FEDERAL GOVERNMENTS, SUPPORTS A UNIQUE PUBLIC MISSION TO THE RESIDENTS OF THE COMMUNITIES WE SERVE TO ASSURE THIS RIGHT IS PRESERVED.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

SINAI HOSPITAL OF GREATER DETROIT IS A MEMBER/SUBSIDIARY HOSPITAL OF THE DETROIT MEDICAL CENTER (DMC) AND HAS ADOPTED THE DMC MISSION AS FOLLOWS: THE DETROIT MEDICAL CENTER (DMC) ASPIRES TO BE THE PREMIER HEALTH CARE RESOURCE IN SOUTHEAST MICHIGAN AND AMONG THE FINEST HEALTH CARE CENTERS IN THE UNITED STATES THROUGH EXCELLENCE IN THE PROVISION OF CLINICAL CARE ENHANCED BY EDUCATION AND RESEARCH. IN ALL CLINICAL ENDEAVORS, QUALITY TO CARE IS PARAMOUNT. IN ADDITION, THE DMC BELIEVES THAT ACCESS TO QUALITY HEALTH CARE IS THE RIGHT OF EVERY HUMAN BEING. DMC, ALONG WITH LOCAL, STATE AND FEDERAL GOVERNMENTS, SUPPORTS A UNIQUE PUBLIC MISSION TO THE RESIDENTS OF THE COMMUNITIES WE SERVE TO ASSURE THIS RIGHT IS PRESERVED.