

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **01-01-2022**, and ending **12-31-2022**

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

C Name of organization: AURORA MEDICAL CENTER BAY AREA INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: PO BOX 341880
 City or town, state or province, country, and ZIP or foreign postal code: MILWAUKEE, WI 532341880

D Employer identification number: 39-1528430
E Telephone number: (414) 299-1576
G Gross receipts \$ 102,966,652

F Name and address of principal officer:
 JEFFREY DALEN-BARD
 750 W VIRGINIA STREET
 MILWAUKEE, WI 53204

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

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

J Website: ▶ WWW.AURORAHEALTHCARE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1985 **M** State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 AURORA MEDICAL CENTER BAY AREA (AMCBA) IS A REGIONAL HEALTH CARE FACILITY PROVIDING A WIDE RANGE OF MEDICAL SERVICES TO THE RESIDENTS OF MARINETTE AND MEMOMINEE COUTIES AND THE SURROUNDING AREAS. AMCBA'S PRIMARY EXEMPT PURPOSE IS THE PROVISION OF HEALTH CARE SERVICES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	844
6 Total number of volunteers (estimate if necessary)	6	45
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	104,000	-110
9 Program service revenue (Part VIII, line 2g)	109,226,900	101,737,724
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,180	577,621
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,688	651,417
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	109,452,768	102,966,652
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	600
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,224,245	43,973,867
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,004,610	72,254,002
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	102,228,855	116,228,469
19 Revenue less expenses. Subtract line 18 from line 12	7,223,913	-13,261,817

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	215,907,747	200,415,474
21 Total liabilities (Part X, line 26)	104,857,282	98,160,533
22 Net assets or fund balances. Subtract line 21 from line 20	111,050,465	102,254,941

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2023-11-15
 RACHEL HALVERSON SVP CONTROLLER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 84,081,317 including grants of \$ 600) (Revenue \$ 101,737,724)
See Additional Data

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

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

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

4e Total program service expenses ▶ 84,081,317

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt status, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 5 main columns: Question/Section, Sub-question, Answer field, and Yes/No. Rows include sections 2a through 17, covering topics like employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ADVOCATE AURORA HEALTH INC 750 W VIRGINIA ST PO BOX 341880 MILWAUKEE, WI 532341880 (414) 299-1576

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS POTTS DIRECTOR, VICE PRESIDENT	1.00 55.00	X		X				0 1,843,481	156,628	
(2) MICHAEL GREBE DIRECTOR, SECRETARY	1.00 55.00	X		X				0 1,338,491	132,454	
(3) NAN NELSON DIRECTOR, ASSISTANT TREASURER	1.00 55.00	X		X				0 1,049,258	123,675	
(4) CARRIE DONOVAN ASSISTANT TREASURER	1.00 55.00			X				0 575,844	108,096	
(5) DOMINIC NAKIS TREASURER	1.00 55.00			X				0 2,304,330	214,335	
(6) JAMES DOHENY ASSISTANT TREASURER	1.00 55.00			X				0 664,780	103,379	
(7) JEFFREY DALEN-BARD PRESIDENT	1.00 55.00			X				0 1,060,635	131,195	
(8) MICHAEL KERNS ASSISTANT SECRETARY	1.00 55.00			X				0 587,048	98,816	
(9) MICHAEL VOLANTE ASSISTANT TREASURER	1.00 55.00			X				0 264,121	18,806	
(10) RACHELLE HART ASSISTANT SECRETARY	1.00 55.00			X				0 864,327	120,559	
(11) ROBIN STOEN ASSISTANT TREASURER	1.00 55.00			X				0 271,057	29,570	
(12) STEVE HUSER ASSISTANT TREASURER	1.00 55.00			X				0 523,937	91,064	
(13) EDWARD HARDING HOSPITAL PRESIDENT	55.00 0.00					X	700,737	0	84,468	
(14) ALOK ARORA MD PHYSICIAN HOSPITALIST	55.00 0.00					X	581,121	194,467	62,535	
(15) MOHAMED EL-JACK MD PHYSICIAN UROLOGY	55.00 0.00					X	570,163	32,634	40,015	
(16) KSHAMATA SHALINI MD PHYSICIAN HOSPITALIST	55.00 0.00					X	501,803	217,786	57,920	
(17) HAMZA SHAHRAN MD PHYSICIAN HOSPITALIST	55.00 0.00					X	434,369	117,866	39,995	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		2,788,193	11,910,062

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VERSITI INC 638 N 18TH ST MILWAUKEE, WI 53233	MEDICAL SERVICES	1,478,696
TRAVEL NURSE ACROSS AMERICA LLC 5020 NORTHSHORE DR STE 2 NORTH LITTLE ROCK, AR 72118	STAFFING	1,031,025
SHARED MEDICAL SERVICES INC 209 LIMESTONE PASS COTTAGE GROVE, WI 53527	HEALTHCARE SERVICES	348,145
CAREPOINT PC 5600 S QUEBEC ST STE 312A GREENWOOD VILLAGE, CO 80111	HEALTHCARE SERVICES	180,382

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **4**

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21	600	600		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	35,374,095	33,493,793	1,880,302	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,017,713	1,011,206	6,507	
9 Other employee benefits	4,910,692	5,415,614	-504,922	
10 Payroll taxes	2,671,367	2,559,880	111,487	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	43		43	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,442,745		11,442,745	
12 Advertising and promotion	24,904	24,904		
13 Office expenses	640,920	613,398	27,522	
14 Information technology	25,946	25,882	64	
15 Royalties				
16 Occupancy	3,064,766	3,064,347	419	
17 Travel	130,279	126,665	3,614	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,509	55,143	-2,634	
20 Interest	2,664,664		2,664,664	
21 Payments to affiliates	2,900,884	838,512	2,062,372	
22 Depreciation, depletion, and amortization	6,395,146	3,341,286	3,053,860	
23 Insurance	448,374	50	448,324	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	19,870,654	8,917,869	10,952,785	
b OTHER	10,689,980	10,689,980		
c INTERCOMPANY	5,016,122	5,016,122	0	
d BAD DEBT	4,875,692	4,875,692	0	
e All other expenses	4,010,374	4,010,374		
25 Total functional expenses. Add lines 1 through 24e	116,228,469	84,081,317	32,147,152	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	58,201,981	1	1,678,290
	2 Savings and temporary cash investments		2	38,618,393
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,988,640	4	15,606,612
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,269,116	8	2,662,528
	9 Prepaid expenses and deferred charges	37,566	9	37,566
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	154,558,490		
	b Less: accumulated depreciation	26,906,781		
		133,000,834	10c	127,651,709
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	405,024	14	385,024
15 Other assets. See Part IV, line 11	4,004,586	15	13,775,352	
16 Total assets. Add lines 1 through 15 (must equal line 33)	215,907,747	16	200,415,474	
Liabilities	17 Accounts payable and accrued expenses	19,966,106	17	21,269,148
	18 Grants payable		18	
	19 Deferred revenue	7,738	19	41,563
	20 Tax-exempt bond liabilities	76,890,000	20	74,425,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	7,993,438	25	2,424,822
	26 Total liabilities. Add lines 17 through 25	104,857,282	26	98,160,533
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	110,982,013	27	102,186,489
	28 Net assets with donor restrictions	68,452	28	68,452
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	111,050,465	32	102,254,941	
33 Total liabilities and net assets/fund balances	215,907,747	33	200,415,474	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	102,966,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,228,469
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,261,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111,050,465
5	Net unrealized gains (losses) on investments	5	4,773,122
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-306,830
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,254,941

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 39-1528430

Name: AURORA MEDICAL CENTER BAY AREA INC

Form 990 (2022)

Form 990, Part III, Line 4a:

INPATIENT HOSPITAL SERVICES FOR MEDICAL, SURGICAL AND OBSTETRICS/GYNECOLOGY PATIENTS - AMCBA PROVIDED CARE FOR 78,823 PATIENTS WHO WERE ADMITTED AS INPATIENTS DURING 2021. THESE SERVICES INCLUDED 24/7 CARE FOR PATIENTS ADMITTED WITH MEDICAL CONDITIONS WARRANTING A HOSPITAL STAY, PATIENTS ADMITTED FOR SURGICAL PROCEDURES EXTENSIVE ENOUGH TO REQUIRE A STAY OVERNIGHT OR FOR SEVERAL DAYS FOLLOWING THE PROCEDURES, AND PATIENTS ADMITTED FOR THE DELIVERY OF NEWBORNS. OUTPATIENT SURGICAL SERVICES - AMCBA PERFORMED 165,404 OUTPATIENT SURGICAL PROCEDURES FOR OUTPATIENTS DURING 2021. THESE PROCEDURES INCLUDED ORTHOPEDIC, UROLOGICAL, GENERAL SURGERY, GYNECOLOGY, AND ENT SURGERIES.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
AURORA MEDICAL CENTER BAY AREA INC

Employer identification number
39-1528430

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization
AURORA MEDICAL CENTER BAY AREA INC

Employer identification number
39-1528430

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 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, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,694,366		8,694,366
b Buildings		117,521,649	10,737,289	106,784,360
c Leasehold improvements		2,626,364	2,307,788	318,576
d Equipment		25,433,558	13,731,997	11,701,561
e Other		282,553	129,707	152,846
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				127,651,709

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM THIRD PARTY PAYORS	284,289
(2) INTERCOMPANY ASSETS - CURRENT	11,171,711
(3) OPERATING LEASE RIGHT OF USE ASSETS	2,087,157
(4) INTERNALLY DESIGNATED FOR SELF INSURANCE PROGRAMS	232,195
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	13,775,352

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITY CURR OPERATING	290,330
BAMC FAIR VALUE OF SWAP	121,580
LEASE LIABILITY LT OPERATING	2,012,912
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,424,822

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2022
 Open to Public Inspection

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

Name of the organization
 AURORA MEDICAL CENTER BAY AREA INC

Employer identification number
 39-1528430

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
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 Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government 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 Financial Assistance at cost (from Worksheet 1)			772,058	0	772,058	0.690 %
b Medicaid (from Worksheet 3, column a)			17,648,508	7,445,749	10,202,759	9.140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,643,791	7,395,841	1,247,950	1.120 %
d Total Financial Assistance and Means-Tested Government Programs			27,064,357	14,841,590	12,222,767	10.950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	1	12	414,994	0	414,994	0.370 %
f Health professions education (from Worksheet 5)			163,800	0	163,800	0.150 %
g Subsidized health services (from Worksheet 6)			840,048	0	840,048	0.750 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,750	0	6,750	0.010 %
j Total. Other Benefits	1	12	1,425,592		1,425,592	1.280 %
k Total. Add lines 7d and 7j	1	12	28,489,949	14,841,590	13,648,359	12.230 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,112,396
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	18,270,493
6	Enter Medicare allowable costs of care relating to payments on line 5	6	27,901,687
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,631,194
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.AURORA.ORG/COMMBENEFITS</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>WWW.AURORA.ORG</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.AURORA.ORG/COMMBENEFITS</u>	Yes	
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

AURORA MEDICAL CENTER BAY AREA INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.AURORA.FAP</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.AURORA.FAP</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.AURORA.FAP</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

AURORA MEDICAL CENTER BAY AREA INC

Name of hospital facility or letter of facility reporting group

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

	Yes	No
17	Yes	

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d Actions that require a legal or judicial process
- e Other similar actions (describe in Section C)
- f None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

19		No
-----------	--	----

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d Actions that require a legal or judicial process
- e Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):

- a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c Processed incomplete and complete FAP applications (if not, describe in Section C)
- d Made presumptive eligibility determinations (if not, describe in Section C)
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	Yes	
-----------	-----	--

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

Part V Facility Information *(continued)*

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

AURORA MEDICAL CENTER BAY AREA INC

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 1 - AURORA MEDICAL CENTER - BAY AREA 2408 10TH ST MENOMINEE, WI 498582004	PATIENT CARE - OUT PATIENT
2 2 - REHABX-RAY S926 US HIGHWAY 41 STEPHENSON, WI 498878808	REHABILITATION SERVICES AND OCCUPATIONAL HEALTH
3 3 - RETAIL PHARMACY S927 US HIGHWAY 41 STEPHENSON, WI 498878809	PHARMACY
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE ORGANIZATIONS CALCULATES THE COST TO CHARGE RATIO USING WORKSHEET 2 FROM THE SCHEDULE H INSTRUCTIONS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 4,875,692.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	AURORA MEDICAL CENTER BAY AREA (AMCBA) (ONE HOSPITAL): FINANCIAL AND IN-KIND SUPPORT FOR MULTIPLE CHAMBERS WITHIN THE COUNTY; SERVE ON BOARDS AND/OR COMMITTEES OF HDS FREE CLINICS, AND LOCAL COMMUNITY NOT FOR PROFIT AGENCIES IN MARINETTE COUNTY, INCLUDING: HEALTHY YOUTH COALITION, BEHAVIORAL HEALTH ALLIANCE, N.E.W. HOPE CONSORTIUM, OVERDOSE FATALITY REVIEW, AND THE MARINETTE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) WORKGROUP.
PART III, LINE 2:	BAD DEBT IS ALLOCATED BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	REPORTED ON PAGE 15 OF THE INDEPENDENT AUDITORS' REPORT.
PART III, LINE 8:	ALL OF THE SHORTFALL ON LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT. THE AMOUNT REPORTED ON LINE 6 UTILIZES THE COST TO CHARGE RATIO OF THE MOST RECENTLY FILED COST REPORTS FOR THIS HOSPITAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	SPECIFIC TO THE UNINSURED AND MEDICALLY-INDIGENT PATIENT POPULATIONS, THE ORGANIZATION'S PRACTICE IS TO THOROUGHLY EVALUATE THE PATIENT'S ABILITY TO PAY.
PART VI, LINE 3:	THE ORGANIZATION'S PATIENT FINANCIAL ADVOCATES MEET WITH EVERY PATIENT OR PATIENT'S FAMILY WHO PRESENTS FOR SERVICES AND HAS NO INSURANCE, WITH THE PURPOSE OF SHARING OPTIONS FOR COVERAGE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS, AS WELL AS AHC'S INTERNAL PATIENT FINANCIAL ASSISTANCE PROGRAM. THE PATIENT FINANCIAL ADVOCATE WILL ASSIST THE PATIENT AND/OR PATIENT'S FAMILY IN PREPARING THE PAPERWORK TO APPLY FOR ANY GOVERNMENT COVERAGE AND/OR AURORA'S INTERNAL FINANCIAL ASSISTANCE. NOTICES REGARDING THE ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS, OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM ARE ALSO POSTED IN THE EMERGENCY ROOMS, ADMISSIONS OFFICES, AND WAITING AREAS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	AMCBA (ONE HOSPITAL): FINANCIAL AND IN-KIND SUPPORT FOR LOCAL CHAMBERS WITHIN THE COUNTY; SERVE ON BOARDS AND/OR COMMITTEES OF HDS FREE CLINICS, AND LOCAL COMMUNITY NOT FOR PROFIT AGENCIES IN BROWN COUNTY, INCLUDING: SERVE ON BOARDS AND/OR COMMITTEES OF HDS FREE CLINICS, AND LOCAL COMMUNITY NOT FOR PROFIT AGENCIES IN BROWN COUNTY SUCH AS FAMILY SERVICE OF NE WI; BROWN CO. ALCOHOL AND DRUG TASK FORCE; GREEN BAY YMCA; BROWN CO. HD AND UNITED WAY; WELLO. ADVANCE HEALTH PROFESSIONS EDUCATION AS A TRAINING SITE FOR WISCONSIN ACADEMY OF RURAL MEDICINE (WARM).
PART VI, LINE 5:	AMCBA (ONE HOSPITAL), SUPPORTED THE PHYSICAL EDUCATION PROGRAM FOR MARINETTE, MENOMINEE, PESHTIGO, AND CRIVITZ SCHOOL DISTRICTS AND INVESTED FINANCIAL SUPPORT FOR LOCAL SCHOOL SYSTEMS WITH FUNDING PHYSICAL EDUCATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEALTH CARE (WISCONSIN) MERGED IN 2018 TO BECOME ADVOCATE AURORA HEALTH. ADVOCATE AURORA HEALTH'S ILLINOIS HOSPITALS (ADVOCATE) ARE NOT-FOR-PROFIT AND ARE RELATED TO BOTH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST. THE ADVOCATE HEALTH CARE NETWORK BOARD MEMBERS, LEADERSHIP, AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY THE ORGANIZATION THROUGH PROGRAMS AND PRACTICES THAT SUPPORT THE ADVOCATE AURORA VISION OF "WE HELP PEOPLE LIVE WELL." IN OCTOBER 2019, THE ADVOCATE AURORA BOARD APPROVED A COMMUNITY STRATEGY THAT WOULD SUPPORT ORGANIZATIONAL VALUES AND CONTINUE TO SUPPORT SYSTEM-WIDE PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES SERVED BY ADVOCATE AURORA. THROUGH THIS STRATEGY, WE WILL BUILD HEALTH EQUITY, ENSURE ACCESS, AND IMPROVE HEALTH OUTCOMES IN OUR COMMUNITIES THROUGH EVIDENCE-INFORMED SERVICES AND INNOVATIVE PARTNERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS. BASED ON NEED AND EFFECT ON HEALTH EQUITY, AS IDENTIFIED IN ADVOCATE AURORA'S HOSPITAL CHNA REPORTS AND IN INDUSTRY LITERATURE, ADVOCATE AURORA PRIORITIZED THE FOLLOWING SIX FOCUS AREAS ON WHICH THE INDIVIDUAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLANS ARE BUILT AND SUPPORT, INCLUDING: 1) ACCESS/PRIMARY MEDICAL HOMES; 2) ACCESS/ BEHAVIORAL HEALTH SERVICES; 3) COMMUNITY SAFETY; 4) WORKFORCE DEVELOPMENT; 5) AFFORDABLE HOUSING; AND 6) FOOD SECURITY. GIVEN THAT ADVOCATE AND AURORA HAVE SEPARATE FEIN'S, THE NARRATIVE WITHIN THIS DOCUMENT PRIMARILY DESCRIBES PROGRAMS AND ACTIVITIES PERTAINING TO AURORA (AAH WISCONSIN). THE ADVOCATE AURORA HEALTH BOARD AND THE AURORA COMMUNITY BOARD, SYSTEM LEADERSHIP AND TEAM MEMBERS ARE FULLY ENGAGED IN PROGRAMS AND ACTIVITIES THAT SUPPORT SYSTEM AND SITE EFFORTS IN ACHIEVING MILESTONES IN EACH OF THESE COMMUNITY STRATEGY FOCUS AREAS. ADDITIONALLY, ADVOCATE AURORA'S INTEGRATED HEALTH CARE SYSTEM INCLUDES PHYSICIAN GROUPS AND CLINICS, PHARMACIES, HOME CARE, HOME HOSPICE, AND SOCIAL SERVICES SERVING EASTERN WISCONSIN. AURORA PROVIDES URGENT CARE, FAMILY PRACTICE, AND SPECIALIST SERVICES FOR UNDERSERVED POPULATIONS IN THE HEART OF THE COMMUNITIES IN WHICH OUR HOSPITALS RESIDE, INCLUDING BUT NOT LIMITED TO: AURORA FAMILY SERVICE, INC. (AFS), A 501(C)(3), IS AURORA'S SOCIAL SERVICE ARM THAT APPLIES A FAMILY WELLNESS AND STABILITY MODEL TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IMPACTING OUR PATIENTS AND COMMUNITIES. A TEAM OF 81 DEDICATED PRACTITIONERS PROVIDE A FULL CONTINUUM OF SERVICES IN THE COMMUNITY TO PROMOTE SELF-SUFFICIENCY THROUGH EVERY STAGE OF LIFE, INTEGRATING HEALTH, MENTAL HEALTH, SOCIAL SERVICES, FAMILY AND MARRIAGE THERAPY, COMPREHENSIVE SERVICES FOR SENIORS, PARENTING EDUCATION, HOME VISITATION, AND A WIDE VARIETY OF FINANCIAL WELLNESS PROGRAMMING. AURORA AT HOME, INC., A 501(C) (3) ENTITY, IS A COMPREHENSIVE SOURCE OF HOME CARE SERVICES IN EASTERN WISCONSIN COMMITTED TO KEEPING PEOPLE INDEPENDENT IN THEIR HOMES. AURORA CONSOLIDATED LABS (ACL) PROVIDES PRO-BONO LABORATORY SERVICES FOR OUR FREE CLINIC PARTNERS. AURORA PHARMACY PROVIDES ESSENTIAL MEDICATIONS TO PATIENTS WHO CAN'T AFFORD THEM. AURORA HEALTH CARE FOUNDATION, INC. (AHCF) PROVIDES GRANT RESEARCH AND GRANT WRITING TO SUPPORT COMMUNITY HEALTH INITIATIVES. AURORA RESEARCH INSTITUTE (ARI) PROVIDED RESEARCH RESULTS PUBLISHED FOR PUBLIC REVIEW AND BENEFIT. FINANCIAL ADVOCATES ARE AVAILABLE TO SUPPORT PATIENTS AT EVERY ADVOCATE AURORA HOSPITAL. THESE ADVOCATES PROVIDE FREE, PERSONALIZED FINANCIAL ASSESSMENTS THAT INCLUDE IDENTIFYING EACH PATIENT'S UNIQUE HEALTH CARE NEEDS, HELPING THE PATIENT UNDERSTAND THE POTENTIAL COST OF MEDICAL TREATMENT, AND DISCUSSING THEIR FINANCIAL ASSISTANCE OPTIONS. THE ADVOCATE THEN ASSISTS PATIENTS IN APPLYING FOR THE FINANCIAL ASSISTANCE PROGRAMS MOST APPROPRIATE FOR THEM INCLUDING ADVOCATE AURORA FINANCIAL ASSISTANCE OR OTHER PUBLICLY AVAILABLE PROGRAMS. ADVOCATE AURORA TEAM MEMBERS (EMPLOYEES) AND PHYSICIANS ARE ENCOURAGED TO DONATE TO, VOLUNTEER AT AND HELP RAISE FUNDS FOR COMMUNITY INITIATIVES. AAH PROMOTES AND SUPPORTS TEAM MEMBER, PHYSICIAN, AND HOSPITAL PARTICIPATION IN COMPANY-SPONSORED WALKS FOR MULTIPLE HEALTH-RELATED, NOT-FOR-PROFIT ORGANIZATIONS.</p>

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	AURORA MEDICAL CENTER BAY AREA INC 3003 UNIVERSITY DR MARINETTE, WI 54143 WWW.BAMC.ORG 2419-800	X	X					X			

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

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

Form and Line Reference	Explanation
AURORA MEDICAL CENTER BAY AREA, INC	PART V, SECTION B, LINE 5: AMONG OUR KEY INFORMANT INTERVIEWS FOR EACH COUNTY WHERE AN AURORA HOSPITAL IS LOCATED WERE THE HEALTH OFFICERS FOR LOCAL HDS, LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND HEALTH DISPARITIES. EACH AURORA HOSPITAL CONDUCTED KEY INFORMANT INTERVIEWS IN THEIR MOST RECENT CHNA. KEY INFORMANTS WERE ASKED TO RANK ORDER THE TOP 3 TO 5 MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY, BASED ON THE FOCUS AREAS OUTLINED IN THE STATE HEALTH PLAN. FOR EACH TOP-RANKED HEALTH TOPIC, THE INFORMANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS THE ISSUE, BARRIERS, OR CHALLENGES TO ADDRESSING THE ISSUE, ADDITIONAL STRATEGIES NEEDED, AND KEY GROUPS THAT HOSPITALS SHOULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.MOST HOSPITALS ALSO COMPLETED COMMUNITY HEALTH SURVEYS, A COMPREHENSIVE PHONE-BASED SURVEY THAT GATHERS SPECIFIC DATA ON BEHAVIORAL AND LIFESTYLE HABITS OF THE ADULT POPULATION AND SELECT INFORMATION ABOUT CHILD HEALTH. IN ADDITION, THIS REPORT COLLECTS DATA ON THE PREVALENCE OF RISK FACTORS AND DISEASE CONDITIONS EXISTING WITHIN THE ADULT POPULATION AND COMPARES, WHERE APPROPRIATE AND AVAILABLE, HEALTH DATA OF RESIDENTS TO STATE AND NATIONAL MEASURES. CONDUCTED EVERY THREE YEARS, THE SURVEY CAN BE USED TO IDENTIFY COMMUNITY TRENDS AND CHANGES OVER TIME. NEW QUESTIONS HAVE BEEN ADDED AT DIFFERENT POINTS IN TIME. JKV RESEARCH, LLC ANALYZED THE DATA AND PREPARED THE FINAL REPORT INCLUDED WITHIN EACH HOSPITAL CHNA REPORT WHERE RELEVANT.LASTLY, AURORA HEALTH CARE INVITES THE COMMUNITY TO PROVIDE WRITTEN COMMENTS ON ITS CURRENT CHNA REPORTS AND IMPLEMENTATION STRATEGIES VIA A ONE-CLICK PORTAL ON ITS WEBSITE AT WWW.AURORA.ORG/COMMBENEFITS.
AURORA MEDICAL CENTER BAY AREA, INC	PART V, SECTION B, LINE 6B: AMCBA WITH MARINETTE CO. HEALTH AND HUMAN SERVICES AND THE DELTA & MENOMINEE CO. HD.

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

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

Form and Line Reference	Explanation
AURORA MEDICAL CENTER BAY AREA, INC	PART V, SECTION B, LINE 7D: REFERENCED IN NEWS RELEASES AND ANNUAL COMMUNITY BENEFIT REPORTS.
AURORA MEDICAL CENTER BAY AREA, INC	PART V, SECTION B, LINE 11: AURORA HOSPITAL FACILITY LEADERS PRIORITIZE SIGNIFICANT NEEDS BASED ON THE FOLLOWING CRITERIA: BURDEN OF THE HEALTH ISSUE ON INDIVIDUALS, FAMILIES, HOSPITALS AND/OR HEALTH CARE SYSTEMS (E.G., ILLNESS, COMPLICATIONS, COST, DEATH) SCOPE OF THE HEALTH ISSUE WITHIN THE COMMUNITY AND THE HEALTH IMPLICATIONS HEALTH INEQUITIES LINKED WITH THE HEALTH ISSUE HEALTH PRIORITIES IDENTIFIED IN THE MUNICIPAL HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ALIGNMENT WITH THE COMMUNITY STRATEGY QUANTIFYING HEALTH ISSUES BASED ON THE HANLON METHOD FOR PRIORITIZING HEALTH PROBLEMS USING THESE CRITERIA, EACH HOSPITAL PRIORITIZED AMONG ALL NEEDS IDENTIFIED IN THE CHNA REPORT WITHIN THREE FOCUS AREAS: 1) ACCESS, 2) BEHAVIORAL HEALTH, AND 3) SOCIAL DRIVERS OF HEALTH OR OTHER HEALTH NEEDS UNIQUE TO THE HOSPITAL'S DEFINED COMMUNITY AND SERVICE OFFERINGS. DETAILED EXPLANATIONS OF IDENTIFIED COMMUNITY NEEDS CAN BE FOUND IN EACH HOSPITAL'S CHNA REPORT POSTED AT WWW.AURORA.ORG/COMMBENEFITS . THERE ARE GENERAL REASONS FOR OUR HOSPITALS NOT TO ADDRESS A NEED THAT HAS BEEN IDENTIFIED. THESE REASONS INCLUDE: 1. OTHER ORGANIZATIONS IN THE COMMUNITY ARE ADDRESSING THE NEED WITH STRONG PROGRAMMING AND AURORA HEALTH CARE CREATING A NEW PROGRAM OR SERVICE WOULD DUPLICATE SERVICES WITH LITTLE ADDITIONAL BENEFIT TO THE COMMUNITY 2. THE NEEDS ARE BEING ADDRESSED AS PART OF AURORA'S CONTINUUM OF CARE, SUCH AS CHRONIC DISEASE, AND WE BELIEVE THE NEED WILL BE ADDRESSED THROUGH OUR HEAVY FOCUS ON ADDRESSING ACCESS BARRIERS 3. RESOURCE CONSTRAINTS 4. A LACK OF IDENTIFIED EFFECTIVE INTERVENTIONS ARE AVAILABLE TO ADDRESS THE NEED IN AN IMPACTFUL WAY

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

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

Form and Line Reference	Explanation
AURORA MEDICAL CENTER BAY AREA, INC	PART V, SECTION B, LINE 16J: A FINANCIAL BROCHURE IS OFFERED TO PATIENTS UPON REGISTRATION AND IS AVAILABLE ONLINE AT HTTPS://WWW.BAMC.ORG/MEDIA/1013/FINANCAIL_BROCHURE.PDF . BILLING STATEMENTS REFERENCE THE FAP POLICY AND INSTRUCTIONS ON WHO TO CONTACT TO RECEIVE FINANCIAL ASSISTANCE INFORMATION BUT DO NOT INCLUDE THE DETAILED POLICY. SECTION B, LINE 16E: THE ORGANIZATION DOES NOT HAVE ANY LEP POPULATIONS IN THEIR IDENTIFIED SERVICES AREA, AND THUS ONLY HAVE MATERIALS IN ENGLISH, THE PRIMARY LANGUAGE SPOKEN.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AURORA MEDICAL CENTER BAY AREA INC

Employer identification number
39-1528430

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	<p>ADVOCATE AURORA HEALTH, INC. PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE "PLAN") TO RETAIN AND ATTRACT KEY PERSONNEL BY PROVIDING THEM WITH ADDITIONAL RETIREMENT INCOME. THE FOLLOWING EMPLOYEES PARTICIPATED IN THE PLAN AND RECEIVED CONTRIBUTIONS IN 2021 AS FOLLOWS: DOMINIC NAKIS - \$186,174 MICHAEL LAPPIN - \$153,120 DENNIS POTTS - \$134,794 MICHAEL GREBE - \$114,882 JEFF DALEN-BARD - \$77,864 STEVE HUSER - \$47,354 NAN NELSON - \$74,289 SHELLY HART - \$73,931 LESLIE LENZO - \$83,830 JAMES DOHENY - \$58,657 MICHAEL KERNS - \$51,345 JAMES SLINKMAN - \$46,246 EDWARD HARDING - \$60,485 THE FOLLOWING EMPLOYEE RECEIVED A SEVERANCE PAYMENT DURING 2021 THAT HAS BEEN PROPERLY REPORTED ON SCHEDULE J, PART II: MICHAEL LAPPIN</p>

Additional Data

Software ID:

Software Version:

EIN: 39-1528430

Name: AURORA MEDICAL CENTER BAY AREA INC

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DOMINIC NAKIS TREASURER	(i)	0	0	0	0	0	0	
	(ii)	903,852	1,221,060	179,418	195,217	19,118	2,518,665	204,758
1DENNIS POTTS DIRECTOR, VICE PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	965,561	745,299	132,621	131,720	24,908	2,000,109	0
2MICHAEL GREBE DIRECTOR, SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	601,938	635,238	101,315	129,806	2,648	1,470,945	0
3JEFFREY DALEN-BARD PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	643,528	358,214	58,893	97,990	33,205	1,191,830	0
4NAN NELSON DIRECTOR, ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	633,041	343,233	72,984	99,317	24,358	1,172,933	0
5RACHELLE HART ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	564,637	241,805	57,885	93,460	27,099	984,886	0
6ALOK ARORA MD PHYSICIAN HOSPITALIST	(i)	486,184	69,500	25,437	0	0	581,121	0
	(ii)	193,297	0	1,170	29,650	32,885	257,002	0
7EDWARD HARDING HOSPITAL PRESIDENT	(i)	461,560	193,819	45,358	63,213	21,255	785,205	0
	(ii)	0	0	0	0	0	0	0
8KSHAMATA SHALINI MD PHYSICIAN HOSPITALIST	(i)	484,597	19,500	-2,294	0	0	501,803	0
	(ii)	161,116	57,500	-830	29,650	28,270	275,706	0
9JAMES DOHENY ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	430,058	189,033	45,689	78,993	24,386	768,159	82,473
10MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	379,886	165,167	41,995	73,386	25,430	685,864	75,911
11CARRIE DONOVAN ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	398,775	147,392	29,677	75,228	32,868	683,940	0
12MOHAMED EL-JACK MD PHYSICIAN UROLOGY	(i)	550,316	27,000	-7,153	0	0	570,163	0
	(ii)	33,379	0	-745	9,150	30,865	72,649	0
13STEVE HUSER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	350,319	136,123	37,495	69,926	21,138	615,001	0
14HAMZA SHAHRAN MD PHYSICIAN HOSPITALIST	(i)	370,431	69,500	-5,562	0	0	434,369	0
	(ii)	120,621	0	-2,755	9,150	30,845	157,861	0
15ROBIN STOEN ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	222,236	49,513	-692	8,152	21,418	300,627	0
16MICHAEL VOLANTE ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	212,211	49,794	2,116	15,887	2,919	282,927	12,679

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

AURORA MEDICAL CENTER BAY AREA INC

Employer identification number

39-1528430

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AURORA MEDICAL CENTER BAY AREA, INC. IS ORGANIZED AS A NON-STOCK, NONPROFIT CORPORATION, WITH A SOLE MEMBER OF AURORA HEALTH CARE, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CEO OF ADVOCATE AURORA HEALTH, INC. MAY APPOINT MEMBERS OF THE GOVERNING BODY OF AURORA MEDICAL CENTER BAY AREA, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODY OF AURORA MEDICAL CENTER BAY AREA, INC. ARE SUBJECT TO APPROVAL BY ADVOCATE AURORA HEALTH, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 2021 FORM 990 WAS REVIEWED BY SENIOR LEADERSHIP OF ADVOCATE AURORA HEALTH, INC. A COPY OF THE FINAL RETURN WAS MADE AVAILABLE TO THE ADVOCATE AURORA HEALTH, INC. BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. ADVOCATE AURORA HEALTH'S COMPLIANCE DEPARTMENT REVIEWS THESE STATEMENTS FOR COMPLIANCE WITH THE ESTABLISHED POLICY. WHEN A CONFLICT IS DISCOVERED, THE GOVERNING BODY DETERMINES IF SUCH CONFLICT WARRANTS A RESTRICTION ON THE CAPACITY OF THE BOARD MEMBER OR KEY EMPLOYEE INVOLVED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY, KEY EMPLOYEES (OTHER THAN ADVOCATE AURORA HEALTH'S CEO AND THE CEO'S EXECUTIVE LEADERSHIP TEAM) AND ALL OTHER EMPLOYEES HAVE THEIR COMPENSATION REVIEWED AND APPROVED BY THEIR LEADER WITHIN MARKET-BASED GUIDELINES PRESCRIBED BY THE ORGANIZATION'S HUMAN RESOURCES FUNCTION. THESE MARKET-BASED GUIDELINES ARE ESTABLISHED USING APPLICABLE COMPARABILITY DATA AND SIMILAR COMPENSATION METRICS THAT ARE BASED ON SIMILARLY-QUALIFIED PERSONS IN FUNCTIONALLY-COMPARABLE POSITIONS AT SIMILARLY-SITUATED ORGANIZATIONS. DOCUMENTATION AND RECORDKEEPING FOR THESE DELIBERATIONS AND DECISIONS ARE MAINTAINED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	ABBREVIATED FINANCIAL INFORMATION IS AVAILABLE AT A CONSOLIDATED LEVEL ON THE AURORA HEALTH CARE WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ARTICLES OF INCORPORATION FOR AMCBA ARE ON FILE WITH THE STATE OF WISCONSIN, DEPARTMENT OF FINANCIAL INSTITUTIONS. ANY SIGNIFICANT CHANGES TO THE BYLAWS ARE ATTACHED TO THE FORM 990 IN THE YEAR THE CHANGE WAS APPROVED. THE FINANCIAL STATEMENTS ARE ALSO ON FILE WITH THE STATE OF WISCONSIN, DEPARTMENT OF FINANCIAL INSTITUTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS -306,830.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AURORA MEDICAL CENTER BAY AREA INC

Employer identification number

39-1528430

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

(a) Name, address, and EIN (if applicable) 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

(a) 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, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAYCARE AURORA LLC PO BOX 341880 MILWAUKEE, WI 53234 39-1947472	HOSPITAL	WI	AURORA MEDICAL GROUP INC	RELATED				No			No	61.880 %
(2) NORTH SHORE SURGICAL CENTER LTD 7007 RANGE LINE ROAD GLENDALE, WI 53209 39-1548024	SURGICAL SERVICES	WI	N/A	N/A				No			No	
(3) WISCONSIN SURGERY CENTER LLC 4131 WEST LOOMIS ROAD SUITE 210 GREENFIELD, WI 53221 38-3661215	SURGICAL SERVICES	WI	N/A	N/A				No			No	
(4) AURORA GI ASC 2801 WEST KK RIVER PKWY 1030 MILWAUKEE, WI 53215 46-1848055	PHYSICIAN SERVICES	WI	N/A	N/A				No			No	

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

(a) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

	Yes	No
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, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	Yes
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AURORA HEALTH AND HOSPITAL CORPORATION	E	74,425,000	COST

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1528430
Name: AURORA MEDICAL CENTER BAY AREA INC

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 341880 MILWAUKEE, WI 53234 39-1442285	SUPPORT SERVICES	WI	501(C)(3)	LINE 12D, III-O	N/A		No
PO BOX 341880 MILWAUKEE, WI 53234 26-4041287	PHYSICIAN SERVICES	IL	501(C)(3)	LINE 3	AURORA MEDICAL GROUP INC	Yes	
1220 DEWEY AVENUE WAUWATOSA, WI 53213 26-1516765	SCHOOL	WI	501(C)(3)	LINE 2	AURORA PSYCHIATRIC HOSPITAL INC	Yes	
3200 HIGHLAND BLVD MILWAUKEE, WI 53233 39-0806174	SOCIAL SERVICES	WI	501(C)(3)	LINE 11	AURORA HEALTH CARE INC	Yes	
PO BOX 341880 MILWAUKEE, WI 53234 39-1678306	PHYSICIAN SERVICES	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
2900 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215 39-0806181	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
2636 EASTERN AVENUE PLYMOUTH, WI 53073 39-0930748	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO INC	Yes	
1220 DEWEY AVENUE WAUWATOSA, WI 53213 39-0872192	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO INC	Yes	
252 MCHENRY STREET BURLINGTON, WI 53105 39-0806347	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
855 NORTH WESTHAVEN DRIVE OSHKOSH, WI 54904 39-1027676	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE NORTH INC	Yes	
8901 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 39-1022464	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO INC	Yes	
1032 EAST SUMNER STREET HARTFORD, WI 53027 39-1150165	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO INC	Yes	
3003 WEST GOOD HOPE ROAD GLENDALE, WI 53209 39-1595302	PHYSICIAN SERVICES	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
5000 MEMORIAL DRIVE TWO RIVERS, WI 54241 39-1211629	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
11333 WEST NATIONAL AVENUE WEST ALLIS, WI 53227 39-0806180	HOME CARE SERVICES	WI	501(C)(3)	LINE 7	AURORA HEALTH CARE INC	Yes	
1020 NORTH 12TH STREET MILWAUKEE, WI 53233 39-1136738	PHYSICIAN SERVICES	WI	501(C)(3)	LINE 11	AURORA MEDICAL GROUP INC	Yes	
975 PORT WASHINGTON AVENUE GRAFTON, WI 53024 27-2953799	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
PO BOX 341880 MILWAUKEE, WI 53234 47-4167075	PHYSICIAN SERVICES	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	
2025 WINDSOR DR OAK BROOK, IL 60523 82-4184596	SUPPORT SERVICES	DE	501(C)(16)	LINE 12D, III-O	N/A		No
3100 SHORE DRIVE MARINETTE, WI 54143 39-1528430	HOSPITAL	WI	501(C)(3)	LINE 3	AURORA HEALTH CARE INC	Yes	

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 341880 MILWAUKEE, WI 53234 39-6044569	FOUNDATION	WI	501(C)(3)	LINE 7	AURORA HEALTH CARE INC	Yes	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AURORA HEALTH CARE VENTURES INC PO BOX 341880 MILWAUKEE, WI 53234 39-1513129	FOR-PROFIT PARENT COMPANY	WI	N/A	C					No
AURORA HEALTH NETWORK INC PO BOX 341880 MILWAUKEE, WI 53234 39-1817175	INACTIVE	WI	N/A	C					No
AURORA PHARMACY INC PO BOX 341880 MILWAUKEE, WI 53234 39-1733325	RETAIL PHARMACY	WI	N/A	C					No
DIVERSIFIED CARE INC 4811 SOUTH 76TH STREET GREENFIELD, WI 53220 39-1609054	TEMPORARY STAFFING AGENCY	WI	N/A	C					No
AURORA RETAIL STORES INC PO BOX 341880 MILWAUKEE, WI 53234 39-1722937	INACTIVE	WI	N/A	C					No
ADVANCED HEALTHCARE INC 3003 WEST GOOD HOPE ROAD GLENDALE, WI 53209 39-1195501	PHYSICIAN SERVICES	WI	N/A	C					No
NOR DOOR CLINIC BUILDING CONDOMINIUM ASSOCIATION OF UNIT OWNERS PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C					No
ST LUKE'S PHYSICIAN OFFICE CONDOMINIUM PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C					No
AURORA HEALTH CENTER OF KENOSHA CONDOMINIUM ASSOCIATION INC PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C					No
ADVOCATE AURORA ENTERPRISES INC PO BOX 341880 MILWAUKEE, WI 53234 83-1836945	FOR-PROFIT PARENT COMPANY	WI	N/A	C					No
NORTHSHORE HEALTH NETWORK INC 3100 SHORE DRIVE MARINETTE, WI 54143 27-1389366	MANAGED CARE CONTRACTING	WI	N/A	C					No
AURORA HEALTH CENTER OF OSHKOSH CONDOMINIUM ASSOCIATION INC PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C					No