

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
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

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

C Name of organization
AURORA HEALTH CARE INC GROUP RETURN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
750 W VIRGINIA ST PO BOX 341880

City or town, state or province, country, and ZIP or foreign postal code
MILWAUKEE, WI 532341880

D Employer identification number
61-1649250

E Telephone number
(414) 299-1576

G Gross receipts \$ 5,576,026,157

F Name and address of principal officer:
MICHAEL LAPPIN
750 W VIRGINIA ST PO BOX 341880
MILWAUKEE, WI 532341880

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 ▶ 5709

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:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
AURORA HEALTH CARE IS AN INTEGRATED HEALTH CARE PROVIDER.

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	95
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	31,949
6 Total number of volunteers (estimate if necessary)	6	2,814
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,440,438	345,738,124
9 Program service revenue (Part VIII, line 2g)	5,317,042,433	5,107,660,239
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,714,516	76,194,997
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,974,955	47,996,246
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,461,172,342	5,577,589,606
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	2,675,516,385	2,822,884,622
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,320,916,407	2,439,452,516
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,996,432,792	5,262,337,138
19 Revenue less expenses. Subtract line 18 from line 12	464,739,550	315,252,468
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,436,446,856	7,050,969,944
21 Total liabilities (Part X, line 26)	550,201,765	864,698,588
22 Net assets or fund balances. Subtract line 21 from line 20	5,886,245,091	6,186,271,356

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: 2021-11-15
Type or print name and title: RACHEL HALVERSON VP - TAX & ACCOUNTING SERVICES

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check 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:

TO PROMOTE HEALTH, PREVENT ILLNESS, PROVIDE STATE-OF-THE ART DIAGNOSIS AND TREATMENT. AURORA IS COMMITTED TO IMPROVING THE QUALITY OF HEALTH CARE AND HEALTH OUTCOMES, AND PROVIDING SERVICES THAT ARE AFFORDABLE AND ACCESSIBLE.

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

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

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

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

4 Describe the 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 \$ 4,298,359,693 including grants of \$) (Revenue \$ 5,155,572,740)
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 ▶ 4,298,359,693

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)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 Revenue Procedure 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		No
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)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	657
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 31,949
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (95), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 20,387,053, 19,913,792, 2,860,547.

Section 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. 33. Includes questions 3, 4, 5 about compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ORCHARD INC, BAYCARE CLINIC LLP, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. 78.

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 (1a-1g), Program Service Revenue (2a-2f), and Other Revenue (3-12).

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				
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	2,286,516,031	2,286,516,031		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	399,481,025	384,330,152	15,150,873	
10 Payroll taxes	136,887,566	131,668,812	5,218,754	
11 Fees for services (non-employees):				
a Management	4,826		4,826	
b Legal				
c Accounting				
d Lobbying				
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)	128,203,743	104,372,697	23,831,046	
12 Advertising and promotion	965,710	148,994	816,716	
13 Office expenses	21,668,813	20,594,622	1,074,191	
14 Information technology				
15 Royalties				
16 Occupancy	17,478,318	17,234,612	243,706	
17 Travel	3,617,839	3,301,761	316,078	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,752,666	10,141,021	611,645	
20 Interest	44,770,232	43,510,460	1,259,772	
21 Payments to affiliates	1,105,859,146	195,232,987	910,626,159	
22 Depreciation, depletion, and amortization	183,492,280	183,492,280		
23 Insurance	14,423,029	14,423,029		
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 AND OTHER SUPPL	749,174,361	749,174,361		
b HOSPITAL TAX ASSESSMENT	88,372,091	88,372,091		
c REPAIR AND MAINTENANCE	44,225,358	40,559,664	3,665,694	
d OTHER EXPENSES	26,433,142	25,275,157	1,157,985	
e All other expenses	10,962	10,962		
25 Total functional expenses. Add lines 1 through 24e	5,262,337,138	4,298,359,693	963,977,445	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	2,996,839,702	1	3,363,091,297	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	751,697,365	4	804,502,757	
	5 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		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	64,468,889	8	72,086,948	
	9 Prepaid expenses and deferred charges	3,685,449	9	2,990,539	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,113,456,841			
	b Less: accumulated depreciation	1,796,610,653	2,128,327,421	10c	2,316,846,188
	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	229,172,313	13	243,563,170	
	14 Intangible assets	6,054,305	14	5,515,626	
	15 Other assets. See Part IV, line 11	256,201,412	15	242,373,419	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,436,446,856	16	7,050,969,944		
Liabilities	17 Accounts payable and accrued expenses	400,431,709	17	554,780,451	
	18 Grants payable		18		
	19 Deferred revenue	1,939,749	19	48,437	
	20 Tax-exempt bond liabilities		20		
	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	70,198,418	23	68,665,860	
	24 Unsecured notes and loans payable to unrelated third parties	264,293	24	364,920	
	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	77,367,596	25	240,838,920	
	26 Total liabilities. Add lines 17 through 25	550,201,765	26	864,698,588	
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	5,709,279,615	27	6,014,415,306	
	28 Net assets with donor restrictions	176,965,476	28	171,856,050	
	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	5,886,245,091	32	6,186,271,356	
33 Total liabilities and net assets/fund balances	6,436,446,856	33	7,050,969,944		

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	5,577,589,606
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,262,337,138
3	Revenue less expenses. Subtract line 2 from line 1	3	315,252,468
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,886,245,091
5	Net unrealized gains (losses) on investments	5	
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	-15,226,203
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,186,271,356

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 61-1649250

Name: AURORA HEALTH CARE INC GROUP RETURN

Form 990 (2020)

Form 990, Part III, Line 4a:

THE ORGANIZATIONS INCLUDED IN THIS GROUP RETURN PROVIDE HEALTH PROMOTION, DIAGNOSIS AND TREATMENT SERVICES TO THE RESIDENTS OF EASTERN WISCONSIN. SUCH SERVICES INCLUDE CARDIOLOGY, CANCER TREATMENT, HYPERBARIC MEDICINE, NEUROSCIENCE, 24-HOUR EMERGENCY CARE, GENERAL SURGERY, ORTHOPAEDICS, WOMEN'S HEALTH AND OBSTETRICS, DIGESTIVE DISEASES, GERIATRIC SERVICES, PHYSICAL REHABILITATION, MENTAL HEALTH, SUBSTANCE ABUSE, AMBULATORY CARE, HOME HEALTH CARE, HOME HOSPICE CARE, IV THERAPY AND PHARMACEUTICALS, RESPIRATORY THERAPY, MEDICAL EQUIPMENT ON A PER-USE BASIS, AND MEDICAL EDUCATION AND TEACHING OVERSIGHT.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BASIL SALAYMEH MD DIRECTOR - AAH, AMCG	55.00 0.00	X						641,602	0	12,619
PETER CARLSON PRESIDENT - APH, DIRECTOR	1.00 55.00	X		X				0	565,899	89,716
JEFF DALEN-BARD DIRECTOR (AHMC), PRESIDENT	1.00 55.00	X		X				0	846,741	113,142
LISA JUST PATIENT SERVICE MARKET PRESIDENT	0.00 55.00	X		X				0	662,417	76,976
CARRIE KILLORAN PRESIDENT - AMCSC, AMCWC	1.00 55.00	X		X				0	876,912	97,290
MARY BETH KINGSTON DIRECTOR - AHCMG	1.00 55.00	X						0	1,097,482	138,129
DENNIS POTTS OFFICER, DIRECTOR - VARIOUS	1.00 55.00	X		X				0	1,512,271	168,788
ANDREA GAVIN MD DIRECTOR - AHCMG	55.00 0.00	X						480,525	0	10,536
DENNIS BAUMGARDNER MD DIRECTOR - AUWAMG	55.00 0.00	X						283,439	0	18,313
ELLEN DANTO-NOCTON MD DIRECTOR - AUWAMG	55.00 0.00	X						222,197	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACOB BIDWELL MD OFFICER, DIRECTOR - AUWAMG	55.00 0.00	X		X				452,884	0	18,178
JOHN BRILL MD DIRECTOR - AUWAMG	1.00 55.00	X						0	380,544	0
WILHELM LEHMANN MD DIRECTOR - AUWAMG	55.00 0.00	X						339,119	0	0
MARY HOOK RN PHD DIRECTOR - WAMH	1.00 55.00	X						0	153,104	0
MICHAEL MALONE MD DIRECTOR - AVNA	1.00 55.00	X						0	309,755	0
NAN NELSON OFFICER, DIRECTOR - VARIOUS	1.00 55.00	X		X				0	815,972	95,664
NATASHA HERNANDEZ MD DIRECTOR - AUWAMG	55.00 0.00	X						372,827	0	0
PATRICK DALY MD DIRECTOR - AHCMG	55.00 0.00	X						438,201	0	0
SCOTT HARDIN MD DIRECTOR - AHCM	55.00 0.00	X						428,916	0	18,178
COREY SHAMAH MD DIRECTOR - AAH	55.00 0.00	X						916,719	0	18,178

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH KEMPEN MD DIRECTOR - WAMH	1.00 0.00	X						0	0	0
JEFFREY ECKRICH CHAIRPERSON, DIRECTOR - WAMH	1.00 0.00	X		X				0	0	0
CHRIS KRAEMER DIRECTOR - WAMH	1.00 0.00	X						0	0	0
WAYNE CLARK SECRETARY, TREASURER, DIRECTOR - WAMH	1.00 0.00	X		X				0	0	0
GLENDA LEE MD DIRECTOR - WAMH	1.00 0.00	X						0	0	0
CHARLES WIKENHAUSER DIRECTOR - WAMH	1.00 0.00	X						0	0	0
PAUL ZIEHLER DIRECTOR - WAMH	1.00 0.00	X						0	0	0
CATHY MANTHEI DIRECTOR - WAMH	1.00 0.00	X						0	0	0
HELEN FEULING DIRECTOR - WAMH	1.00 0.00	X						0	0	0
ROBERT FIGUEROA VICE CHAIR, DIRECTOR - WAMH	1.00 0.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE SIEBERT DIRECTOR - AUWAMG	1.00 0.00	X						0	0	0
ELIZABETH PETTY DIRECTOR - AUWAMG	1.00 0.00	X						0	0	0
JULIA HESTER-DIAZ MD DIRECTOR - AHCMG	55.00 0.00	X						499,850	0	0
NIMISH VAKIL MD DIRECTOR - AHCMG	55.00 0.00	X						995,738	0	18,178
ANNA MARIE WINDSOR MD DIRECTOR - AHCMG	55.00 0.00	X						569,847	0	18,541
BRUCE FAURE MD DIRECTOR - AHCMG	55.00 0.00	X						1,037,175	0	5,980
SATCHI HIREMATH MD DIRECTOR - AHCMG	55.00 0.00	X						725,114	0	5,738
ERIC MAAS MD DIRECTOR - AHCMG	55.00 0.00	X						449,405	0	12,619
JAMES PAVLICH MD DIRECTOR - AHCMG	55.00 0.00	X						473,569	0	18,178
FEDERICO SANCHEZ MD DIRECTOR - AHCMG	55.00 0.00	X						728,361	0	18,178

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AJAY SAHAJPAL MD DIRECTOR	55.00 0.00	X						802,803	0	18,541
CARLA KELLY DIRECTOR - AUWAMG	55.00 0.00	X						340,746	0	7,119
SHERI ROCCO MD DIRECTOR - AHCMG	55.00 0.00	X						357,377	0	18,178
MARYANNE SCHERER DIRECTOR - AUWAMG	55.00 0.00	X						129,189	0	199,238
MICHAEL GREBE OFFICER - VARIOUS	1.00 55.00			X				0	1,181,024	131,982
STEVE HUSER OFFICER - VARIOUS	1.00 55.00			X				0	476,618	81,094
MICHAEL LAPPIN OFFICER - VARIOUS	1.00 55.00			X				0	1,579,916	188,398
SHELLY HART OFFICER - VARIOUS	1.00 55.00			X				0	757,127	113,484
DOMINIC NAKIS TREASURER	1.00 55.00			X				0	2,001,577	222,808
MICHAEL KERNS ASSISTANT SECRETARY	1.00 55.00			X				0	524,766	90,542

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES SLINKMAN ASSISTANT SECRETARY	1.00 55.00			X				0	465,570	85,939
JAMES DOHENY ASSISTANT TREASURER	1.00 55.00			X				0	600,229	93,283
LESLIE LENZO ASSISTANT TREASURER	1.00 55.00			X				0	906,168	103,790
TIMOTHY LINEBERRY MD CHIEF MEDICAL OFFICER	55.00 0.00				X			802,992	0	115,603
JESSICA BAUER PRESIDENT - ASLMC/ ASMC	0.00 55.00				X			0	602,365	79,574
MARK WICHMAN MD PHYSICIAN	55.00 0.00					X		1,590,338	0	18,178
ERIC WEISS MD PHYSICIAN	55.00 0.00					X		2,392,595	0	5,859
GAIL HANSON FORMER OFFICER & DIRECTOR (4/27/2018)	0.00 0.00						X	0	352,111	4,835
AMY RISLOV FORMER DIRECTOR (5/18/2018)	0.00 0.00						X	0	266,306	8,507
STEPHEN FRANCAVIGLIA FORMER KEY EMPLOYEE	0.00 0.00						X	0	927,442	21,735

TY 2020 Affiliate Listing

Name: AURORA HEALTH CARE INC GROUP RETURN

EIN: 61-1649250

TY 2020 Affiliate Listing

Name	Address	EIN	Name control
VISITING NURSE ASSOCIATION OF WISCONSIN INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-0806180	VISI
AURORA HEALTH CARE METRO INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-0806181	AURO
AURORA HEALTH CARE SOUTHERN LAKES INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-0806347	AURO
AURORA PSYCHIATRIC HOSPITAL INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-0872192	AURO
AURORA HEALTH CARE CENTRAL INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-0930748	AURO
WEST ALLIS MEMORIAL HOSPITAL INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1022464	WEST
AURORA MEDICAL CENTER OF OSHKOSH INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1027676	AURO
AURORA UW ACADEMIC MEDICAL GROUP INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1136738	AURO
AURORA MEDICAL CENTER OF WASHINGTON COUNTY INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1150165	AURO
AURORA HEALTH CARE NORTH INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1211629	AURO
AURORA ADVANCED HEALTHCARE INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1595302	AURO
AURORA MEDICAL GROUP INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	39-1678306	AURO
AURORA MEDICAL CENTER GRAFTON LLC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	27-2953799	AURO
AURORA HEALTH CARE MEDICAL GROUP INC	750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	47-4167075	AURO

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AURORA HEALTH CARE INC GROUP RETURN

Employer identification number
61-1649250

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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>	Yes	No
b	Did the activities described in line 2a 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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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 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.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization AURORA HEALTH CARE INC GROUP RETURN

Employer identification number 61-1649250

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions 1-9 about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2 about reporting on art and historical treasures.

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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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					615,427
b Contributions					
c Net investment earnings, gains, and losses					9,816
d Grants or scholarships					
e Other expenditures for facilities and programs					625,243
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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,855,136		82,855,136
b Buildings		2,357,871,389	1,107,576,132	1,250,295,257
c Leasehold improvements		503,148,491	151,905,776	351,242,715
d Equipment		1,133,248,733	523,360,236	609,888,497
e Other		36,333,092	13,768,509	22,564,583
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,316,846,188

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	1,540,656
(3) DEFERRED RENT	939,960
(4) UNFUNDED PENSION LIABILITY	13,813,384
(5) PROVIDER RETENTION LIABILITY	521,574
(6) LEASE LIABILITY LT OPERATING	47,006,370
(7) LEASE LIABILITY CURRENT OPERATING	12,890,256
(8) OTHER NON CURRENT LIABILITIES	705,650
(9) MEDICARE ADVANCE FUNDING LT	163,421,070
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	240,838,920

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 61-1649250

Name: AURORA HEALTH CARE INC GROUP RETURN

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMS AND SERVICES OFFERED BY AURORA HEALTH CARE, INC. AND ITS AFFILIATES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	AURORA EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS. A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2020.

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
ASSET RETIREMENT OBLIGATION	1,540,656
DEFERRED RENT	939,960
UNFUNDED PENSION LIABILITY	13,813,384
PROVIDER RETENTION LIABILITY	521,574
LEASE LIABLITY LT OPERATING	47,006,370
LEASE LIABLITY CURRENT OPERATING	12,890,256
OTHER NON CURRENT LIABILITIES	705,650
MEDICARE ADVANCE FUNDING LT	163,421,070

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

Hospitals

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

Name of the organization
 AURORA HEALTH CARE INC GROUP RETURN

Employer identification number
 61-1649250

OMB No. 1545-0047
2020
Open to Public Inspection

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 Yes	
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	No
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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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)			39,374,484	0	39,374,484	1.240 %
b Medicaid (from Worksheet 3, column a)			556,271,396	370,127,553	186,143,843	5.850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			34,348,446	37,685,849	-3,337,403	0 %
d Total Financial Assistance and Means-Tested Government Programs			629,994,326	407,813,402	222,180,924	7.090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	430	97,929	13,073,685	98,929	12,974,756	0.410 %
f Health professions education (from Worksheet 5)	188	6,578	30,613,493	12,924,757	17,688,736	0.560 %
g Subsidized health services (from Worksheet 6)	37	1,931	1,231,681	0	1,231,681	0.040 %
h Research (from Worksheet 7)	0	0	4,755,044	2,997,592	1,757,452	0.060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	332	81,115	1,770,898	9,455	1,761,443	0.060 %
j Total. Other Benefits	987	187,553	51,444,801	16,030,733	35,414,068	1.130 %
k Total. Add lines 7d and 7j	987	187,553	681,439,127	423,844,135	257,594,992	8.220 %

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	0	0	0			0 %
2 Economic development	5	0	1,425		1,425	0 %
3 Community support	0	0	0			0 %
4 Environmental improvements	0	0	0			0 %
5 Leadership development and training for community members	0	0	0			0 %
6 Coalition building	1	22	106		106	0 %
7 Community health improvement advocacy	0	0	0			0 %
8 Workforce development	6	379	8,139		8,139	0 %
9 Other	0	0	0			0 %
10 Total	12	401	9,670		9,670	0 %

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 Yes	
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	29,344,841
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	
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	495,232,407
6 Enter Medicare allowable costs of care relating to payments on line 5	6	630,245,774
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-135,013,367
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				
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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?

15

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 FACILITY REPORTING GROUP - A

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>17</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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	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>14</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	
a			
b	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
b	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)

FACILITY REPORTING GROUP - A

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 type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" 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.AURORAHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.AURORAHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.AURORAHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</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 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 type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

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? 10

Name and address	Type of Facility (describe)
1 1 - FRANKLIN URGENT CARE 9200 WEST LOOMIS ROAD FRANKLIN, WI 53132	OUTPATIENT PHYSICIAN CLINIC
2 2 - FRANKLIN IMAGING CENTER 9200 WEST LOOMIS ROAD FRANKLIN, WI 53132	OUTPATIENT PHYSICIAN CLINIC
3 3 - AURORA REHABILITATION CENTER 2000 EAST LAYTON AVENUE ST FRANCIS, WI 53221	OUTPATIENT REHAB CENTER
4 4 - AURORA REHABILITATION CENTER 3738 SOUTH 60TH STREET MILWAUKEE, WI 53220	OUTPATIENT REHAB CENTER
5 5 - AURORA REHABILITATION CENTER 4111 WEST MITCHELL STREET MILWAUKEE, WI 53204	OUTPATIENT REHAB CENTER
6 6 - AURORA REHABILITATION CENTER 9200 WEST LOOMIS ROAD MILWAUKEE, WI 53132	OUTPATIENT REHAB CENTER
7 7 - AURORA WISELIVES CLINIC 8320 WEST BLUEMOUND ROAD WAUWATOSA, WI 53213	OUTPATIENT PHYSICIAN CLINIC
8 8 - WALKERS POINT COMMUNITY CLINIC 130 WEST BRUCE STREET MILWAUKEE, WI 53204	OUTPATIENT PHYSICIAN CLINIC
9 9 - SPORTS MEDICINE INSTITUTE 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	PHYSICAL THERAPY REHAB
10 10 - SPORTS MEDICINE INSTITUTE 19601 WEST BLUEMOUND ROAD BROOKFIELD, WI 53045	PHYSICAL THERAPY REHAB

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 6A:	THE CONSOLIDATED ANNUAL COMMUNITY BENEFITS REPORT OF THE CORPORATE PARENT, AURORA HEALTH CARE, INC. (AURORA), ALONG WITH INDIVIDUAL COMMUNITY BENEFIT REPORTS FOR EACH AURORA HOSPITAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6B	YES. THE 2020 COMMUNITY BENEFIT REPORTS WILL BE AVAILABLE FOR REVIEW AT OUR HOSPITAL LOCATIONS AND ON THE AURORA WEBSITE: WWW.AURORA.ORG/COMMBENEFITS NO LATER THAN 12/31/2021

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7F	THE COMMUNITY BENEFIT PERCENTAGE IS CALCULATED USING THE TOTAL EXPENSES OF ALL HOSPITAL SUBORDINATES INCLUDED IN THIS GROUP RETURN.

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>THE HOSPITAL ORGANIZATIONS INCLUDED IN THIS GROUP RETURN ALIGNED FINANCIAL AND IN-KIND RESOURCES TO STATE AND LOCAL HEALTH DEPARTMENT (HD) INITIATIVES AND PARTICIPATED ON COMMUNITY TASK FORCES FOR DISEASE CONTROL AND PREVENTION AND OTHER PRIORITY HEALTH INITIATIVES. HOSPITAL ORGANIZATIONS SUPPORT THE FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND FREE COMMUNITY CLINICS IN THEIR SERVICE AREAS AND PARTNERED WITH SCHOOLS, FAITH COMMUNITIES, ECONOMIC AND JOB-CREATION COUNCILS, LAW ENFORCEMENT, AND OTHER NONPROFIT CHARITABLE AND CIVIC ORGANIZATIONS TO CONTRIBUTE TO COMMUNITY CAPACITY FOR ADDRESSING IDENTIFIED COMMUNITY HEALTH NEEDS AND SOCIAL DETERMINANTS OF HEALTH. AURORA HEALTH CARE METRO, INC. (AURORA METRO, INC.) - THREE HOSPITALS: AURORA ST. LUKE'S MEDICAL CENTER (ASLMC), AURORA ST. LUKE'S SOUTH SHORE (ASLSS) AND AURORA SINAI MEDICAL CENTER (ASMC). HOSPITAL LEADERS: SERVE ON BOARDS AND/OR COMMITTEES OF MUNICIPAL PUBLIC HEALTH WITHIN MILWAUKEE CO. AND FREE CLINICS FINANCE, STAFF AND FULFILL MILWAUKEE HEALTH CARE PARTNERSHIP INITIATIVES HTTP://MKEHCP.ORG/ SUPPORT INROAD S, A DIVERSITY PROGRAM TO PROVIDE PAID INTERNSHIPS TO DEVELOP DIVERSE, HIGH-PERFORMING, UNDERGRADUATE STUDENTS HTTPS://INROADS.ORG/ ENGAGE AND FINANCIALLY SUPPORT GROUPS WHO REPRESENT COMMUNITIES FACED WITH DISPARITIES - SEE PARTNERSHIPS NEAR WEST SIDE PARTNERS HTTP:// WWW.NEARWESTSIDEMKE.ORG HOUSE A WOMEN, INFANT AND CHILDREN'S (WIC) NUTRITION CLINIC IN WITHIN ASMC HOUSE A PROGRESSIVE COMMUNITY CLINIC URGENT CARE WITHIN ASMC TO ADDRESS ACCESS ISSUES AND SUPPORT THE LOCAL COMMUNITIES' HEALTH CARE NEEDS. AURORA PSYCHIATRIC HOSPITAL (APH) (ONE HOSPITAL): SUPPORT THE BENEDICT CENTER (INTERFAITH, NONPROFIT CRIMINAL JUSTICE AGENCY); PROVIDE FREE CONTINUING EDUCATION TO COMMUNITY-BASED BEHAVIORAL HEALTH PROVIDERS AND SCHOOL COUNSELORS; SERVE ON: SOUTHEAST WISCONSIN EAP ASSOCIATION, MCHP PSYCHIATRIC CRISIS REDESIGN PROJECT AND BEHAVIORAL PARTNERSHIP GROUP, WAUWATOSA CHAMBER OF COMMERCE, WISCONSIN CHAPTER OF AMERICAN PSYCHIATRIC NURSES ASSOCIATION AURORA WEST ALLIS MEDICAL CENTER (AWAMC) (ONE HOSPITAL), FINANCIAL AND IN-KIND SUPPORT FOR SHARED JOURNEYS CHARTER SCHOOL FOR PREGNANT AND PARENTING TEENS TO HELP THEM COMPLETE THEIR EDUCATION WHILE DEVELOPING PARENTING SKILLS; PARTICIPATION IN WEST ALLIS/WEST MILWAUKEE CHAMBER OF COMMERCE, ROTARY, WEST ALLIS-WEST MILWAUKEE SCHOOL BOARD AND JOINT WORKFORCE PLANNING WITH LOCAL SCHOOLS AND COLLEGES. AURORA HEALTH CARE SOUTHERN LAKES FOUR HOSPITALS: AURORA MEMORIAL MEDICAL CENTER BURLINGTON (AMCB), AURORA LAKE LAND MEDICAL CENTER (ALMC), AURORA MEDICAL CENTER KENOSHA (AMCK), AND AURORA MEDICAL CENTER SUMMIT (AMCS). PARTICIPATED IN AND SUPPORT CHAMBERS AND PUBLIC HEALTH BOARDS IN RACINE, KENOSHA, WALWORTH, AND WAUKESHA COUNTIES TO ADVANCE OUTREACH EFFORTS INCLUDING COALITIONS ADDRESSING SEXUAL ASSAULT; INTERFAITH AND ELDERCARE COALITIONS AND UNITED WAY IN ALL FOUR COUNTIES; WORKFORCE PLANNING WITH LOCAL SCHOOLS AND COLLEGES; AND PROVISION OF MEDICAL AND LIFE-SUPPORT TRAINING FOR FIRE, SHERIFF, AND EMS PROVIDERS IN MANY SURROUNDING COMMUNITIES. AURORA BAYCARE MEDICAL CENTER (ABMC) (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 INCLUDING 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 SITE FOR WISCONSIN ACADEMY OF RURAL MEDICINE (WARM). AURORA MEDICAL CENTER MANITOWOC CO. (AMCMC) (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 MANITOWOC COUNTY, INCLUDING: PARTICIPATE IN MANITOWOC CHAMBER, ROTARY, LEADERSHIP MANITOWOC AND TWO RIVERS BUSINESS ASSOCIATION; HEALTHY MANITOWOC COUNTY STEERING COMMITTEE; LAKESHORE COMMUNITY HEALTH CARE; UNITED WAY; LAKESHORE TECHNICAL COLLEGE TO ADVANCE HEALTH PROFESSION EDUCATION. AURORA MEDICAL CENTER OSHKOSH (AMCO), (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 WINNEBAGO COUNTY, INCLUDING: FOX VALLEY HEALTH CARE ALLIANCE (FVHCA); FOX VALLEY COMMUNITY HEALTH IMPROVEMENT COALITION (FVCHIC); UNITED WAY; WEIGHT OF THE FOX VALLEY COALITION (WOTFV). AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER (ASMMC) (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 SHEBOYGAN COUNTY, INCLUDING: UNITED WAY, YMCA, LAKESHORE TECHNICAL COLLEGE, SAFE HARBOR, PLYMOUTH INTERGENERATIONAL COALITION AND COMMUNITY CENTER AND SALVATION ARMY; LAKESHORE COMMUNITY</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>HEALTH CARE, HEALTHY SHEBOYGAN CO. 2020 SUB-COMMITTEES, THE SHEBOYGAN CO. HUMAN TRAFFICKING TASK FORCE, PARTNERS WITH LOCAL PARAMEDICS AND MEALS-ON-WHEELS AND THE CITY ON WELCOME BABY SCREENINGS. AURORA MEDICAL CENTER WASHINGTON CO. (AMCWC) (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 WASHINGTON COUNTY, INCLUDING: WELL WASHINGTON COUNTY; WASHINGTON COUNTY WORKFORCE ALLIANCE, UNITED WAY AND FAMILY CENTER OF WASHINGTON CO.; KETTLE MORAINÉ YMCA; CASA GUADALUPE; ALBRECHT FREE CLINIC (OPERATIONS AND FINANCE COMMITTEES, IN ADDITION TO FINANCIAL SUPPORT); WASHINGTON CO. HD; AND PROVISION OF MEDICAL AND LIFE-SUPPORT TRAINING FOR FIRE, SHERIFF AND EMS PROVIDERS IN MANY SURROUNDING COMMUNITIES. AURORA MEDICAL CENTER GRAFTON (AMCG) (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 OZAUKEE COUNTY, INCLUDING: OZAUKEE ECONOMIC DEVELOPMENT, NORTHERN OZAUKEE CO. UNITED WAY, OZAUKEE CO. PUBLIC HD; INVEST COALITION; AND ADVOCATES OF OZAUKEE, CULTIVATE MENTAL HEALTH FRIENDLY COMMUNITY PROJECT, PROVISION OF MEDICAL AND LIFE-SUPPORT TRAINING FOR FIRE, SHERIFF AND EMS PROVIDERS IN SURROUNDING COUNTIES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 THE HOSPITALS INCLUDED IN THIS GROUP RETURN.

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	SINCE 2003, AURORA, THE CORPORATE PARENT, HAS COLLABORATED WITH LOCAL HEALTH DEPARTMENTS EVERY THREE YEARS TO SURVEY RESIDENTS ON THEIR HEALTH STATUS AND HABITS AND TO: GATHER INFORMATION BASED ON BEHAVIORAL AND LIFESTYLE HABITS, HEALTH CONDITIONS, RISK FACTORS, AND DEMOGRAPHICS; IDENTIFY THEMES, TRENDS, AND DISPARITIES, AND COMPARE TO STATE AND NATIONAL MEASUREMENTS. THESE REPORTS HAVE BEEN PART OF A COMPREHENSIVE SURVEY OF EASTERN WISCONSIN TO IDENTIFY AREAS OF GREATEST NEED AND PRODUCE A REPORT OF FINDINGS THAT IS SHARED WITH EACH COMMUNITY AT-LARGE (SEE HTTPS://WWW.AURORAHEALTHCARE.ORG/ABOUT-AURORA/COMMUNITY-BENEFITS/OUR-RESEARCH/COMMUNITY-HEALTH-DATA#METHODODOLOGY). THE FINDINGS OF THE SURVEYS ARE AN INSTRUMENT THROUGH WHICH THE MUNICIPAL HDS ENGAGE COMMUNITY PARTICIPATION TO GENERATE COMMUNITY HEALTH IMPROVEMENT PLANS ALIGNED WITH HEALTHY WISCONSIN 2010 AND 2020.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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:	<p>A DETAILED DESCRIPTION OF THE COMMUNITY SERVED BY EACH HOSPITAL ORGANIZATION INCLUDED IN THIS GROUP RETURN CAN BE FOUND IN THE 2017, 2018 AND 2019 COMMUNITY HEALTH NEEDS ASSESSMENTS, WHICH CAN BE REVIEWED FOR EACH AURORA HOSPITAL AT WWW.AURORA.ORG/COMMBENEFITS. AURORA HEALTH CARE METRO, INC. (THREE HOSPITALS ASLMC, ASMC AND ASLSS), AWAMC AND APH IN MILWAUKEE CO.; URBAN. MILWAUKEE COUNTY IS THE MOST POPULOUS AND DENSELY POPULATED COUNTY IN WISCONSIN AND THE 47TH MOST POPULOUS IN THE UNITED STATES. THERE ARE 19 CITIES IN MILWAUKEE COUNTY; THE LARGEST IS MILWAUKEE, FOLLOWED BY WEST ALLIS, WAUWATOSA, OAK CREEK, AND GREENFIELD IN THAT ORDER. ACCORDING TO A BROOKINGS STUDY, FROM 2013-2017, MILWAUKEE RANKED WORST AMONG 51 METRO CITIES IN THE NATION IN TERMS OF BLACK-WHITE SEGREGATION, WITH A SEGREGATION INDEX OF 79.8. ACCORDING TO A 2016 STUDY FROM THE UNIVERSITY OF WISCONSIN-MILWAUKEE CENTER FOR ECONOMIC DEVELOPMENT, MILWAUKEE RANKED 7TH WORST AMONG 50 METRO CITIES IN THE NATION IN TERMS OF HISPANIC-WHITE SEGREGATION, WITH AN "INDEX OF DISSIMILARITY" OF 64.2. AN "INDEX OF DISSIMILARITY" OF 60 IS CONSIDERED "HIGH SEGREGATION." MILWAUKEE CO. HAS A POPULATION OF 945,726 PEOPLE, OF WHICH 64.2% ARE WHITE, 27.2% ARE BLACK OR AFRICAN AMERICAN AND 15.6% ARE HISPANIC OR LATINO, AND 4.7% ARE ASIAN. 51.01% OF THE POPULATION IS FEMALE AND 48.41% ARE MALE. 51.10% OF HOUSEHOLDS IN THE COUNTY HAVE AN ANNUAL INCOME OF LESS THAN \$50,000. AURORA HEALTH CARE SOUTHERN LAKES, INC. (FOUR AURORA HOSPITALS, BOTH RURAL AND URBAN POPULATIONS).O ALMC: WALWORTH CO. HAS A POPULATION OF 103,013 PEOPLE, OF WHICH 1.7% ARE BLACK OR AFRICAN AMERICAN AND 11% ARE HISPANIC OR LATINO, AND 1.5% ARE ASIAN. MEDIAN HOUSEHOLD INCOME IS \$61,106 AND 11.7% OF PEOPLE LIVED BELOW THE FEDERAL POVERTY LEVEL IN THE LAST 12 MONTHS.O AMCB: RACINE CO. HAS A POPULATION OF 194,873 PEOPLE, OF WHICH 11% ARE BLACK OR AFRICAN AMERICAN AND 12.5% ARE HISPANIC OR LATINO, AND 1.2% IS ASIAN. MEDIAN HOUSEHOLD INCOME IS \$56,359 AND MEDIAN AGE IS 39.9 YEARS.O AMCK: KENOSHA CO. HAS A POPULATION OF 167,886 PEOPLE, OF WHICH 7.5% ARE AFRICAN AMERICAN 12.7% ARE HISPANIC OR LATINO AND 1.3% ARE ASIAN. MEDIAN HOUSEHOLD INCOME IS \$57,269 AND MEDIAN AGE IS 37.4 YEARS AND 14.5% OF PEOPLE LIVED BELOW THE FEDERAL POVERTY LEVEL IN THE LAST 12 MONTHS.O AMCS: WAUKESHA CO. HAS A POPULATION OF 395,377 PEOPLE, OF WHICH 1.4% ARE BLACK OR AFRICAN AMERICAN, 4.5% ARE HISPANIC OR LATINO, 3.1% ARE ASIAN AND 92.7% ARE WHITE. MEDIAN HOUSEHOLD INCOME IS \$78,268, AND MEDIAN AGE IS 43 YEARS. ABMC (ONE HOSPITAL, BOTH RURAL AND URBAN POPULATIONS). BROWN CO. HAS A POPULATION OF 256,621, OF WHICH 2.3% ARE BLACK OR AFRICAN AMERICAN AND 8.1% ARE HISPANIC OR LATINO, 3.1% ASIAN, 2.5% AMERICAN INDIAN AND ALASKA NATIVE AND 86% WHITE. THE MARKET IS YOUNGER WITH A MEDIAN AGE OF 36.8 YEARS. AMCMC (ONE HOSPITAL, MOSTLY RURAL). THE POPULATION IS 79,680, OF WHICH 98.6% ARE WHITE, 7% BLACK OR AFRICAN AMERICAN, 2.6% ASIAN, .4% AMERICAN INDIAN AND ALASKAN NATIVE AND 3.7% HISPANIC OR LATINO. 18.9% OF THE POPULATION IS 65-AND-OLDER POPULATION IS 18.9%. THE MEDIAN HOUSEHOLD INCOME IS \$51,053 AND 19.2% OF PEOPLE IN THE COMMUNITY ARE LOW INCOME. AMCO (ONE HOSPITAL, BOTH RURAL AND URBAN POPULATIONS). WINNEBAGO CO. IS HOME TO A POPULATION OF 169,487 AND 92.5% WHITE, 3.8% HISPANIC OR LATINO, 2.6% ASIAN, 2.1% BLACK OR AFRICAN AMERICAN. WINNEBAGO COUNTY HAS A MEDIAN HOUSEHOLD INCOME OF \$ 53,501, AND MEDIAN AGE IS 37.9. ASMMC (ONE HOSPITAL, BOTH RURAL AND URBAN POPULATIONS). SHEBOYGAN CO. HAS AN ESTIMATED YEAR-ROUND POPULATION OF 115,205. RACIAL/ETHNIC DIVERSITY INCLUDES HISPANIC/LATINO 6.2%, ASIAN 6% AND BLACK/AFRICAN AMERICAN 2.7%. MEDIAN HOUSEHOLD INCOME IS \$58,943 AND 7.6% OF PEOPLE LIVED BELOW THE FEDERAL POVERTY LEVEL IN THE LAST 12 MONTHS. AMCWC (ONE HOSPITAL, MOSTLY RURAL POPULATIONS): WASHINGTON COUNTY HAS AN ESTIMATED YEAR-ROUND POPULATION OF 133,967. RACIAL/ETHNIC DIVERSITY INCLUDES HISPANIC/LATINO 3.1%, ASIAN 1.2% AND BLACK/AFRICAN AMERICAN 1.1%. MEDIAN HOUSEHOLD INCOME IS \$73,021 AND 5.5% OF PEOPLE LIVED BELOW THE FEDERAL POVERTY LEVEL IN THE LAST 12 MONTHS. AMCG (ONE HOSPITAL, BOTH RURAL AND SUBURBAN). THIS HOSPITAL SERVES THE RESIDENTS OF OZAUKEE CO., WITH SOME EXTENSION INTO THE MILWAUKEE, WAUKESHA, WASHINGTON, AND SHEBOYGAN COUNTIES. OZAUKEE CO. HAS A POPULATION OF 87,817 PEOPLE; WITH 1.4% BLACK AND 2.8% ARE HISPANIC OR LATINO. MEDIAN HOUSEHOLD INCOME IS \$80,526 AND 5.9% OF PEOPLE IN THE COMMUNITY ARE LOW INCOME.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>EACH AURORA HOSPITAL FACILITY PUBLISHED A 2019 COMMUNITY BENEFIT REPORT PUBLICLY AVAILABLE AT WWW.AURORA.ORG/COMMBENEFITS. 2020 REPORTS WILL BE POSTED ON THIS WEBSITE NO LATER THAN 12/31/2021 SHIFTING PRIORITIES DURING THE COVID-19 PANDEMIC: WHILE THE COVID-19 PANDEMIC HAS PROVIDED CHALLENGES TO COMPLETING SOME OF OUR INITIAL COMMUNITY HEALTH IMPROVEMENT PLAN PROGRAMS AND ACTIVITIES, THE ADVOCATE AURORA HEALTH HOSPITALS PIVOTED IMPROVEMENT ACTIVITIES AND PROGRAMS TO MEET CURRENT COVID-19 NEEDS WHILE REMAINING FULLY ALIGNED WITH OUR FOCUS ON ADDRESSING COMMUNITY HEALTH NEEDS AND HEALTH EQUITY. EXAMPLES OF THESE SYSTEM-WIDE EFFORTS INCLUDE: COVID-19 COMMUNITY DRIVE THROUGH TESTING: AAH, IN CLOSE PARTNERSHIP WITH STATE AND LOCAL GOVERNMENT ENTITIES DEVELOPED A ROBUST COMMUNITY-BASED DRIVE THROUGH TESTING STRATEGY IN WI. AAH PARTNERED WITH THE STATE OF WISCONSIN TO OBTAIN DONATIONS OF OVER \$6.85 MILLION IN TEST KITS AND LAB WORK AT A TIME WHEN SIGNIFICANT SHORTAGES OF PPE, TEST KITS, REAGENTS AND STAFFING EXISTED. IN 2020, A TOTAL OF 66,421 COMMUNITY DRIVE THROUGH TESTS WERE COMPLETED, 61,356 IN WI AND 5,065 TESTS IN IL. CAPACITY-BUILDING: AAH DONATED OVER ONE MILLION MASKS AND OTHER PERSONAL PROTECTIVE EQUIPMENT TO FOOD PROGRAMS, SHELTERS, EMERGENCY RESPONDERS, FQHCS, FREE CLINICS, AND FAITH-BASED ORGANIZATIONS. TEAM MEMBERS WORKED WITH PARTNER ORGANIZATIONS TO CREATE SAFE REOPENING PLANS AND OPERATE COMMUNITY-BASED VACCINATION CLINICS AND TESTING SITES. AAH ALSO INCREASED COMMUNITY MEMBER ACCESS IN BOTH IL AND WI TO RELIABLE COVID-19 INFORMATION WITH THE AAH COVID-19 RESOURCE CENTER. IN 2020, THE WEBSITE RECEIVED 1.47M PAGEVIEWS INCLUDING 86,468 CLICKS ON THE ONLINE SYMPTOM CHECKER AND 7,419 CLICKS TO THE SYMPTOM CHECKER HOTLINE (1-866-443-2584). OTHER WAYS AAH CONTINUED TO PROMOTE THE HEALTH OF THE COMMUNITY IN WISCONSIN DURING 2020: AURORA HEALTH CARE METRO, IN C. (ASLMC, ASLSS AND ASMC). HOSPITAL LEADERS SERVE ON BOARDS AND/OR COMMITTEES OF PUBLIC HS, FQHCS AND FREE CLINICS AND PARTICIPATE IN THE MILWAUKEE HEALTH CARE PARTNERSHIP, TO IMPROVE COVERAGE, ACCESS AND CARE COORDINATION FOR UNDERSERVED POPULATIONS IN MILWAUKEE CO. (SEE: HTTP://MKEHCP.ORG/) AND SPECIALTY ACCESS TO UNINSURED PERSONS (SAUP). AURORA WALKERS POINT COMMUNITY CLINIC (AWPCC), LOCATED IN THE HEART OF MILWAUKEE'S MOST DIVERSE SOUTH-SIDE COMMUNITY, PROVIDES CARE, FREE OF CHARGE TO UNDER AND UNINSURED COMMUNITY MEMBERS. THIS INCLUDES BILINGUAL URGENT, PRIMARY, PREVENTIVE AND SPECIALTY HEALTH CARE; BILINGUAL MENTAL HEALTH SERVICES; ED AND HOSPITAL REFERRALS FOR UNINSURED PERSONS. DURING 2020, 2,520 UNIQUE PATIENTS (664 NEW) WERE SERVED, AND 167 PATIENTS WERE REFERRED TO PHYSICIAN SPECIALISTS THROUGH AURORA'S SPECIALTY ACCESS FOR UNINSURED PROGRAM (SAUP). FOR 17 YEARS, AURORA AND THE BREAD OF HEALING CLINIC (BOH) HAVE WORKED TOGETHER TO PROVIDE FREE SERVICES TO LOW-INCOME PEOPLE WHO EXPERIENCE BARRIERS TO ESSENTIAL HEALTH CARE. BOH OPERATES CLINICS AT CROSS LUTHERAN, EASTBROOK, AND FLORIST AVENUE CHURCHES. SERVICES INCLUDE RESPIRATORY AND PHYSICAL THERAPY, OPTOMETRY, RHEUMATOLOGY, MEDICATION, DENTAL SERVICES, LAB WORK, AND BEHAVIORAL HEALTH COUNSELING. ALCOHOL AND DRUG ADDICTION GROUPS ARE HELD WEEKLY. THE CLINIC CARES FOR APPROXIMATELY 4,000 CLIENTS EACH YEAR. AURORA HEALING AND ADVOCACY SERVICES (AHAS) INCLUDES A TEAM OF ADVOCATES IN MILWAUKEE WHO ACCOMPANY SURVIVORS OF ASSAULT FROM THE MOMENT THEY PRESENT IN A HOSPITAL ED THROUGH THEIR ENTIRE HEALING JOURNEY, VOLUNTEERS WHO STAFF OUR 24-HOUR SEXUAL ASSAULT HOTLINE, COUNSELORS WHO OFFER HEALING THERAPIES AND FORENSIC NURSE EXAMINERS (FNES) ACCESSIBLE THROUGH 14 AURORA HOSPITALS. AHAS SERVICES IN 2020 INCLUDE: THE HEALING CENTER AT SINAI (THCS), LOCATED WITHIN ASMC, HAS PROVIDED FORENSIC NURSING COVERAGE 24 HOURS A DAY, 7 DAYS A WEEK SINCE 1986. THCS SERVES MILWAUKEE COUNTY AND THE GREATER MILWAUKEE AREA. AHAS FNES PROVIDED TRAUMA-INFORMED CARE AND FOLLOW-UP REFERRALS FOR 551 INDIVIDUALS AND ANSWERED 1,284 CALLS FROM VICTIMS AND THE PUBLIC ON THE 24-HOUR CRISIS PHONE LINE. THE HEALING CENTER ON BRUCE STREET ESTABLISHED IN 2001 OFFERS ADULT SURVIVORS OF SEXUAL VIOLENCE AND THEIR LOVED ONES OPPORTUNITIES TO HEAL THROUGH SUPPORT AND ADVOCACY. IN 2020, INDIVIDUAL AND GROUP COUNSELING SESSIONS PROVIDED FOR 321 INDIVIDUALS, INCLUDING 140 NEW SURVIVORS. THE HEALING CENTER AT SOJOURNER (SOJOURNER FAMILY PEACE CENTER) COUNSELORS AND ADVOCATES ALSO PROVIDED SERVICES FOR 67 PEOPLE. AURORA'S SAFE MOM SAFE BABY PROGRAM (SMSB) IS A COMMUNITY PARTNERSHIP SPECIFICALLY FOCUSED ON ADDRESSING THE NEEDS OF PREGNANT WOMEN AND MOTHERS OF NEWBORNS EXPERIENCING DOMESTIC VIOLENCE. SMSB COMBINES NURSE CASE MANAGEMENT, PRENATAL AND PERINATAL CARE, AND ADVOCACY SERVICES. DURING 2020, A TOTAL OF 111 WOMEN WERE SERVED, WITH 24 RECEIVING INTENSIVE SUPPORT. MILWAUKEE SEXUAL ASSAULT REVIEW (MSAR) IS A TEAM COMPRISED OF PROFESSIONALS FROM LAW ENFORCEMENT, STATE AND LOCAL CRIMINAL JUSTICE AGENCIES, HEALTH CARE REPRESENTATIVE</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>S AND COMMUNITY SERVICE PROVIDERS WHO MEET REGULARLY TO EXCHANGE INFORMATION REGARDING SEXUAL ASSAULT. MSAR DID MEET ONCE DURING 2020 BUT HAD TO PAUSE EFFORTS TEMPORARILY DUE TO THE COVID-19 PANDEMIC. APH (ONE HOSPITAL): AN AVERAGE OF 34 SUPPORT AND NOT-FOR-PROFIT GROUPS UTILIZED LIGHTHOUSE ON DEWEY FOR AN AVERAGE OF 26 HOURS PER WEEK; AN AVERAGE OF 418 PEOPLE ATTENDED SUPPORT GROUPS PER WEEK. LIGHTHOUSE WAS CLOSED STARTING MARCH 13- JULY 5TH DUE TO COVID-19 BUT REACTIVATED IN Q3 AT LOWER CAPACITY; TELEPSYCH SERVICES THAT REACH INDIVIDUALS ACROSS AURORA'S FOOTPRINT; HEALTH RISK ASSESSMENT SCREENINGS AND HEALTH COACHING; 7,584 IN-PERSON AND TELEINTAKE ASSESSMENTS WERE PROVIDED BY ABHS IN AURORA HOSPITAL EMERGENCY DEPARTMENTS (ED) TO EXPEDITE CARE FOR INDIVIDUALS PRESENTING WITH BEHAVIORAL HEALTH ISSUES ; 6 CONTINUING EDUCATION AND 4 INTENSIVE WORKSHOPS WERE HELD WITH 392 INDIVIDUALS ATTENDING. 352 PARTICIPANTS REPORTED THAT THEY WILL CHANGE A SPECIFIC ASPECT OF THEIR PRACTICE AS A RESULT OF THE LECTURE OR WORKSHOP. AWAMC (ONE HOSPITAL), SUBSIDIZES AURORA WISELIVES, A UNIT OF WIS. MEDICAL SCHOOL CLINIC INTEGRATING COMPLEMENTARY AND ALTERNATIVE MEDICINE WITH CONVENTIONAL TREATMENTS; WORKS CLOSELY WITH THE WEST ALLIS WEST MILWAUKEE HD BOARD AND COMMITTEES; UNDERWRITES FACILITY EXPENSES AND SERVES ON BOARD OF A SHARED JOURNEYS CHARTER SCHOOL FOR TEEN PREGNANCY AND PARENTING.; OPERATES A TRANSITIONS IN CARE PROGRAM, WHICH SERVED 409 VULNERABLE OLDER ADULTS. 125 WIC-ELIGIBLE WOMEN DELIVERING AT OUR HOSPITAL INITIATED BREASTFEEDING AFTER RECEIVING EDUCATION BY OUR NURSES. AURORA HEALTH CARE SOUTHERN LAKES (INCLUDED FOUR HOSPITALS IN 2020 ALMC, AMCB, AMCK AND AMCS): PROVIDED SUPPORT FOR FREE CLINICS AND FQHCs THAT INCLUDE RACINE HEALTH CARE NETWORK, KENOSHA COMMUNITY HEALTH CENTER, LAKE COUNTY FREE CLINIC IN WAUKESHA CO., AND OPEN ARMS FREE CLINIC IN WALWORTH COUNTY; PROVIDED GERIATRIC-CERTIFIED SENIOR RESOURCE NURSES FOR 3 COUNTIES, AND A PARISH NURSE PROGRAM IN KENOSHA (AND MILWAUKEE) COUNTIES; TRAININGS AND EQUIPMENT MAINTENANCE FOR EMS TEAMS; FREE MAMMOGRAM PROGRAM FOR UN- AND UNDER-INSURED WOMEN; AND MAINTAINED A SEXUAL ASSAULT NURSE EXAMINER PROGRAM TO MEET COMMUNITY NEEDS. ABMC (ONE HOSPITAL): STAFFS PEDIATRICIAN YOLO DIAZ, M.D. FOR THE N.E.W. COMMUNITY CLINIC S; ADDITIONAL PHYSICIAN TIME AND SUPPLIES FOR FREE CLINICS IN MARINETTE, GREEN BAY, AND DOOR CO. AMCMC (ONE HOSPITAL): SUPPORT FOR MULTIPLE FOOD PANTRIES; SPONSORSHIP OF MULTIPLE PROGRAMS AT THE YMCA; SUPPORT OF THE LAKESHORE COMMUNITY HEALTH CARE WITH IN-KIND DONATIONS; SEXUAL ASSAULT NURSE EXAMINER PROGRAM. 76 WIC -ELIGIBLE WOMEN DELIVERING AT OUR HOSPITAL INITIATED BREASTFEEDING AFTER RECEIVING EDUCATION BY OUR NURSES, FOOD DONATIONS WITH A TOTAL VALUE OF \$31,132 WERE DONATED BY OUR HOSPITAL CAFETERIA TO LOCAL FOOD PANTRIES. AMCO (ONE HOSPITAL): SEXUAL ASSAULT NURSE EXAMINER PROGRAM; PROVIDED AN RN TO TEACH COMMUNITY PRENATAL AND NEW PARENT RELATED CLASSES AT BELLA MEDICAL; SUPPORT OF THE LOCAL SALVATION ARMY CLINIC. FOCUSING ON OBESITY EFFORTS THROUGH WORK IN COLLABORATION WITH BE WELL FOX VALLEY AND FEEDING AMERICA. ASMMC (ONE HOSPITAL): SEXUAL ASSAULT NURSE EXAMINER PROGRAM; SUPPORT THE LAKESHORE COMMUNITY HEALTH CENTER AND ANCHOR OF HOPE HEALTH CENTER WITH IN-KIND DONATIONS; PARTICIPATION ON THE ORANGE CROSS BOARD AND HEALTHY SHEBOYGAN CO., 8 TEAMING TOGETHER FOR A BRIGHTER TOMORROW PROGRAMS WERE HELD FOR 1,063 STUDENTS IN Q1 AS PART OF THE 2019-2020 SCHOOL YEAR AND MULTIPLE SAFETY OUTREACH EFFORTS CONTINUED SUCH AS CAR SEAT CHECKS AND HELMET DONATIONS FOR COMMUNITY MEMBERS.</p>

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 27 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 HEALTH, 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. (AHCFF) PROVIDES GRANT RESEARCH AND GRANT WRITING TO SUPPORT COMMUNITY HEALTH INITIATIVES. AURORA RESEARCH INSTITUTE (ARI) PROVIDED \$1,757,452 IN UNFUNDED RESEARCH-RELATED EXPENSES. THEIR RESEARCH RESULTS ARE ALWAYS 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. IN 2020, AURORA FINANCIAL ADVOCATES PROCESSED 3,413 FINANCIAL ASSISTANCE APPLICATIONS, COMPLETED 2,124 MEDICAID APPLICATIONS, IDENTIFIED 779 PATIENTS IDENTIFIED FOR CO-PAY ASSISTANCE AND ASSISTED PATIENTS WITH COMPLETING 241 MARKETPLACE APPLICATIONS. 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, AND ORGANIZES ANNUAL AURORA WEEKS OF CARING EVENTS WHEN TEAM MEMBERS DONATE WORK TIME TO SUPPORT LOCAL NOT-FOR-PROFIT PARTNER ORGANIZATIONS. PLEASE NOTE THAT IN-PERSON EVENTS WERE LIMITED IN 2020 DUE TO THE COVID-19 PANDEMIC.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	WI

Additional Data

Software ID:

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EIN: 61-1649250

Name: AURORA HEALTH CARE INC GROUP RETURN

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? 15		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 ST LUKE'S MEDICAL CENTER 2900 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215 WWW.AURORAHEALTHCARE.ORG 160	X	X		X		X	X			A
2	AURORA SLMC SOUTH SHORE 5900 SOUTH LAKE DRIVE CUDAHY, WI 53110 WWW.AURORAHEALTHCARE.ORG 16	X	X					X			A
3	AURORA SINAI MEDICAL CENTER 945 NORTH 12TH STREET MILWAUKEE, WI 53233 WWW.AURORAHEALTHCARE.ORG 74	X	X		X			X			A
4	AURORA MEDICAL CENTER KENOSHA 10400 75TH STREET KENOSHA, WI 53142 WWW.AURORAHEALTHCARE.ORG 1001	X	X					X		INPATIENT REHAB UNIT	A
5	AURORA LAKELAND MEDICAL CENTER W3985 COUNTY ROAD NN ELKHORN, WI 53121 WWW.AURORAHEALTHCARE.ORG 132	X	X					X		INPATIENT REHAB UNIT	A

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? 15		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
6	AURORA MEMORIAL HOSPITAL BURLINGTON 252 MCHENRY STREET BURLINGTON, WI 53105 WWW.AURORAHEALTHCARE.ORG 14	X	X					X			A
7	AURORA MEDICAL CENTER SUMMIT 36500 AURORA DRIVE SUMMIT, WI 53066 WWW.AURORAHEALTHCARE.ORG 316	X	X					X			A
8	AURORA BAYCARE MEDICAL CENTER 2845 GREENBRIER ROAD GREEN BAY, WI 54311 WWW.AURORAHEALTHCARE.ORG 301	X	X		X	X		X			A
9	AURORA WEST ALLIS MEDICAL CENTER 8901 WEST LINCOLN AVENUE WEST ALLIS, WI 53227 WWW.AURORAHEALTHCARE.ORG 149	X	X					X			A
10	AURORA SHEBOYGAN MEDICAL CENTER 2629 NORTH 7TH STREET SHEYBOYGAN, WI 53083 WWW.AURORAHEALTHCARE.ORG 38	X	X					X		REHAB/ SLEEP DISORDERS	A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 15											
Name, address, primary website address, and state license number											
11	AURORA MEDICAL CENTER WASHINGTON COUNTY 1032 EAST SUMNER STREET HARTFORD, WI 53027 WWW.AURORAHEALTHCARE.ORG 195	X	X					X			A
12	AURORA PSYCHIATRIC HOSPITAL 1220 DEWEY AVENUE WAUWATOSA, WI 53213 WWW.AURORAHEALTHCARE.ORG 164	X								PSYCHIATRIC	A
13	AURORA MEDICAL CENTER OF MANITOWOC COUNTY 5000 MEMORIAL DRIVE TWO RIVERS, WI 54241 WWW.AURORAHEALTHCARE.ORG 85	X	X					X			A
14	AURORA MEDICAL CENTER OSHKOSH 855 NORTH WESTHAVEN DRIVE OSHKOSH, WI 54904 WWW.AURORAHEALTHCARE.ORG 307	X	X					X			A
15	AURORA MEDICAL CENTER GRAFTON 975 PORT WASHINGTON ROAD GRAFTON, WI 53024 WWW.AURORAHEALTHCARE.ORG 317	X	X					X			A

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
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: AURORA ST. LUKE'S MEDICAL CENTER, - FACILITY 2: AURORA SLMC SOUTH SHORE, - FACILITY 3: AURORA SINAI MEDICAL CENTER, - FACILITY 4: AURORA MEDICAL CENTER KENOSHA, - FACILITY 5: AURORA LAKELAND MEDICAL CENTER, - FACILITY 6: AURORA MEMORIAL HOSPITAL BURLINGTON, - FACILITY 7: AURORA MEDICAL CENTER SUMMIT, - FACILITY 8: AURORA BAYCARE MEDICAL CENTER, - FACILITY 9: AURORA WEST ALLIS MEDICAL CENTER, - FACILITY 10: AURORA SHEBOYGAN MEDICAL CENTER, - FACILITY 11: AURORA MEDICAL CENTER WASHINGTON COUNTY, - FACILITY 12: AURORA PSYCHIATRIC HOSPITAL, - FACILITY 13: AURORA MEDICAL CENTER OF MANITOWOC COUNTY, - FACILITY 14: AURORA MEDICAL CENTER OSHKOSH, - FACILITY 15: AURORA MEDICAL CENTER GRAFTON

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
GROUP A-FACILITY 1 -- AURORA ST. LUKE'S MEDICAL CENTER PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 1 -- AURORA ST. LUKE'S MEDICAL CENTER PART V, SECTION B, LINE 11:	AURORA ST. LUKE'S MEDICAL CENTER ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED PERSONS AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH INFORMATION ON THE BENEFITS OF RECEIVING ROUTINE PRIMARY CARE IN A "HEALTH HOME" PROGRAM. TO IMPROVE COVERAGE FOR ALL UNINSURED PERSONS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO ESTABLISHED A CONNECTION BETWEEN SOCIAL SERVICE AND NURSE PRACTITIONERS TO BETTER MONITOR AND MANAGE PATIENTS WITH CHRONIC DISEASE.

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
GROUP A-FACILITY 2 -- AURORA ST. LUKE'S MEDICAL CENTER SOUTH S PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 2 -- AURORA ST. LUKE'S MEDICAL CENTER SOUTH S PART V, SECTION B, LINE 11:	AURORA ST. LUKE'S MEDICAL CENTER SOUTH SHORE ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS AND COVERAGE FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL DEVELOPED AN INFORMATION KIT FOR TARGET POPULATIONS TO PROMOTE THE BENEFITS OF PRIMARY AND PREVENTIVE CARE AND BECAME ESTABLISHED WITH A "HEALTH HOME". TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE PARISCH NURSES ALSO ASSISTED COMMUNITY MEMBERS WITH ACCESSING THE MARKETPLACE (THE HEALTH INSURANCE EXCHANGE). THE HOSPITAL CONTINUES TO HAVE PHYSICIANS SERVE ON THE CUDAHY AND OAK CREEK BOARD OF HEALTH AND SERVICE AS MEDICAL ADVISORS FOR THE CUDAHY AND OAK CREEK HEALTH DEPARTMENT.

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
GROUP A-FACILITY 3 -- AURORA SINAI MEDICAL CENTER PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 3 -- AURORA SINAI MEDICAL CENTER PART V, SECTION B, LINE 11:	AURORA SINAI MEDICAL CENTER ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS AND COVERAGE FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED AN INFORMATION KIT TO MEDICAID-ELIGIBLE AND UNINSURED PATIENTS. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO PROVIDED COUNSELING AND MENTAL HEALTH SERVICES TO PREGNANT FAMILIES AND VICTIMS OF SEXUAL ASSAULT/ DOMESTIC VIOLENCE BY PROVIDING HOME-BASED EDUCATION, INFORMATION, COUNSELING, AND REFERRAL TO MEDICAL AND OTHER COMMUNITY RESOURCES TO ENSURE A HEALTHY PREGNANCY AND HEALTHY BIRTH.

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
GROUP A-FACILITY 4 -- AURORA MEDICAL CENTER KENOSHA PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 4 -- AURORA MEDICAL CENTER KENOSHA PART V, SECTION B, LINE 11:	AURORA MEDICAL CENTER KENOSHA ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH INFORMATION ON THE BENEFITS OF RECEIVING ROUTINE PRIMARY AND DENTAL CARE IN A "HEALTH HOME" AT KENOSHA COMMUNITY HEALTH CENTER. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO EXPANDED COMMUNITY AWARENESS OF SPECIAL NEEDS OF FRAIL ELDERLY THROUGH OUTREACH SERVICES INCLUDING COMMUNITY HEALTH SCREENINGS AND EDUCATION FOR EARLY DETECTION AND INTERVENTION.

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
GROUP A-FACILITY 5 -- AURORA LAKELAND MEDICAL CENTER PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 5 -- AURORA LAKELAND MEDICAL CENTER PART V, SECTION B, LINE 11:	AURORA LAKELAND MEDICAL CENTER ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH RESOURCES THROUGH THE "BETTER TOGETHER FUND" FOR THE FREE CLINIC IN WALWORTH COUNTY TO SUPPORT EXPANSION OF PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO OFFERED FREE SCREENINGS FOR BLOOD PRESSURE AND BODY MASS INDEX (BMI) AT A VARIETY OF COMMUNITY EVENTS, INCLUDING THE WALWORTH COUNTY FAIR.

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
GROUP A-FACILITY 6 -- AURORA MEMORIAL HOSPITAL OF BURLINGTON PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 6 -- AURORA MEMORIAL HOSPITAL OF BURLINGTON PART V, SECTION B, LINE 11:	AURORA MEMORIAL HOSPITAL OF BURLINGTON ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ESTABLISHED A BRANCH SITE FOR THE HEALTH CARE NETWORK (HCN) AT THE WESTER RACINE COUNTY HEALTH DEPARTMENTS, WHICH IS LOCATED NEAR THE HOSPITAL CAMPUT. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO ADDRESSED HEALTH RISK BEHAVIORS BY WORKING WITH COMMUNITY PARTNERS TO IMPLEMENT MEDICATION COLLECTION BOXES AT CONVENIENTLY ACCESSIBLE SITES IN THE COMMUNITY TO ENABLE RESIDENTS TO DESPOSE OF UNUSED, UNNEEDED OR EXPIRED PRESCRIPTION MEDICATION AND OVER-THE-COUNTER DRUGS (OR OTHER SUBSTANCES).

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
GROUP A-FACILITY 7 -- AURORA MEDICAL CENTER SUMMIT PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 7 -- AURORA MEDICAL CENTER SUMMIT PART V, SECTION B, LINE 11:	AURORA MEDICAL CENTER SUMMIT ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ENSURED ACCESS TO THE LAKE AREA FREE CLINIC FOR FOLLOW-UP CARE AND UNDERSTANDING OF BENEFITS OF PRIMARY AND PREVENTIVE CARE. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO STRENGTHENED THEIR PARTNERSHIP WITH STILLWATERS CANCER SUPPORT SERVICES TO ENSURE THAT PERSONS LIVING WITH CANCER - AND THEIR FAMILIES - HAD ACCESS TO SUPPORT SERVICES. TO SUPPORT AND ASSURE THE SAFETY OF YOUTH AND STUDENT ATHLETES IN ATHLETIC PROGRAMS, THE HOSPITAL OFFERED REDUCED-COST YOUTH SPORTS PHYSICALS AND FREE BASELINE CONCUSSION SCREENINGS.

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
GROUP A-FACILITY 8 -- AURORA BAYCARE MEDICAL CENTER PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 8 -- AURORA BAYCARE MEDICAL CENTER PART V, SECTION B, LINE 11:	AURORA BAYCARE MEDICAL CENTER ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED A FULL-TIME, BILINGUAL PEDIATRICIAN WHO PROVIDES MEDICAL CARE FOR CHILDREN WHOSE FAMILIES DO NOT HAVE THE RESOURCES TO PAY FOR HEALTH SERVICES. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO PROMOTED LIVING WELL WITH CHRONIC DISEASE, A PROGRAM DESIGNED TO HELP SELF-MANAGE CHRONIC DISEASES. TO SUPPORT AND PROTECT STUDENT ATHLETES IN BROWN COUNTY, THE HOSPITAL PROVIDED REDUCED-COST YOUTH SPORTS PHYSICALS AND FREE BASELINE CONCUSSION SCREENINGS FOR EVERY STUDENT WHO WISHED TO TAKE PART.

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
GROUP A-FACILITY 9 -- AURORA WEST ALLIS MEDICAL CENTER PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 9 -- AURORA WEST ALLIS MEDICAL CENTER PART V, SECTION B, LINE 11:	AURORA WEST ALLIS MEDICAL CENTER ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED STAFF ASSISTANCE TO NAVIGATE UNINSURED PATIENTS TO MEDICAL HOMES IN THE MILWAUKEE AREA. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. TO ENSURE A CONTINUUM OF PATIENT-CENTERED, COMMUNITY BASED CARE THE OLDER ADULT POPULATION, THE HOSPITAL EXPANDED THE CAPACITY OF THEIR HOSPITAL-SPONSORED SENIOR RESOURCE NURSE PROGRAM BY ADDING A SECOND FULL-TIME GERIATRIC RESOURCE NURSE.

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
GROUP A-FACILITY 10 -- AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 10 -- AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER PART V, SECTION B, LINE 11:	AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH INFORMATION ON THE BENEFITS OF RECEIVING ROUTINE PRIMARY CARE IN A "HEALTH HOME" PROGRAM. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO ADVANCED KNOWLEDGE AND AWARENESS OF RISK FACTORS, WARNING SIGNS AND TREATMENT OF STROKES BY PARTNERING WITH THE SHEBOYGAN AREA SCHOOL DISTRICT TO PROVIDE EDUCATION IN 35 SCHOOLS AND PROVIDED FREE BLOOD PRESSURE SCREENING AT COMMUNITY TALKS. TO SUPPORT NUTRITION AND PHYSICAL ACTIVITY IN SHEBOYGAN COUNTY, THE HOSPITAL DEVELOPED AND OFF-SITE WELLNESS CENTER TO ADDRESS HEALTH AND FITNESS NEEDS OF ADULTS.

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
GROUP A-FACILITY 11 -- AURORA MEDICAL CENTER WASHINGTON COUNTY PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 11 -- AURORA MEDICAL CENTER WASHINGTON COUNTY PART V, SECTION B, LINE 11:	AURORA MEDICAL CENTER WASHINGTON COUNTY ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH INFORMATION ON THE BENEFITS OF RECEIVING ROUTINE PRIMARY CARE IN A "HEALTH HOME" PROGRAM. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO PROVIDED RESOURCES THROUGH THE BETTER TOGETHER FUND FOR THE FREE CLINIC(S) IN WASHINGTON COUNTY TO SUPPORT EXPANSION OF PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES. TO SUPPORT AND PROTECT STUDENT ATHLETES IN WASHINGTON COUNTY, THE HOSPITAL PROVIDED EDUCATION AND SCREENINGS AT PUBLIC EVENTS, AND WORKED COLLABORATELY WITH COACHES TO MANAGE AND ADMINISTER THE INITIAL TREATMENT OF ATHLETIC INJURIES.

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
GROUP A-FACILITY 12 -- AURORA PSYCHIATRIC HOSPITAL PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 12 -- AURORA PSYCHIATRIC HOSPITAL PART V, SECTION B, LINE 11:	AURORA PSYCHIATRIC HOSPITAL ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH INFORMATION ON THE BENEFITS OF RECEIVING ROUTINE PRIMARY CARE IN A "HEALTH HOME" PROGRAM. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO PROVIDED A CONTINUING EDUCATION SERIES OF EIGHT LECTURES TO ENHANCE KNOWLEDGE IN SPECIALIZED AREAS OF MENTAL HEALTH.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 13 -- AURORA MEDICAL CENTER OF MANITOWOC COUNTY PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 13 -- AURORA MEDICAL CENTER OF MANITOWOC COUNTY PART V, SECTION B, LINE 11:	AURORA MEDICAL CENTER OF MANITOWOC COUNTY ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED REFERRAL AND NAVIGATION SUPPORT TO UNINSURED PERSON SEEN IN THE EMERGENCY DEPARTMENT WHO WILL BENEFIT FROM THE URGENT AND PRIMARY CARE SERVICES AVAILABLE TO THE COMMUNITY CLINIC OF MANITOWOC COUNTY. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO PROVIDED FREE COMMUNITY PRESENTATIONS AND SEMINARS ON PHYSICAL HEALTH AND FITNESS AND PREVENTION OF SPORTS INJURIES FEATURING CARDIAC AND ORTHOPEDIC PHYSICIANS, AS WELL AS REHABILITATION SPECIALISTS.

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
GROUP A-FACILITY 14 -- AURORA MEDICAL CENTER OSHKOSH PART V, SECTION B, LINE 5:	FOR ALL HOSPITALS INCLUDED IN THIS GROUP RETURN, THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGRANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH.
GROUP A-FACILITY 14 -- AURORA MEDICAL CENTER OSHKOSH PART V, SECTION B, LINE 11:	AURORA MEDICAL CENTER OSHKOSH ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL CONTINUED TO BE AN ACTIVE FINANCIAL DONOR TO THE LIVING HEALTHY COMMUNITY CLINIC (LHCC), INCLUDING DONATING LAB AND BASIC DIAGNOSTIC SERVICES TO PATIENTS REFERRED TO FROM LHCC. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO ESTABLISHED METRICS FOR LONG-TERM EVALUATION OF REDUCTION OF THE PREVALENCE OF OBESITY IN THE YOUTH AND ADULT POPULATIONS.

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
GROUP A-FACILITY 15 -- AURORA MEDICAL CENTER GRAFTON PART V, SECTION B, LINE 5:	THE KEY PARTICIPANTS IN THE PROCESS INCLUDED THE HEALTH OFFICERS FOR THE LOCAL HEALTH DEPARTMENTS AS WELL AS LEADERS OF ACADEMIC CENTERS, HEALTH COALITIONS, FOUNDATIONS, AND COMMUNITY ORGANIZATIONS FOCUSED ON A RANGE OF PUBLIC HEALTH ISSUES AND/OR HEALTH DISPARITIES. KEY PARTICIPANTS WERE ASKED TO RANK THE TOP THREE TO FIVE MAJOR HEALTH-RELATED ISSUES FOR THEIR COUNTY BASED ON THE FOCUS AREAS OUTLINED IN THE WISCONSIN STATE HEALTH PLAN, HEALTHIEST WISCONSIN 2020. FOR EACH TOP-RANKED HEALTH TOPIC, THE PARTICIPANT WAS ASKED TO SPECIFY EXISTING STRATEGIES TO ADDRESS ISSUES, BARRIERS, OR CHALLENGES; ADDITIONAL STRATEGIES NEEDED; AND KEY GROUPS THE HOSPITALS COULD COLLABORATE WITH TO IMPROVE COMMUNITY HEALTH
GROUP A-FACILITY 15 -- AURORA MEDICAL CENTER GRAFTON PART V, SECTION B, LINE 11:	AURORA MEDICAL CENTER GRAFTON ADDRESSED SIGNIFICANT HEALTH NEEDS AS FOLLOWS: TO IMPROVE ACCESS TO APPROPRIATE SERVICES FOR UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL PROVIDED PATIENTS WITH INFORMATION ON THE BENEFITS OF RECEIVING ROUTINE PRIMARY CARE IN A "HEALTH HOME" PROGRAM. TO IMPROVE COVERAGE TO UNINSURED AND MEDICAID-ELIGIBLE PATIENTS, THE HOSPITAL ACTIVELY SCREENED ALL UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS INCLUDING AURORA'S HELPING HAND PATIENT FINANCIAL ASSISTANCE PROGRAM, AND OTHER SAFETY NET PROGRAMS FOR WHICH THEY QUALIFY, AND ASSISTED WITH THE APPLICATION PROCESS. THE HOSPITAL ALSO PARTICIPATED IN EDUCATING SCHOOL COUNSELORS, TEACHERS AND PARENTS ABOUT THE SIGNS OF UNDERAGE DRINKING AND ALCOHOL ABUSE TO FULFILL ITS ROLE IN SUPPORTING THE INVEST COMMITTEE. TO SUPPORT AND PROTECT STUDENT ATHLETES IN OZAUKEE COUNTY, AURORA MEDICAL CENTER GRAFTON PROVIDED REDUCED-COST (OR FREE) SPORTS PHYSICAL AND BASELINE CONCUSSION SCREENINGS FOR EVERY STUDENT WHO WISHED TO TAKE PART.

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
PART V, SECTION B, LINE 13H	HELPING HANDS REQUIRES THAT AN INDIVIDUAL APPLIES FOR FINANCIAL ASSISTANCE WITHIN 240 DAYS OF THE FIRST BILLING STATEMENT.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AURORA HEALTH CARE INC GROUP RETURN

Employer identification number
61-1649250

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
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?	2 Yes	
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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
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.	7 Yes	
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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	AURORA HEALTH CARE, INC. ESTABLISHED THE AURORA HEALTH CARE, INC. SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE "PLAN") TO RETAIN AND ATTRACT KEY PERSONNEL BY PROVIDING THEM WITH ADDITIONAL RETIREMENT INCOME.
PART I, LINE 7	WRITTEN INCENTIVE COMPENSATION PLANS FOR CERTAIN MANAGEMENT LEVELS ARE AWARDED BASED ON THE ORGANIZATION'S ANNUAL PATIENT EXPERIENCE, CARE MANAGEMENT, AND FINANCIAL PERFORMANCE RESULTS. WRITTEN INCENTIVE COMPENSATION PLANS FOR CERTAIN PHYSICIAN GROUPS ARE AWARDED BASED ON GOALS SPECIFIC TO THEIR SPECIALTY.

Additional Data

Software ID:
Software Version:
EIN: 61-1649250
Name: AURORA HEALTH CARE INC GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ERIC WEISS MD PHYSICIAN	(i)	2,035,322	0	357,273	0	5,859	2,398,454	0
	(ii)	0	0	0	0	0	0	0
1DOMINIC NAKIS TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	788,017	1,151,310	62,250	194,724	28,084	2,224,385	245,312
2MICHAEL LAPPIN OFFICER - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	721,806	816,406	41,704	170,220	18,178	1,768,314	292,557
3DENNIS POTTS OFFICER, DIRECTOR - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	866,812	597,127	48,332	156,169	12,619	1,681,059	257,727
4JEFFREY BAHR MD DIRECTOR - AAH	(i)	0	0	0	0	0	0	0
	(ii)	666,672	749,413	47,994	158,587	18,541	1,641,207	242,922
5MARK WICHMAN MD PHYSICIAN	(i)	1,281,887	0	308,451	0	18,178	1,608,516	0
	(ii)	0	0	0	0	0	0	0
6MICHAEL GREBE OFFICER - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	540,499	598,967	41,558	131,982	0	1,313,006	180,815
7MARY BETH KINGSTON DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	0
	(ii)	488,679	526,794	82,009	125,764	12,365	1,235,611	181,066
8BRUCE FAURE MD DIRECTOR - AHCMG	(i)	898,976	87,020	51,179	0	5,980	1,043,155	0
	(ii)	0	0	0	0	0	0	0
9NIMISH VAKIL MD DIRECTOR - AHCMG	(i)	836,880	0	158,858	0	18,178	1,013,916	0
	(ii)	0	0	0	0	0	0	0
10LESLIE LENZO ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	579,502	264,550	62,116	92,380	11,410	1,009,958	80,332
11CARRIE KILLORAN PRESIDENT - AMCSC, AMCWC	(i)	0	0	0	0	0	0	0
	(ii)	523,958	325,782	27,172	97,290	0	974,202	100,623
12JEFF DALEN-BARD DIRECTOR (AHMC), PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	500,585	316,168	29,988	94,964	18,178	959,883	97,540
13STEPHEN FRANCAVIGLIA FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	10,470	254,873	662,099	8,550	13,185	949,177	95,028
14COREY SHAMAH MD DIRECTOR - AAH	(i)	610,035	0	306,684	0	18,178	934,897	0
	(ii)	0	0	0	0	0	0	0
15TIMOTHY LINEBERRY MD CHIEF MEDICAL OFFICER	(i)	558,560	214,685	29,747	97,425	18,178	918,595	96,492
	(ii)	0	0	0	0	0	0	0
16NAN NELSON OFFICER, DIRECTOR - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	482,832	295,537	37,603	95,664	0	911,636	145,573
17SHELLY HART OFFICER - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	503,641	221,328	32,158	95,306	18,178	870,611	91,432
18AJAY SAHAJPAL MD DIRECTOR	(i)	645,378	0	157,425	0	18,541	821,344	0
	(ii)	0	0	0	0	0	0	0
19THOMAS PUETZ MD DIRECTOR - AAH	(i)	691,776	0	104,955	0	18,541	815,272	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 SHAIBAL MAZUMDAR MD DIRECTOR - AAH	(i)	741,666	0	49,569	0	0	791,235	0
	(ii)	0	0	0	0	0	0	0
1 JOHN KONKEL MD CHAIR - AAH, DIRECTOR - AAH	(i)	622,040	80,000	39,720	0	12,619	754,379	0
	(ii)	0	0	0	0	0	0	0
2 FEDERICO SANCHEZ MD DIRECTOR - AHCMG	(i)	448,637	0	279,724	0	18,178	746,539	0
	(ii)	0	0	0	0	0	0	0
3 LISA JUST PATIENT SERVICE MARKET PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	436,550	190,840	35,027	64,357	12,619	739,393	76,206
4 SATCHI HIREMATH MD DIRECTOR - AHCMG	(i)	539,150	84,164	101,800	0	5,738	730,852	0
	(ii)	0	0	0	0	0	0	0
5 JAMES DOHENY ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	399,917	174,832	25,480	67,207	26,076	693,512	55,763
6 JESSICA BAUER PRESIDENT - ASLMC/ ASMC	(i)	0	0	0	0	0	0	0
	(ii)	416,958	160,074	25,333	61,033	18,541	681,939	69,081
7 PETER CARLSON PRESIDENT - APH, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	380,402	157,873	27,624	77,097	12,619	655,615	62,718
8 BASIL SALAYMEH MD DIRECTOR - AAH, AMCG	(i)	499,128	78,140	64,334	0	12,619	654,221	0
	(ii)	0	0	0	0	0	0	0
9 EUGENE MONROE MD DIRECTOR & OFFICER - AAH	(i)	0	0	0	0	0	0	0
	(ii)	415,765	167,442	4,190	21,375	11,475	620,247	0
10 MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	348,133	151,530	25,103	59,895	30,647	615,308	47,983
11 ANNA MARIE WINDSOR MD DIRECTOR - AHCMG	(i)	393,811	90,987	85,049	0	18,541	588,388	0
	(ii)	0	0	0	0	0	0	0
12 STEVE HUSER OFFICER - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	322,068	126,492	28,058	68,729	12,365	557,712	50,708
13 JAMES SLINKMAN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	311,772	135,726	18,072	54,796	31,143	551,509	43,451
14 JEFFREY KATT MD DIRECTOR - AAH	(i)	538,532	0	8,027	0	0	546,559	18,178
	(ii)	0	0	0	0	0	0	0
15 JULIA HESTER-DIAZ MD DIRECTOR - AHCMG	(i)	393,029	34,755	72,066	0	0	499,850	0
	(ii)	0	0	0	0	0	0	0
16 JAMES PAVLICH MD DIRECTOR - AHCMG	(i)	366,222	0	107,347	0	18,178	491,747	0
	(ii)	0	0	0	0	0	0	0
17 ANDREA GAVIN MD DIRECTOR - AHCMG	(i)	385,166	78,460	16,899	0	10,536	491,061	0
	(ii)	0	0	0	0	0	0	0
18 JACOB BIDWELL MD OFFICER, DIRECTOR - AUWAMG	(i)	358,514	92,019	2,351	0	18,178	471,062	0
	(ii)	0	0	0	0	0	0	0
19 ERIC MAAS MD DIRECTOR - AHCMG	(i)	424,207	0	25,198	0	12,619	462,024	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41SCOTT HARDIN MD DIRECTOR - AHCM	(i)	362,305	24,321	42,290	0	18,178	447,094	0
	(ii)	0	0	0	0	0	0	0
1PATRICK DALY MD DIRECTOR - AHCMG	(i)	438,201	0	0	0	0	438,201	0
	(ii)	0	0	0	0	0	0	0
2JOHN BRILL MD DIRECTOR - AUWAMG	(i)	0	0	0	0	0	0	0
	(ii)	380,544	0	0	0	0	380,544	0
3SHERI ROCCO MD DIRECTOR - AHCMG	(i)	155,710	0	201,667	0	18,178	375,555	0
	(ii)	0	0	0	0	0	0	0
4NATASHA HERNANDEZ MD DIRECTOR - AUWAMG	(i)	372,827	0	0	0	0	372,827	0
	(ii)	0	0	0	0	0	0	0
5GAIL HANSON FORMER OFFICER & DIRECTOR (4/27/2018)	(i)	0	0	0	0	0	0	0
	(ii)	-1,577	0	353,688	0	4,835	356,946	0
6CARLA KELLY DIRECTOR - AUWAMG	(i)	338,575	0	2,171	0	7,119	347,865	0
	(ii)	0	0	0	0	0	0	0
7WILHELM LEHMANN MD DIRECTOR - AUWAMG	(i)	339,119	0	0	0	0	339,119	0
	(ii)	0	0	0	0	0	0	0
8MARYANNE SCHERER DIRECTOR - AUWAMG	(i)	108,400	5,681	15,108	0	199,238	328,427	0
	(ii)	0	0	0	0	0	0	0
9WILLIAM EBINGER MD DIRECTOR - AAH	(i)	302,084	0	12,753	0	12,619	327,456	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL MALONE MD DIRECTOR - AVNA	(i)	0	0	0	0	0	0	0
	(ii)	309,755	0	0	0	0	309,755	0
11DENNIS BAUMGARDNER MD DIRECTOR - AUWAMG	(i)	248,891	31,499	3,049	0	18,313	301,752	0
	(ii)	0	0	0	0	0	0	0
12SCOTT FENSKE MD DIRECTOR - AAH	(i)	183,732	0	91,900	0	12,365	287,997	0
	(ii)	0	0	0	0	0	0	0
13AMY RISLOV FORMER DIRECTOR (5/18/2018)	(i)	0	0	0	0	0	0	0
	(ii)	-2,990	27,078	242,218	0	8,507	274,813	0
14SCOTT KENITZ OD DIRECTOR - AAH	(i)	142,334	0	78,631	0	12,619	233,584	0
	(ii)	0	0	0	0	0	0	0
15ANNE MATTSON MD VICE CHAIR - AAH, DIRECTOR - AAH	(i)	213,292	0	14,514	0	0	227,806	0
	(ii)	0	0	0	0	0	0	0
16ELLEN DANTO-NOCTON MD DIRECTOR - AUWAMG	(i)	191,980	0	30,217	0	0	222,197	0
	(ii)	0	0	0	0	0	0	0
17MARY HOOK RN PHD DIRECTOR - WAMH	(i)	0	0	0	0	0	0	0
	(ii)	153,104	0	0	0	0	153,104	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization AURORA HEALTH CARE INC GROUP RETURN

Employer identification number 61-1649250

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? To/From, (e) Original principal amount, (f) Balance due, (g) In default? Yes/No, (h) Approved by board or committee? Yes/No, (i) Written agreement? Yes/No.

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MCKAYLA FIGUEROA	FAMILY MEMBER - ROBERT FIGUEROA	75,775	EMPLOYMENT		No
(2) GREGORY ROCCO	FAMILY MEMBER - SHERRI ROCCO	453,921	EMPLOYMENT		No
(3) DOUGLAS CARLSON	FAMILY MEMBER - PETER CARLSON	419,407	EMPLOYMENT		No
(4) ANN CATES	FAMILY MEMBER - THOMOAS BOLGER	111,058	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

AURORA HEALTH CARE INC GROUP RETURN

Employer identification number

61-1649250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATIONS INCLUDED IN THIS GROUP RETURN ARE ALL NON-STOCK, NONPROFIT CORPORATIONS, WITH A SOLE MEMBER OF AURORA HEALTH CARE, INC., EIN 39-1442285.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CEO OF ADVOCATE AURORA HEALTH, INC. MAY RECOMMEND MEMBERS OF THE GOVERNING BODIES OF THE ORGANIZATIONS INCLUDED IN THIS GROUP RETURN. ALL BOARD MEMBERS OF THE ORGANIZATIONS INCLUDED IN THIS GROUP RETURN MUST BE APPROVED BY THE BOARD OF ADVOCATE AURORA HEALTH, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE GOVERNING BODIES OF THE ORGANIZATIONS INCLUDED IN THIS GROUP RETURN 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 2020 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. AURORA HEALTH CARE LEADERSHIP 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 (E.G. RECUSAL FROM DECISION-MAKING OR UTILIZING ANOTHER METHOD OF NON-PARTICIPATION IN AN ACTIVITY).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOLLOWING COMPENSATION REVIEW PROCESS WAS CONDUCTED IN 2020: THE CEO AND THE CEO'S EXECUTIVE TEAM HAVE THEIR COMPENSATION REVIEWED ANUALLY BY THE COMPENSATION COMMITTEE OF THE ADVOCATE AURORA HEALTH BOARD OF DIRECTORS. 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 19	THE ARTICLES OF INCORPORATION FOR ALL ORGANIZATIONS INCLUDED IN THIS GROUP RETURN ARE ON FILE WITH THE STATE OF WISCONSIN, DEPARTMENT OF FINANCIAL INSTITUTIONS. THE FINANCIAL STATEMENTS OF MOST ORGANIZATIONS INCLUDED IN THIS GROUP RETURN ARE ALSO ON FILE WITH THE STATE OF WISCONSIN, DEPARTMENT OF FINANCIAL INSTITUTIONS. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 5	AMCWC SEXUAL ASSAULT NURSE EXAMINER PROGRAM; SUPPORT FOR WASHINGTON CO. FAMILY CENTER, ALB RECHT FREE CLINIC, BOYS & GIRLS CLUBS BOARD OF DIRECTORS, KETTLE MORAINÉ YMCA BOARD, AND THE WASHINGTON CO. WORKFORCE ALLIANCE. WORK WITH LOCAL HIGH SCHOOL STUDENTS ON JOB SHADOWING AND PROVIDING SCHOLARSHIPS FOR SENIORS SEEKING CAREERS IN HEALTH CARE; MEDICAL SUPPORT, TRAININGS AND PROGRAMS FOR FIRE AND SHERIFF DEPARTMENTS IN SURROUNDING COUNTIES. AMCG (ONE HOSPITAL), MEDICAL SUPPORT, TRAININGS AND PROGRAMS FOR FIRE AND SHERIFF DEPARTMENTS IN SURROUNDING COUNTIES; HEARTSAVER BASIC LIFE SUPPORT/AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING FOR STUDENTS AT GRAFTON HIGH SCHOOL AND FOR LOCAL EMTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS AMONG AFFILIATES & CHANGE IN FOUNDATION EQUITY INTEREST. -15,226,203.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**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 HEALTH CARE INC GROUP RETURN

Employer identification number

61-1649250

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
(1) MIDWEST AREA PHYSICIANS LLC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 26-4323839	PHYSICIAN SERVICES	WI			AURORA MEDICAL GROUP INC
(2) AURORA QUICK CARE LLC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 20-0580790	HEALTH SERVICES	WI			AURORA MEDICAL GROUP INC
(3) AURORA RESEARCH INSTITUTE LLC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 46-4361213	RESEARCH SERVICES	WI			AURORA HEALTH CARE METRO INC
(4) LAKESHORE MEDICAL CLINIC LLC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1696443	PHYSICIAN SERVICES	WI			AURORA MEDICAL GROUP INC
(5) AURORA SURGERY CENTERS LLC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 81-1401714	PHYSICIAN SERVICES	WI			

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
(1) AMG ILLINOIS LTD 3031 WEST MONTANA STREET MILWAUKEE, WI 53215 26-4041287	PHYSICIAN SERVICES	IL	501(C)(3)	LINE 3	AURORA MEDICAL GROUP INC	Yes	
(2) KRADWELL SCHOOL INC 1220 DEWEY AVENUE WAUWATOSA, WI 53213 26-1516765	SCHOOL	WI	501(C)(3)	LINE 2	AURORA PSYCHIATRIC HOSPITAL INC	Yes	
(3) AURORA HEALTH CARE INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1442285	SUPPORT SERVICES	WI	501(C)(3)	LINE 12C, III-FI	N/A		No
(4) AURORA FAMILY SERVICE INC 3200 HIGHLAND BOULEVARD MILWAUKEE, WI 53233 39-0806174	SOCIAL SERVICES	WI	501(C)(3)	LINE 11	AURORA HEALTH CARE INC	Yes	
(5) AURORA HEALTH CARE FOUNDATION INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-6044569	FUND RAISING	WI	501(C)(3)	LINE 7	AURORA HEALTH CARE INC	Yes	
(6) ADVOCATE AURORA HEALTH INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 83-4184596	SUPPORTING ORGANIZATION	DE	501(C)(3)	LINE 12C, III-FI	N/A		No

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

(a) 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 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1947472	HOSPITAL	WI	AURORA MEDICAL GROUP INC	RELATED				No			No	61.880 %
(2) AURORA CONSOLIDATED LABS A CO-TENANCY 8901 WEST LINCOLN AVENUE MILWAUKEE, WI 53227 39-1898089	LABORATORY SERVICES	WI	N/A					No			No	
(3) NORTH SHORE SURGICAL CENTER LTD 7007 RANGE LINE ROAD GLENDALE, WI 53209 39-1548024	SURGICAL SERVICES	WI	N/A					No			No	
(4) WISCONSIN SURGERY CENTER LLC 4131 WEST LOOMIS ROAD SUITE 210 GREENFIELD, WI 53221 38-3661215	SURGICAL SERVICES	WI	N/A					No			No	
(5) AURORA GI ASC LLC 2801 WEST KK RIVER PARKWAY 1030 MILWAUKEE, WI 53215 46-1848055	PHYSICIAN SERVICES	WI	N/A					No			No	
(6) WAUKESHA PAIN CENTER LLC 4131 WEST LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 90-0928071	PHYSICIAN SERVICES	WI	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.

See Additional Data Table

(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

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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 CARE INC	P	484,767,619	COST
(2) KRADWELL SCHOOL INC	Q	166,785	COST

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: 61-1649250
Name: AURORA HEALTH CARE INC GROUP RETURN

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
NOR DOOR CLINIC BUILDING CONDOMINIUM ASSOCIATION OF UNIT OWNERS 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	CONDO ASSOCIATION	WI	AURORA MEDICAL GROUP INC	C			100.000 %	Yes	
ST LUKE'S PHYSICIAN OFFICE CONDOMINIUM ASSOCIATION INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	CONDO ASSOCIATION	WI	AURORA HEALTH CARE METRO INC	C			100.000 %	Yes	
AURORA HEALTH CENTER KENOSHA CONDOMINIUM ASSOCIATION INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	CONDO ASSOCIATION	WI	AURORA HEALTH CARE SOUTHERN LAKES INC	C			100.000 %	Yes	
AURORA HEALTH CENTER OSHKOSH CONDOMINIUM ASSOCIATION INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204	CONDO ASSOCIATION	WI	AURORA MEDICAL GROUP INC	C			100.000 %	Yes	
AURORA HEALTH CARE VENTURES INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1513129	FOR-PROFIT COMPANY	WI	N/A	C				Yes	
AURORA HEALTH NETWORK INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1817175	INACTIVE	WI	N/A	C				Yes	
AURORA PHARMACY INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1733325	RETAIL PHARMACY	WI	N/A	C				Yes	
DIVERSIFIED CARE INC 4811 SOUTH 76TH STREET GREENFIELD, WI 53220 39-1609054	TEMPORARY STAFFING AGENCY	WI	N/A	C				Yes	
AURORA RETAIL STORES INC 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 39-1722937	INACTIVE	WI	N/A	C				Yes	
ADVANCED HEALTHCARE INC 3003 WEST GOOD HOPE ROAD GLENDALE, WI 53209 39-1195501	PHYSICIAN SERVICES	WI	N/A	C				Yes	
HEALTH CARE RE LTD 750 WEST VIRGINIA STREET MILWAUKEE, WI 53204 98-1063814	HEALTH SERVICES	CJ	N/A	C				Yes	