

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization AURORA HEALTH CARE INC GROUP RETURN Doing business as	D Employer identification number 61-1649250
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 341880	E Telephone number (414) 299-1576
J Website: ▶ WWW.AURORAHEALTHCARE.ORG		City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 532341880	G Gross receipts \$ 6,236,810,458
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		F Name and address of principal officer: MICHAEL GREBE PO BOX 341880 MILWAUKEE, WI 532341880	H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶ 5709
		L Year of formation:	M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AURORA HEALTH CARE IS AN INTEGRATED HEALTH CARE PROVIDER.				
	2 Check this box <input type="checkbox"/> 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	55		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	33,666		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	27,510,273	Current Year	9,663,378
	9 Program service revenue (Part VIII, line 2g)		5,906,356,281		6,201,776,584
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		110,082,533		-3,412,660
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,574,612		23,432,721
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,068,523,699		6,231,460,023
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		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)			2,944,860,156		3,127,219,838
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			2,645,666,814		2,989,278,144
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,590,526,970		6,116,546,178	
19 Revenue less expenses. Subtract line 18 from line 12		477,996,729		114,913,845	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	7,287,204,641	End of Year	7,854,021,874
	21 Total liabilities (Part X, line 26)		784,696,195		1,297,669,628
	22 Net assets or fund balances. Subtract line 21 from line 20		6,502,508,446		6,556,352,246

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	2023-11-15 Date
	RACHEL HALVERSON SVP CONTROLLER Type or print name and title	

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes 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 \$ 5,608,891,750 including grants of \$ 48,196) (Revenue \$ 6,220,805,313)
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 ▶ 5,608,891,750

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 5 main columns: Question ID, Question Text, Answer Field, Question ID, and Answer. Rows include questions 2a through 17, covering topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (55), 1b (49), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 12 main rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	669,851				
	b Membership dues	1b					
	c Fundraising events	1c	13,839				
	d Related organizations	1d	1,400				
	e Government grants (contributions)	1e	5,015,473				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,962,815				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			9,663,378			
Program Service Revenue		Business Code					
	2a PROGRAM SERVICES	900099	6,201,776,584	6,201,776,584			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.		6,201,776,584					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,937,775			1,937,775	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	4,403,992				
		(ii) Personal					
		6b Less: rental expenses	0				
	c Rental income or (loss)	6c	4,403,992				
	d Net rental income or (loss)			4,403,992		4,403,992	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	5,350,435			
	c Gain or (loss)	7c	-5,350,435				
	d Net gain or (loss)			-5,350,435		-5,350,435	
	8a Gross income from fundraising events (not including \$ 13,839 of contributions reported on line 1c). See Part IV, line 18						
		8a	0				
b Less: direct expenses	8b	0					
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a CAFETERIA REVENUE	900099	18,362,836	18,362,836				
b ALL OTHER REVENUE	900099	558,761	558,761				
c GIFT SHOP	900099	107,132	107,132				
d All other revenue							
e Total. Add lines 11a-11d			19,028,729				
12 Total revenue. See instructions			6,231,460,023	6,220,805,313	0	991,332	

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	48,196	48,196		
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	2,547,549,299	2,547,549,299		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,445,919	63,445,919		
9 Other employee benefits	361,428,342	347,720,670	13,707,672	
10 Payroll taxes	154,796,278	148,894,766	5,901,512	
11 Fees for services (non-employees):				
a Management	86,251	86,251		
b Legal	10,612	1	10,611	
c Accounting	120,412	120,412		
d Lobbying	36,860	36,860		
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)	265,902,288	216,475,263	49,427,025	
12 Advertising and promotion	1,304,814	201,312	1,103,502	
13 Office expenses	32,007,443	30,420,734	1,586,709	
14 Information technology	3,016,256	3,016,256		
15 Royalties				
16 Occupancy	3,245,073	3,199,826	45,247	
17 Travel	5,534,820	5,051,262	483,558	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,807,169	10,192,424	614,745	
20 Interest	51,755,524	50,299,195	1,456,329	
21 Payments to affiliates	500,517,801	88,363,501	412,154,300	
22 Depreciation, depletion, and amortization	183,719,052	183,719,052		
23 Insurance	19,491,099	19,491,099		
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	892,648,182	892,648,182		
b OTHER EXPENSES	580,143,985	580,143,985		
c BAD DEBT	170,050,073	155,955,184	14,094,889	
d OTHER INTERCOMPANY	161,347,581	154,279,252	7,068,329	
e All other expenses	107,532,849	107,532,849		
25 Total functional expenses. Add lines 1 through 24e	6,116,546,178	5,608,891,750	507,654,428	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	3,483,909,992	1	3,275,063,881
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	1,182,016
	4 Accounts receivable, net	973,409,760	4	963,166,679
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	75,378,420	8	129,268,352
	9 Prepaid expenses and deferred charges	2,260,793	9	1,693,705
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,546,897,305		
	b Less: accumulated depreciation	2,112,515,042		
	11 Investments—publicly traded securities	0	11	-5,400
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	267,558,104	13	275,255,415
	14 Intangible assets	4,868,518	14	1,595,840
	15 Other assets. See Part IV, line 11	65,767,093	15	772,419,123
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,287,204,641	16	7,854,021,874	
Liabilities	17 Accounts payable and accrued expenses	644,301,740	17	1,175,015,518
	18 Grants payable		18	
	19 Deferred revenue	164,862	19	661,599
	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	67,046,788	23	65,202,501
	24 Unsecured notes and loans payable to unrelated third parties	290,603	24	249,937
	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	72,892,202	25	56,540,073
	26 Total liabilities. Add lines 17 through 25	784,696,195	26	1,297,669,628
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	6,500,883,696	27	6,555,046,115
	28 Net assets with donor restrictions	1,624,750	28	1,306,131
	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	6,502,508,446	32	6,556,352,246	
33 Total liabilities and net assets/fund balances	7,287,204,641	33	7,854,021,874	

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	6,231,460,023
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,116,546,178
3	Revenue less expenses. Subtract line 2 from line 1	3	114,913,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,502,508,446
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	-61,070,047
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,556,352,246

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 61-1649250

Name: AURORA HEALTH CARE INC GROUP RETURN

Form 990 (2022)

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			
JEFFREY BAHR MD DIRECTOR (AAH), PRESIDENT, ASST SECRETARY	1.00 55.00	X		X				0	1,817,036	171,378
JACOB BIDWELL MD DIRECTOR, CHAIR/PRESIDENT	1.00 55.00	X		X				0	475,177	36,272
DENNIS POTTS DIRECTOR, CHAIR, PRESIDENT, VP, ASST SECRETARY	1.00 55.00	X		X				0	1,843,481	156,628
ANNE MATTSON MD AAH DIRECTOR, VICE CHAIR	1.00 0.00	X		X				0	0	0
CARRIE KILLORAN PRESIDENT (AMCSC, AMCWC), DIRECTOR, VP	1.00 55.00	X		X				0	1,095,076	105,922
CHARLES WIKENHAUSER DIRECTOR (WAMH), VICE CHAIR	1.00 0.00	X		X				0	0	0
JEFFREY DALEN-BARD DIRECTOR (AHMC), PRESIDENT	1.00 55.00	X		X				0	1,060,635	131,195
JESSICA BAUER DIRECTOR, PRESIDENT, VICE PRESIDENT	1.00 55.00	X		X				0	723,023	98,879
JOHN KONKEL MD DIRECTOR, CHAIR (AAH)	1.00 55.00	X		X				0	338,513	28,294
KAREN LAMBERT DIRECTOR, VICE PRESIDENT	1.00 55.00	X		X				0	1,206,986	144,939

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			
LISA JUST DIRECTOR (METRO), VP SOUTHERN LAKES	1.00 55.00	X		X				0	469,312	57,125
MICHAEL GREBE DIRECTOR, SECRETARY, ASSISTANT SECRETARY	1.00 55.00	X		X				0	1,338,491	132,454
NAN NELSON DIRECTOR, ASSISTANT TREASURER	1.00 55.00	X		X				0	1,049,258	123,675
PETER CARLSON DIRECTOR, PRESIDENT (APH)	1.00 55.00	X		X				0	614,157	98,398
RACHELLE HART DIRECTOR, SECRETARY, ASSISTANT SECRETARY	1.00 55.00	X		X				0	864,327	120,559
ROBERT FIGUEROA DIRECTOR (WAMH), CHAIRPERSON	1.00 55.00	X		X				0	8,000	0
WAYNE CLARK DIRECTOR, SECRETARY/TREASURER (WAMH)	1.00 0.00	X		X				10,666	0	0
DENISE KEEFE DIRECTOR, PRESIDENT, CHAIRPERSON	1.00 55.00	X		X				0	1,072,816	135,562
AJAY SAHAJPAL MD DIRECTOR	1.00 55.00	X						0	900,264	57,908
BASIL SALAYMEH MD DIRECTOR (AAH, AMCG)	1.00 55.00	X						0	657,033	48,232

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			
CARLA KELLY MD DIRECTOR (AUWAMG)	1.00 55.00	X						0	1,325,092	134,932
CATHY MANTHEI DIRECTOR (WAMH)	1.00 0.00	X						0	0	0
CHRISTINE SIEBERT DIRECTOR (AUWAMG)	1.00 0.00	X						0	0	0
COREY SHAMAH MD DIRECTOR (AAH)	1.00 55.00	X						0	1,177,462	49,739
DAVID HAMEL MD DIRECTOR	1.00 55.00	X						0	347,417	57,085
DENNIS BAUMGARDNER MD DIRECTOR (AUWAMG)	1.00 55.00	X						0	38,096	0
DONALD CALCAGNO DIRECTOR	1.00 55.00	X						0	972,956	109,213
ELIZABETH PETTY MD DIRECTOR (AUWAMG)	1.00 0.00	X						0	0	0
ELLEN DANTO-NOCTON MD DIRECTOR (AUWAMG)	1.00 55.00	X						0	240,433	7,189
GLENDA LEE MD DIRECTOR (WAMH)	1.00 55.00	X						0	205,306	17,811

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			
JEFFREY KATT MD DIRECTOR (AAH)	1.00 55.00	X						0	357,664	33,939
JOSEPH KEMPEN MD DIRECTOR (WAMH)	1.00 0.00	X						2,461	0	0
MARY BETH KINGSTON DIRECTOR (METRO, AFS)	1.00 55.00	X						0	312,418	40,971
MARY HOOK RN PHD DIRECTOR (WAMH)	1.00 55.00	X						0	169,189	6,076
MARY RUPINA DIRECTOR	1.00 0.00	X						0	0	0
MARYANNE SCHERER DIRECTOR (AUWAMG)	1.00 55.00	X						0	123,689	35,040
MICHELLE CRANE DO DIRECTOR	1.00 55.00	X						0	304,356	26,782
NATASHA HERNANDEZ MD DIRECTOR (AUWAMG)	1.00 55.00	X						0	447,697	35,560
PAUL ZIEHLER DIRECTOR (WAMH)	1.00 0.00	X						1,236	0	0
SCOTT FENSKE MD DIRECTOR (AAH)	1.00 55.00	X						0	373,882	30,995

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			
SCOTT HARDIN MD DIRECTOR (METRO)	1.00 55.00	X						0	264,375	40,300
SCOTT KENITZ OD DIRECTOR (AAH)	1.00 55.00	X						0	98,493	24,783
SCOTT POWDER DIRECTOR	1.00 55.00	X						0	1,262,393	152,424
SHAIBAL MAZUMDAR MD DIRECTOR (AAH)	1.00 55.00	X						0	775,350	22,882
STEVEN ROBINSON DIRECTOR	1.00 55.00	X						0	253,184	39,892
THOMAS PUETZ MD DIRECTOR (AAH)	1.00 55.00	X						0	917,125	59,495
TIMOTHY LINEBERRY MD DIRECTOR - VARIOUS	1.00 55.00	X						0	998,039	132,362
WILHELM LEHMANN MD DIRECTOR (AUWAMG)	1.00 55.00	X						0	378,380	58,457
WILLIAM EBINGER MD DIRECTOR (AAH)	1.00 55.00	X						0	40,884	5,731
WILLIAM SANTULLI DIRECTOR	1.00 55.00	X						0	3,046,462	273,298

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			
REBECCA GRILL DIRECTOR (WAMH)	1.00 0.00	X						0	0	0
INA OWENS MSW LCSW MSC DIRECTOR	1.00 55.00	X						0	243,256	40,642
JON RICHARDS MD PHD DIRECTOR	1.00 55.00	X						0	494,312	28,539
ALVIA SIDDIQI MD FAAFP DIRECTOR	1.00 55.00	X						0	556,140	49,548
GREGORY NYCZ DIRECTOR	1.00 0.00	X						0	0	0
JANET WESSEL KREJCI PHD RN NEA-BC DIRECTOR	1.00 55.00	X						0	8,000	0
RASHA KHATIB PHD DIRECTOR	1.00 55.00	X						0	41,016	3,213
AMIT ARCHARYA PRESIDENT	1.00 55.00			X				0	385,844	109,322
CARRIE DONOVAN ASSISTANT TREASURER	1.00 55.00			X				0	575,844	108,096
DOMINIC NAKIS ASSISTANT TREASURER, TREASURER	1.00 55.00			X				0	2,304,330	214,335

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			
HOLLY SCHMIDTKE PRESIDENT	1.00 55.00			X				0	557,041	95,724
JAMES DOHENY ASSISTANT TREASURER	1.00 55.00			X				0	664,780	103,379
MICHAEL KERNS ASSISTANT SECRETARY	1.00 55.00			X				0	587,048	98,816
MICHAEL VOLANTE ASSISTANT TREASURER	1.00 55.00			X				0	264,121	18,806
ROBIN STOEN ASSISTANT TREASURER	1.00 55.00			X				0	271,057	29,570
STEVE HUSER ASSISTANT TREASURER	1.00 55.00			X				0	523,937	91,064
NICHOLAS WEBBER PHYSICIAN SURGERY ORTHO	55.00 0.00					X		1,928,427	0	59,435
NAVJOT JOE KOHLI PHYSICIAN SURGERY ORTHO	55.00 0.00					X		1,737,363	0	60,875
ADNAN ZAIDI PHYSICIAN ORTHO SPORTS MED	55.00 0.00					X		1,561,287	0	60,810
MARK WICHMAN PHYSICIAN SURGERY ORTHO	55.00 0.00					X		1,513,396	0	61,246

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			
ABOUD AFFI PHYSICIAN GASTROENTEROLOGY	55.00 0.00					X		1,304,226	0	9,187
FEDERICO SANCHEZ MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	244,224	32,319
ERIC MAAS MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	515,295	45,055
SATCHI HIREMATH MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	849,608	88,104
BRUCE FAURE MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	534,757	20,972
ANNA MARIE WINDSOR MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	515,361	53,334
NIMISH VAKIL MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	944,792	60,068
JULIA HESTER-DIAZ MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	596,649	38,148
JAMES PAVLICH MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	509,689	55,932
PATRICK DALY MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	525,858	12,187

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			
ANDREA GAVIN MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	300,525	21,070
SHERI ROCCO MD FORMER DIRECTOR - AHCMG	0.00 0.00						X	0	384,800	38,533
JOHN BRILL MD FORMER DIRECTOR - AUWAMG	0.00 0.00						X	0	380,988	61,970
MICHAEL MALONE MD FORMER DIRECTOR - AVNA	0.00 0.00						X	0	331,240	28,361
MARY MATTHEWS FORMER ASSISTANT SECRETARY	0.00 0.00						X	0	315,343	47,107
ERIC WEISS MD PHYSICIAN (FORMER HCE)	0.00 0.00						X	2,645,612	0	19,116

TY 2022 Affiliate Listing

Name: AURORA HEALTH CARE INC GROUP RETURN

EIN: 61-1649250

TY 2022 Affiliate Listing

Name	Address	EIN	Name control
WEST ALLIS MEMORIAL HOSPITAL INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1022464	WEST
VISITING NURSE ASSOCIATION OF WISCONSIN INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-0806180	VISI
AURORA UW ACADEMIC MEDICAL GROUP INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1136738	AURO
AURORA PSYCHIATRIC HOSPITAL INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-0872192	AURO
AURORA MEDICAL GROUP INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1678306	AURO
AURORA MEDICAL CENTER OF WASHINGTON COUNTY INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1150165	AURO
AURORA MEDICAL CENTER OF OSHKOSH INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1027676	AURO
AURORA MEDICAL CENTER GRAFTON LLC	PO BOX 341880 MILWAUKEE, WI 532341880	27-2953799	AURO
AURORA HEALTH CARE SOUTHERN LAKES INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-0806347	AURO
AURORA HEALTH CARE NORTH INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1211629	AURO
AURORA HEALTH CARE METRO INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-0806181	AURO
AURORA HEALTH CARE CENTRAL INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-0930748	AURO
AURORA ADVANCED HEALTHCARE INC	PO BOX 341880 MILWAUKEE, WI 532341880	39-1595302	AURO
AURORA HEALTH CARE MEDICAL GROUP INC	PO BOX 341880 MILWAUKEE, WI 532341880	47-4167075	AURO

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization
AURORA 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.

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		121,634,784		121,634,784
b Buildings		2,811,624,052	1,258,812,070	1,552,811,982
c Leasehold improvements		598,037,901	200,572,403	397,465,498
d Equipment		936,234,163	645,360,653	290,873,510
e Other		79,366,405	7,769,916	71,596,489
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,434,382,263

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM THIRD PARTY PAYERS	22,287,433
(2) INTERCOMPANY ASSETS	709,301,238
(3) OTHER ASSETS	40,868,208
(4) PREPAID EXPENSE, OTHER AND MISC AR	-37,756
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	772,419,123

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITY CURRENT OPERATING	11,678,886
OPERATING LEASE LIABILITIES	31,868,778
OTHER NON CURRENT LIABILITIES	2,500,536
UNFUNDED PENSION LIABILITY	10,491,873
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	56,540,073

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 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.

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

Hospitals

OMB No. 1545-0047
2022
 Open to Public Inspection

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

Name of the organization
 AURORA HEALTH CARE INC GROUP RETURN

Employer identification number
 61-1649250

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	Yes	
1b If "Yes," was it a written policy?	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> %	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 _____ %		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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			34,617,272	0	34,617,272	0.940 %
b Medicaid (from Worksheet 3, column a)			636,099,191	384,924,565	251,174,626	6.280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			68,391,643	82,125,549	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			739,108,106	467,050,114	285,791,898	7.220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	3,178	8,958,061	17,995	8,940,066	0.240 %
f Health professions education (from Worksheet 5)			6,088,883	0	6,088,883	0.170 %
g Subsidized health services (from Worksheet 6)			2,864,235	7,112	2,857,123	0.080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,940,672	14,400	1,926,272	0.050 %
j Total. Other Benefits	13	3,178	19,851,851	39,507	19,812,344	0.540 %
k Total. Add lines 7d and 7j	13	3,178	758,959,957	467,089,621	305,604,242	7.760 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 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 23,860,595		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 533,611,581
6 Enter Medicare allowable costs of care relating to payments on line 5	6 646,973,486
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -113,361,905
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				
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13				

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>22</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>22</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:	13	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?	14	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):	15	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):	16	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 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? 190

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
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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 6A	DID THE ORGANIZATION PREPARE A COMMUNITY BENEFIT REPORT DURING THE TAX YEAR?YES. AURORA HEALTH CARE, INC. (AURORA) IS CURRENTLY PREPARING COMMUNITY BENEFIT REPORTS FOR EACH AURORA HOSPITAL, WHICH WILL BE PUBLISH FOR PUBLIC REVIEW NO LATER THAN 12/31/2023.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6B	IF PART I, LINE 6A WAS ANSWERED "YES," DID THE ORGANIZATION MAKE IT AVAILABLE TO THE PUBLIC? YES. THE 2021 COMMUNITY BENEFIT REPORTS WILL BE AVAILABLE FOR REVIEW AT OUR HOSPITAL LOCATIONS AND ON THE AURORA WEBSITE: WWW.AURORA.ORG/COMMBENEFITS

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>PART II (DESCRIBE IN PART VI) COMMUNITY-BUILDING ACTIVITIES 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 DRIVERS OF HEALTH. OUR HOSPITALS PRIORITIZE THOSE ALIGNING WITH THE ADVOCATE HEALTH MIDWEST REGION COMMUNITY STRATEGY, WHICH IS FOCUSED ON ADDRESSING HEALTH ISSUES ASSOCIATED WITH ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH, HOUSING INSECURITY, COMMUNITY SAFETY, WORKFORCE DEVELOPMENT AND FOOD INSECURITY. 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 HDS WITHIN MILWAUKEE CO. AND FREE CLINICS FINANCE, STAFF AND FULFILL MILWAUKEE HEALTH CARE PARTNERSHIP INITIATIVES HTTP://MKEHCP.ORG/ SUPPORT INROADS, A DIVERSITY PROGRAM TO PROVIDE PAID INTERNSHIPS TO DEVELOP DIVERSE, HIGH-PERFORMING, UNDERGRADUATE STUDENTS HTTPS://INROADS.ORG/ ENGAGE AND FINANCIALLY SUPPORT GROUPS WHO REVITALIZE COMMUNITIES FACED WITH DISPARITIES - SEE PARTNERSHIPS NEAR WEST SIDE PARTNERS HTTP://WWW.NEARWESTSIDEMKE.ORG HOUSE A WOMEN, INFANT AND CHILDREN'S (WIC) NUTRITION CLINIC 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): HELP FINANCE AND STAFF THE MENTAL HEALTH EMERGENCY CENTER (MHEC) IN PARTNERSHIP WITH OTHER HEALTH CARE SYSTEMS IN THE MILWAUKEE AREA THROUGH THE MILWAUKEE HEALTH CARE PARTNERSHIP HTTP://MENTALHEALTHMKE.ORG/. 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 WIEAP ASSOCIATION, MHCP 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 HTTPS://SHAREDJOURNEYS.WAWMSD.ORG/; 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 FIVE HOSPITALS: AURORA MEMORIAL MEDICAL CENTER - BURLINGTON (AMCB), AURORA LAKELAND MEDICAL CENTER (ALMC), AURORA MEDICAL CENTER - KENOSHA (AMCK), AURORA MEDICAL CENTER - SUMMIT (AMCS), AND AURORA MEDICAL CENTER MOUNT PLEASANT (AMCMP). 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 MEDICAL CENTER - OSHKOSH (AMCO), (ONE HOSPITAL): FINANCIAL AND IN-KIND SUPPORT FOR LOCAL CHAMBERS WITHIN THE COUNTY; SERVE ON BOARDS AND/OR COMMITTEES OF HD'S FREE CLINICS, AND LOCAL COMMUNITY NOT FOR PROFIT AGENCIES IN WINNEBAGO COUNTY, INCLUDING : FOX VALLEY HEALTH CARE ALLIANCE (FVHCA) HTTPS://WWW.FVHCA.ORG/; FOX VALLEY COMMUNITY HEALTH IMPROVEMENT COALITION (FVCHIC); BEWELL FOX VALLEY. AURORA MEDICAL CENTER - SHEBOYGAN COUNTY (AMCSC) (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 HEALTH CARE, HEALTHY SHEBOYGAN CO. SUB-COMMITTEES HTTP://WWW.HEALTHYSHEBOYGANCOUNTY.ORG/, THE SHEBOYGAN CO. HUMAN TRAFFICKING TASK FORCE AND WELCOME BABY SCREENINGS. AURORA MEDICAL CENTER - WASHINGTON COUNTY (AMCWC) (ONE HOSPITAL): FINANCIAL AND IN-KIND SUPPORT FOR LOCAL CHAMBERS WITHIN THE COUNTY; SERVE ON BOARDS AND/OR COMMITTEES OF HD, FREE CLINICS, AND LOCAL COMMUNITY NOT FOR PROFIT AGENCIES IN WASHINGTON COUNTY, INCLUDING: WELL WASHINGTON COUNTY HTTPS://WWW.WASHOZ</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>WI.GOV/SERVICES/COMMUNITY-HEALTH-PREVENTION/LEADERSHIP-COUNCIL/WELL-WASHINGTON; WASHINGTON COUNTY WORKFORCE ALLIANCE, UNITED WAY AND FAMILY CENTER OF WASHINGTON CO.; KETTLE MORAIN YMCA; CASA GUADALUPE; ALBRECHT FREE CLINIC (OPERATIONS AND FINANCE COMMITTEES, IN ADDITION TO FINANCIAL SUPPORT); WASHINGTON OZAUKEE HEALTH DEPT; 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, WASHINGTON OZAUKEE HEALTH DEPT; AND ADVOCATES OF OZAUKEE, CULTIVATE MENTAL HEALTH FRIENDLY COMMUNITY PROJECT HTTPS://CULTIVATE.WASHOZWI.GOV/CULTIVATE-COMMUNITIES, 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:	<p>PART VI QUESTION 2. NEEDS ASSESSMENTS SINCE 2003, ADVOCATE AURORA HEALTH (FORMERLY AURORA HEALTH CARE), 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, 2020 AND 2030.2. STAKEHOLDER INTERVIEWS AS DESCRIBED IN PART V SECTION B QUESTION 5.3. AURORA ALSO HAS A CONTRACT WITH METOPIO TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR HOSPITALS. THIS ROBUST PLATFORM OFFERS THE HOSPITALS HEALTH, DEMOGRAPHIC, AND HOSPITALIZATION INDICATORS.4. COUNTY HEALTH RANKINGS: A COMPILATION OF DATA USING COUNTY-LEVEL MEASURES FROM A VARIETY OF NATIONAL AND STATE DATA SOURCES5. OTHER LOCAL SURVEYS AND OTHER DATA WHEN AVAILABLE. SOME EXAMPLES INCLUDE WISH (WISCONSIN INTERACTIVE STATISTICS ON HEALTH) QUERY SYSTEM, YRBS DATA, LOCAL COALITION SURVEYS, ETC.</p>

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.

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>PART VI QUESTION 4. COMMUNITY INFORMATION A DETAILED DESCRIPTION OF THE COMMUNITY SERVED BY EACH HOSPITAL ORGANIZATION INCLUDED IN THIS GROUP RETURN CAN BE FOUND IN THE 2019, 2020 A ND 2021 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, AS MC AND ASLSS), AWAMC AND APH IN MILWAUKEE CO.; URBAN. MILWAUKEE COUNTY IS THE MOST POPULOU S AND DENSELY POPULATED COUNTY IN WISCONSIN AND THE 47TH MOST POPULOUS IN THE UNITED STATE S. THERE ARE 19 CITIES IN MILWAUKEE COUNTY; THE LARGEST IS MILWAUKEE, FOLLOWED BY WEST ALL IS, WAUWATOSA, OAK CREEK, AND GREENFIELD IN THAT ORDER. MILWAUKEE COUNTY HAS AN ESTIMATED POPULATION SIZE OF 942,546 IN 2021. THIS REPRESENTS A DECREASE OF 0.55% SINCE 2010. ABOUT 51% OF THE COUNTY'S POPULATION (482,771 PEOPLE) LIVE IN THE CITY OF MILWAUKEE. ZIP CODES W ITHIN THE CITY OF MILWAUKEE HAVE A HIGH PERCENTAGE OF THE POPULATION THAT IS UNDER 18. IN CONTRAST, MOST OF THE POPULATION OVER 65 IS OUTSIDE THE CITY LIMITS. MILWAUKEE COUNTY 'S 2 021 POPULATION IS 57.3% WHITE (NON-HISPANIC), 16.3% HISPANIC OR LATINO, 26.7% BLACK/AFRICA N AMERICAN (NON-HISPANIC), AND 4.9% ASIAN (NON-HISPANIC). THIS IS IN CONTRAST TO WISCONSIN , WHICH IS 80.1% WHITE (NON-HISPANIC) AND 6.4% BLACK/AFRICAN AMERICAN (NON-HISPANIC). MILW AUKEE COUNTY HAS 14.2% OF FAMILIES LIVING BELOW POVERTY, WHICH IS HIGH COMPARED TO WISCONS IN (7.2%). 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 H OUSEHOLD INCOME IS \$61,106 AND 11.7% OF PEOPLE LIVED BELOW THE FEDERAL POVERTY LEVEL IN TH E LAST 12 MONTHS.O AMCB: SIX PERCENT OF THE RACINE POPULATION IS UNDER 4 YEARS OLD, 17.2 P ERCENT OF THE POPULATION IS BETWEEN THE AGES OF 5 AND 17, AND 26.4 PERCENT OF THE POPULATI ON IS BETWEEN THE AGES OF 18 AND 39. THE LARGEST AGE GROUP IN THE COUNTY IS THE 40-64 YEAR OLD AGE GROUP WITH A POPULATION OF 34.1 PERCENT OF THE POPULATION. SIXTEEN PERCENT OF THE RACINE POPULATION IS 65 YEARS OR OLDER. DEMOGRAPHIC DATA SHOWS THAT RACINE COUNTY IS 73.6 PERCENT WHITE, THE LARGEST RACIAL GROUP, FOLLOWED BY THE HISPANIC OR LATINO POPULATION AT 13.4 PERCENT, NON-HISPANIC BLACK POPULATION AT 11.7 PERCENT AND THE ASIAN OR PACIFIC ISLA NDER POPULATION AT 1.3 PERCENT. THE MEDIAN HOUSEHOLD INCOME IN RACINE COUNTY IS \$58,657, W HICH IS LOWER THAN THE STATE'S MEDIAN HOUSEHOLD INCOME OF \$59,050.O AMCK: KENOSHA CO. HAS A POPULATION OF 167,886 PEOPLE, OF WHICH 7.5% ARE AFRICAN AMERICAN 12.7% ARE HISPANIC OR L ATINO 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: FI VE PERCENT OF THE WAUKESHA POPULATION IS UNDER 4 YEARS OLD, 16.8 PERCENT OF THE POPULATION IS BETWEEN THE AGES OF 5 AND 17, AND 24.2 PERCENT OF THE POPULATION IS BETWEEN THE AGES O F 18 AND 39. THE LARGEST AGE GROUP IN THE COUNTY IS THE 40-64 YEAR OLD AGE GROUP WITH A PO PULATION OF 36.3 PERCENT OF THE POPULATION. THE THIRD LARGEST GROUP IS THE SENIOR POPULATI ON (65 YEARS AND OLDER) AT 17.5 PERCENT. DEMOGRAPHIC DATA SHOWS THAT WAUKESHA COUNTY IS 90 .1 PERCENT WHITE, THE LARGEST RACIAL GROUP, FOLLOWED BY THE HISPANIC OR LATINO POPULATION AT 4.7 PERCENT, THE ASIAN OR PACIFIC ISLANDER POPULATION AT 3.5 PERCENT, AND NON-HISPANIC BLACK POPULATION AT 1.6 PERCENT. THE MEDIAN HOUSEHOLD INCOME IN WAUKESHA COUNTY IS \$83,465 , WHICH IS HIGHER THAN THE STATE'S MEDIAN HOUSEHOLD INCOME OF \$59,050. T ABMC (ONE HOSPITA L, BOTH RURAL AND URBAN POPULATIONS). SIX POINT FIVE PERCENT OF THE BROWN POPULATION IS UN DER 4 YEARS OLD, 17.5 PERCENT OF THE POPULATION IS BETWEEN THE AGES OF 5 AND 17, AND 29.5 PERCENT OF THE POPULATION IS BETWEEN THE AGES OF 18 AND 39. THE LARGEST AGE GROUP IN THE C OUNTY IS THE 40-64 YEAR OLD AGE GROUP WITH A POPULATION OF 32.2 PERCENT OF THE POPULATION. THE FOURTH LARGEST GROUP IS THE SENIOR POPULATION (65 YEARS AND OLDER) AT 14.4 PERCENT. D EMOGRAPHIC DATA SHOWS THAT BROWN COUNTY IS 85.0 PERCENT WHITE, THE LARGEST RACIAL GROUP, F OLLOWED BY THE HISPANIC OR LATINO POPULATION AT 9.1 PERCENT, THE ASIAN OR PACIFIC ISLANDER POPULATION AT 3.4 PERCENT, AND NON-HISPANIC BLACK POPULATION AT 2.6 PERCENT. THE MEDIAN H OUSEHOLD INCOME IN BROWN COUNTY IS \$59,617, WHICH IS SLIGHTLY LOWER THAN THE STATE'S MEDIA N HOUSEHOLD INCOME OF \$59,050. AMCMC (ONE HOSPITAL, MOSTLY RURAL). THE MANITOWOC COUNTY PO PULATION IS 81,359. MANITOWOC COUNTY IS 89.9 PERCENT NON-HISPANIC WHITE, WHICH IS THE LARG EST RACIAL GROUP FOLLOWED BY HISPANIC OF LATINO POPULATION AT 4.3 PERCENT, ASIAN OR PACIFI C ISLANDER AT 2.7 PERCENT, TWO OR MORE RACES AT 1.6 PERCENT, NON-HISPANIC BLACK AT 1.1 PER CENT, AND NATIVE AMERICAN AT 0.4 PERCENT. IN 2016-2020, THE MEDIAN AGE IN MANITOWOC COUNTY WAS 44.9 YEARS OLD HIGHER THAN THE WISCONSIN MEDI</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>AN AGE OF 39.6. IN 2016-2020, 50.1 PERCENT OF THE MANITOWOC COUNTY POPULATION WAS FEMALE, AND 50.1 PERCENT WAS MALE. THE MEDIAN HOUSEHOLD INCOME IN MANITOWOC COUNTY IS \$61,616. AMC O (ONE HOSPITAL, BOTH RURAL AND URBAN POPULATIONS). THE AGE DISTRIBUTION IN WINNEBAGO COUNTY IS SIMILAR TO THE DISTRIBUTION IN WISCONSIN AND THE UNITED STATES. A LITTLE LESS THAN SIX PERCENT OF THE WINNEBAGO COUNTY POPULATION IS UNDER 4 YEARS OLD, 15.1 PERCENT OF THE POPULATION IS BETWEEN THE AGES OF 5 AND 17, AND 31.5 PERCENT OF THE POPULATION IS BETWEEN THE AGES OF 18 AND 39. THE LARGEST AGE GROUP IN THE COUNTY IS THE 4064-YEAR-OLD AGE GROUP WITH A POPULATION OF 32.1 PERCENT OF THE POPULATION. THE THIRD LARGEST GROUP IS THE SENIOR POPULATION (65 YEARS AND OLDER) AT 15.9 PERCENT. DEMOGRAPHIC DATA SHOWS THAT WINNEBAGO COUNTY IS 90.6 PERCENT WHITE, THE LARGEST RACIAL GROUP, FOLLOWED BY THE HISPANIC OR LATINO POPULATION AT 4.2 PERCENT, THE ASIAN OR PACIFIC ISLANDER POPULATION AT 2.8 PERCENT, AND NON-HISPANIC BLACK POPULATION AT 2.3 PERCENT. THE MEDIAN HOUSEHOLD INCOME IN WINNEBAGO COUNTY IS \$55,986, WHICH IS SLIGHTLY LOWER THAN THE STATE'S MEDIAN HOUSEHOLD INCOME OF \$59,050. AM CSC (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>PART VI QUESTION 5. PROMOTION OF COMMUNITY HEALTHCARE AURORA HOSPITAL FACILITY WILL PUBLISH A 2022 COMMUNITY BENEFIT REPORT, WHICH WILL BE PUBLICLY AVAILABLE AT WWW.AURORA.ORG/COMM BENEFITS NO LATER THAN 12/31/2023. OTHER WAYS ARE CONTINUED TO PROMOTE THE HEALTH OF THE COMMUNITY IN WISCONSIN DURING 2022: AURORA HEALTH CARE METRO, INC. (ASLMC, ASLSS AND ASMC). HOSPITAL LEADERS SERVE ON BOARDS AND/OR COMMITTEES OF PUBLIC HDS, 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 (AWPC), LOCATED IN THE HEART OF MILWAUKEE'S MOST DIVERSE SOUTH-SIDE COMMUNITY, PROVIDES CARE, FREE OF CHARGE TO APPROXIMATELY 3,500 UNDER AND UNINSURED COMMUNITY MEMBERS ANNUALLY. THIS INCLUDES BILINGUAL URGENT, PRIMARY, PREVENTIVE AND SPECIALTY HEALTH CARE; BILINGUAL MENTAL HEALTH SERVICES; ED AND HOSPITAL REFERRALS FOR UNINSURED PERSONS AND AURORA'S SPECIALTY ACCESS FOR UNINSURED PROGRAM (SAUP). 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 15 AURORA HOSPITALS. AHAS SERVICES INCLUDE: THE HEALING CENTER AT AURORA 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 SURVIVORS AND ANSWERED 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. THE HEALING CENTER AT SOJOURNER (SOJOURNER FAMILY PACE CENTER) COUNSELORS AND ADVOCATES ALSO PROVIDED SERVICES ON-SITE FOR SHELTER RESIDENTS. 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. APH (ONE HOSPITAL): AN AVERAGE OF 50 SUPPORT AND NOT-FOR-PROFIT GROUPS UTILIZE LIGHHOUSE ON DEWEY WEEKLY; TELEPSYCH SERVICES THAT REACH INDIVIDUALS ACROSS AURORA'S FOOTPRINT; HEALTH RISK ASSESSMENT SCREENINGS AND HEALTH COACHING; IN-PERSON AND TELEINTAKE ASSESSMENTS ARE PROVIDED BY ABHS IN AURORA HOSPITAL EMERGENCY DEPARTMENTS (ED) TO EXPEDITE CARE FOR INDIVIDUALS PRESENTING WITH BEHAVIORAL HEALTH ISSUES; CONTINUING EDUCATION AND INTENSIVE WORKSHOPS ARE HELD. AWAMC (ONE HOSPITAL): SUBSIDIZES AURORA WISELIVES, A UNIV. 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 TWEEN PREGNANCY AND PARENTING.; OPERATES A TRANSITIONS IN CARE PROGRAM THAT SERVES VULNERABLE OLDER ADULTS. AURORA HEALTH CARE SOUTHERN LAKES (INCLUDES FIVE HOSPITALS ALMC, AMCB, AMCMP, AMCK AND AMCS): PROVIDED SUPPORT FOR FREE CLINICS AND FQHCs THAT INCLUDE RACINE HEALTH CARE NETWORK, KENOSHA COMMUNITY HEALTH CENTER, LAKE COUNTRY 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 CLINICS; 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. FOOD DONATIONS ARE DONATED BY OUR HOSPITAL CAFETERIA TO LOCAL FOOD PANTRIES. AMCO (ONE HOSPITAL): SEXUAL ASSAULT NURSE EXAMINER PROGRAM; PROV</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p> IDED AN RN TO TEACH COMMUNITY PRENATAL AND NEW PARENT RELATED CLASSES AT BELLA MEDICAL; SU PPORT OF THE LOCAL SALVATION ARMY CLINIC. FOCUSING ON OBESITY EFFORTS THROUGH WORK IN COLL ABORATION WITH BE WELL FOX VALLEY.AMCSC (ONE HOSPITAL): SEXUAL ASSAULT NURSE EXAMINER PROG RAM; SUPPORT THE LAKESHORE COMMUNITY HEALTH CENTER AND ANCHOR OF HOPE HEALTH CENTER WITH I N-KIND DONATIONS; PARTICIPATION ON THE ORANGE CROSS BOARD AND HEALTHY SHEBOYGAN CO., TEAMI NG TOGETHER FOR A BRIGHTER TOMORROW PROGRAMS WERE HELD AND MULTIPLE SAFETY OUTREACH EFFORT S CONTINUED SUCH AS CAR SEAT CHECKS FOR COMMUNITY MEMBERS.AMCWC (ONE HOSPITAL): SEXUAL ASS AULT NURSE EXAMINER PROGRAM; SUPPORT FOR WASHINGTON CO. FAMILY CENTER, ALBRECHT FREE CLINI C, BOYS & GIRLS CLUBS BOARD OF DIRECTORS, KETTLE MORAINE YMCA BOARD, AND THE WASHINGTON CO . WORKFORCE ALLIANCE. WORK WITH LOCAL HIGH SCHOOL STUDENTS ON JOB SHADOWING AND PROVIDING SCHOLARSHIPS FOR HIGH SCHOOL SENIORS SEEKING CAREERS IN HEALTH CARE; MEDICAL SUPPORT, TRAI NINGS AND PROGRAMS FOR FIRE AND SHERIFF DEPARTMENTS IN SURROUNDING COUNTIES.AMCG (ONE HOSP ITAL): MEDICAL SUPPORT, TRAININGS AND PROGRAMS FOR FIRE AND SHERIFF DEPARTMENTS IN SURROUN DING COUNTIES; PROVIDED HEALTH EDUCATION FOR COMMUNITY MEMBERS, INCLUDING CPR CLASSES, FIR ST AID CLASSES, AND STOP THE BLEED CLASS. </p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

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		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											
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 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 1 - FRANKLIN URGENT CARE 9200 WEST LOOMIS ROAD FRANKLIN, WI 53132	OUTPATIENT PHYSICIAN CLINIC
1 2 - AURORA REHABILITATION CENTER 2000 EAST LAYTON AVENUE ST FRANCIS, WI 53221	OUTPATIENT REHAB CENTER
2 3 - AURORA REHABILITATION CENTER 4111 WEST MITCHELL STREET MILWAUKEE, WI 53204	OUTPATIENT REHAB CENTER
3 4 - AURORA WISELIVES CLINIC 8320 WEST BLUEMOUND ROAD WAUWATOSA, WI 53213	OUTPATIENT PHYSICIAN CLINIC
4 5 - WALKERS POINT COMMUNITY CLINIC 130 WEST BRUCE STREET MILWAUKEE, WI 53204	OUTPATIENT PHYSICIAN CLINIC
5 6 - SPORTS MEDICINE INSTITUTE 6255 NORTH SANTA MONICA BOULEVARD WHITEFISH BAY, WI 53217	PHYSICAL THERAPY REHAB
6 7 - AURORA MEDICAL GROUP - SHEBOYGAN 1001 SERVICE RD KIEL, WI 530421297	PATIENT CARE - OUT PATIENT
7 8 - AURORA MEDICAL GROUP - BROWN COUNTY 101 EXPRESS WAY BONDUEL, WI 541079041	PATIENT CARE - OUT PATIENT
8 9 - AURORA MEDICAL GROUP - KENOSHA 1010 35TH ST KENOSHA, WI 531401902	PATIENT CARE - OUT PATIENT
9 10 - AURORA MEDICAL GROUP - KENOSHA 1020 35TH ST KENOSHA, WI 531401932	PATIENT CARE - OUT PATIENT
10 11 - AURORA SINAI MEDICAL CENTER 1020 N 12TH ST MILWAUKEE, WI 532331308	PATIENT CARE - OUT PATIENT
11 12 - AURORA MEDICAL CENTER - WASHINGTON COUNTY 1022 SELL DRIVE HARTFORD, WI 530272620	PATIENT CARE - OUT PATIENT
12 13 - AURORA MEDICAL GROUP - KENOSHA 10222 74TH ST STE 200 KENOSHA, WI 531426810	PATIENT CARE - OUT PATIENT
13 14 - AURORA MEDICAL GROUP - MANITOWOC COUNTY 106 MILL ST REEDSVILLE, WI 542301700	PATIENT CARE - OUT PATIENT
14 15 - AURORA SINAI MEDICAL CENTER 10600 N PORT WASHINGTON RD MEQUON, WI 530925093	PATIENT CARE - OUT PATIENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 16 - AURORA ADVANCED HEALTH CARE 1061 E COMMERCE BOULEVARD SLINGER, WI 530869326	PATIENT CARE - OUT PATIENT
1 17 - AURORA QUICKCARE 10800 W CAPITOL DRIVE MILWAUKEE, WI 532221109	PATIENT CARE - OUT PATIENT
2 18 - AURORA MEDICAL GROUP 110 BUTLER ST RANDOM LAKE, WI 530751708	PATIENT CARE - OUT PATIENT
3 19 - AURORA MEDICAL CENTER - WASHINGTON COUNTY 1100 GATEWAY COURT WEST BEND, WI 530958539	PATIENT CARE - OUT PATIENT
4 20 - AURORA MEDICAL GROUP - BROWN COUNTY 1100 ORCHARD DRIVE SEYMOUR, WI 541651600	PATIENT CARE - OUT PATIENT
5 21 - PHYSICIAN OFFICES 1106 UNIVERSITY DRIVE MARINETTE, WI 541435110	PATIENT CARE - OUT PATIENT
6 22 - AURORA QUICKCARE 11270 N PORT WASHINGTON RD MEQUON, WI 530923410	PATIENT CARE - OUT PATIENT
7 23 - AURORA MEDICAL GROUP - OSHKOSH 1136 WESTOWNE DRIVE NEENAH, WI 549562175	PATIENT CARE - OUT PATIENT
8 24 - AURORA MEDICAL GROUP - SHEBOYGAN 1146 PLANKVIEW GREEN BOULEVARD SHEBOYGAN FALLS, WI 530853393	PATIENT CARE - OUT PATIENT
9 25 - AURORA ST LUKE'S MEDICAL CENTER 1151 WARWICK WAY RACINE, WI 534065661	PATIENT CARE - OUT PATIENT
10 26 - VISITING NURSE ASSOCIATION 1155 N HONEY CREEK PKWY MILWAUKEE, WI 532133189	PATIENT CARE - OUT PATIENT
11 27 - AURORA MEDICAL GROUP - SHEBOYGAN 1211 N 23RD ST SHEBOYGAN, WI 530813103	PATIENT CARE - OUT PATIENT
12 28 - AURORA SINAI MEDICAL CENTER 1218 W KILBOURN AVENUE MILWAUKEE, WI 532331330	PATIENT CARE - OUT PATIENT
13 29 - AURORA MEDICAL GROUP - METRO SPECIALISTS 1218 W KILBOURN AVENUE STE 124 MILWAUKEE, WI 532331325	PATIENT CARE - OUT PATIENT
14 30 - AURORA ADVANCED HEALTH CARE 12203 CORPORATE PKWY MEQUON, WI 530923388	PATIENT CARE - OUT PATIENT

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Name and address	Type of Facility (describe)
31 31 - AURORA MEDICAL GROUP - OSHKOSH 1242 W FOND DU LAC ST RIPON, WI 549719288	PATIENT CARE - OUT PATIENT
1 32 - AURORA SINAI MEDICAL CENTER 1249 W LIEBAU RD STE 100 MEQUON, WI 530923397	PATIENT CARE - OUT PATIENT
2 33 - AURORA HEALTH CENTER - PLEASANT PRAIRIE 12500 AURORA DRIVE PLEASANT PRAIRIE, WI 531581227	PATIENT CARE - OUT PATIENT
3 34 - AURORA MEDICAL GROUP - WAUKESHA COUNTY 1284 N SUMMIT AVENUE OCONOMOWOC, WI 530664459	PATIENT CARE - OUT PATIENT
4 35 - MOUNT PLEASANT HOSPITAL 13250 WASHINGTON AVENUE MOUNT PLEASANT, WI 531771516	PATIENT CARE - OUT PATIENT
5 36 - AURORA MEDICAL GROUP - BROWN COUNTY 1346 E GREEN BAY ST SHAWANO, WI 541662210	PATIENT CARE - OUT PATIENT
6 37 - AURORA MEDICAL GROUP - OSHKOSH 135 JACKSON ST OSHKOSH, WI 549014713	PATIENT CARE - OUT PATIENT
7 38 - AURORA ADVANCED HEALTH CARE 13850 W CAPITOL DRIVE BROOKFIELD, WI 530052422	PATIENT CARE - OUT PATIENT
8 39 - AURORA MEDICAL GROUP - WAUKESHA COUNTY 144 E SUMMIT AVENUE WALES, WI 531839546	PATIENT CARE - OUT PATIENT
9 40 - AURORA MEDICAL GROUP - DOOR COUNTY 1449 GREEN BAY RD STE 5-6 STURGEON BAY, WI 542353846	PATIENT CARE - OUT PATIENT
10 41 - AURORA ST LUKE'S MEDICAL CENTER 14555 W NATIONAL AVENUE NEW BERLIN, WI 531514494	PATIENT CARE - OUT PATIENT
11 42 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 146 E GENEVA SQ LAKE GENEVA, WI 531479694	PATIENT CARE - OUT PATIENT
12 43 - AURORA ADVANCED HEALTH CARE 1475 W GRAND AVENUE PORT WASHINGTON, WI 530742074	PATIENT CARE - OUT PATIENT
13 44 - ADVOCATE HEALTHAURORA BAYCARE 1500 ARBOR WAY KAUKAUNA, WI 541307305	PATIENT CARE - OUT PATIENT
14 45 - AURORA MEDICAL GROUP - MARINETTE 1510 UNIVERSITY DRIVE MARINETTE, WI 541434131	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 46 - BEHAVIORAL HEALTH CENTER 1525 N 12TH ST MILWAUKEE, WI 53205	PATIENT CARE - OUT PATIENT
1 47 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 1550 HOBBS DRIVE DELANAV, WI 531152027	PATIENT CARE - OUT PATIENT
2 48 - AURORA MEDICAL GROUP - BROWN COUNTY 1565 ALLOUEZ AVENUE GREEN BAY, WI 543115639	PATIENT CARE - OUT PATIENT
3 49 - AURORA MEDICAL GROUP - (NORTH SIDE OF MILW 1575 N RIVERCENTER DRIVE MILWAUKEE, WI 532123978	PATIENT CARE - OUT PATIENT
4 50 - AURORA SINAI MEDICAL CENTER 1575 N RIVERCENTER DRIVE MILWAUKEE, WI 532123978	PATIENT CARE - OUT PATIENT
5 51 - AURORA ADVANCED HEALTH CARE 1640 E SUMNER ST HARTFORD, WI 530272684	PATIENT CARE - OUT PATIENT
6 52 - AURORA MEDICAL CENTER - MANITOWOC COUNTY 1720 MEMORIAL DRIVE MANITOWOC, WI 542201440	PATIENT CARE - OUT PATIENT
7 53 - AURORA MEDICAL GROUP - MANITOWOC COUNTY 175 S STATE ST MISHICOT, WI 542289211	PATIENT CARE - OUT PATIENT
8 54 - AURORA ADVANCED HEALTH CARE 1777 W GRAND AVENUE PORT WASHINGTON, WI 530742077	PATIENT CARE - OUT PATIENT
9 55 - AURORA MEDICAL GROUP - OSHKOSH 1805 HUCKLEBERRY AVENUE OMRO, WI 549631851	PATIENT CARE - OUT PATIENT
10 56 - AURORA MEDICAL GROUP - SHEBOYGAN 1813 ASHLAND AVENUE SHEBOYGAN, WI 530816125	PATIENT CARE - OUT PATIENT
11 57 - AURORA MEDICAL GROUP - METRO SPECIALISTS 18650 W CORPORATE DRIVE STE 102 BROOKFIELD, WI 530456344	PATIENT CARE - OUT PATIENT
12 58 - AURORA MEDICAL GROUP - BROWN COUNTY 1881 CHICAGO ST DE PERE, WI 541153770	PATIENT CARE - OUT PATIENT
13 59 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 190 GARDNER AVENUE BURLINGTON, WI 531052160	PATIENT CARE - OUT PATIENT
14 60 - AURORA MEDICAL GROUP - DOOR COUNTY 1910 ALABAMA ST STURGEON BAY, WI 542353532	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
61 61 - AURORA MEDICAL GROUP - WALWORTH 20 N CHURCH ST ELKHORN, WI 531211770	PATIENT CARE - OUT PATIENT
1 62 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 201 E MORRISSY DRIVE ELKHORN, WI 531214395	PATIENT CARE - OUT PATIENT
2 63 - AURORA ADVANCED HEALTH CARE 205 VALLEY AVENUE WEST BEND, WI 530955312	PATIENT CARE - OUT PATIENT
3 64 - AURORA MEDICAL GROUP - OSHKOSH 210 WISCONSIN AMERICAN DRIVE FOND DU LAC, WI 549372999	PATIENT CARE - OUT PATIENT
4 65 - AURORA MEDICAL CENTER - OSHKOSH 210 WISCONSIN AMERICAN DRIVE FOND DU LAC, WI 549372999	PATIENT CARE - OUT PATIENT
5 66 - AURORA ADVANCED HEALTH CARE 215 WASHINGTON ST GRAFTON, WI 530241700	PATIENT CARE - OUT PATIENT
6 67 - VISITING NURSE ASSOCIATION 2202 76TH ST KENOSHA, WI 531431408	PATIENT CARE - OUT PATIENT
7 68 - AURORA QUICKCARE 2205 N CALHOUN RD BROOKFIELD, WI 530055062	PATIENT CARE - OUT PATIENT
8 69 - BAYCARE AURORA 2210 WOODLAND DRIVE STE 300 MANITOWOC, WI 542209601	PATIENT CARE - OUT PATIENT
9 70 - AURORA MEDICAL GROUP - MANITOWOC COUNTY 2219 GARFIELD ST TWO RIVERS, WI 542412416	PATIENT CARE - OUT PATIENT
10 71 - AURORA MEDICAL GROUP - BROWN COUNTY 2253 W MASON ST STE 200 GREEN BAY, WI 543034706	PATIENT CARE - OUT PATIENT
11 72 - AURORA QUICKCARE 2301 S ONEIDA ST GREEN BAY, WI 543045230	PATIENT CARE - OUT PATIENT
12 73 - AURORA MEDICAL GROUP 2361 W MASON ST GREEN BAY, WI 543034708	PATIENT CARE - OUT PATIENT
13 74 - AURORA WEST ALLIS MEDICAL CENTER 2400 S 90TH ST MILWAUKEE, WI 532272417	PATIENT CARE - OUT PATIENT
14 75 - AURORA MEDICAL GROUP - SHEBOYGAN 2414 KOHLER MEMORIAL DRIVE SHEBOYGAN, WI 530813129	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 76 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 248 MCHENRY ST BURLINGTON, WI 531051828	PATIENT CARE - OUT PATIENT
1 77 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 2483 CORPORATE CIRCLE EAST TROY, WI 531202575	PATIENT CARE - OUT PATIENT
2 78 - AURORA MEDICAL GROUP - METRO SPECIALISTS 2501 W SILVER SPRING DRIVE STE 4 MILWAUKEE, WI 532094217	PATIENT CARE - OUT PATIENT
3 79 - AURORA MEDICAL GROUP - DOOR COUNTY 2521 S BAY SHORE DRIVE UNITS 1 3 AND 4 SISTER BAY, WI 542349158	PATIENT CARE - OUT PATIENT
4 80 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 25320 75TH ST SALEM, WI 531689684	PATIENT CARE - OUT PATIENT
5 81 - AURORA MEDICAL GROUP - SHEBOYGAN 2600 KILEY WAY PLYMOUTH, WI 530735020	PATIENT CARE - OUT PATIENT
6 82 - AURORA MEDICAL GROUP - KENOSHA 2621 S GREEN BAY RD RACINE, WI 534064948	PATIENT CARE - OUT PATIENT
7 83 - AURORA MEDICAL GROUP - SHEBOYGAN 2636 EASTERN AVENUE PLYMOUTH, WI 530734269	PATIENT CARE - OUT PATIENT
8 84 - AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER 2640 N 6TH ST SHEBOYGAN, WI 530834963	PATIENT CARE - OUT PATIENT
9 85 - AURORA MEDICAL GROUP - BROWN COUNTY 2700 CROOKS AVENUE KAUKAUNA, WI 541303900	PATIENT CARE - OUT PATIENT
10 86 - AURORA MEDICAL GROUP - METRO SPECIALISTS 2700 W 9TH AVENUE OSHKOSH, WI 549047247	PATIENT CARE - OUT PATIENT
11 87 - AURORA MEDICAL GROUP - KENOSHA 2707 15TH PL KENOSHA, WI 531404947	PATIENT CARE - OUT PATIENT
12 88 - AURORA ST LUKE'S MEDICAL CENTER 2801 W KINNICKINNIC RIVER PKWY MILWAUKEE, WI 532153669	PATIENT CARE - OUT PATIENT
13 89 - AURORA ST LUKE'S MEDICAL CENTER 2801 W KINNICKINNIC RIVER PKWY MILWAUKEE, WI 532153669	PATIENT CARE - OUT PATIENT
14 90 - AURORA MEDICAL GROUP - (SOUTH SIDE OF MILW 2801 W KINNICKINNIC RIVER PKWY STE 135 MILWAUKEE, WI 532153693	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
91 91 - AURORA ADVANCED HEALTH CARE 2801 W KINNICKINNIC RIVER PKWY STE 930 MILWAUKEE, WI 532153669	PATIENT CARE - OUT PATIENT
1 92 - AURORA MEDICAL GROUP - METRO SPECIALISTS 2801 W KINNICKINNIC RIVER PKWY STE L060 1 MILWAUKEE, WI 532153669	PATIENT CARE - OUT PATIENT
2 93 - AURORA MEDICAL GROUP - WAUKESHA COUNTY 2808 HERITAGE DRIVE DELAFIELD, WI 530182127	PATIENT CARE - OUT PATIENT
3 94 - AURORA MEDICAL GROUP - BROWN COUNTY 2845 GREENBRIER RD GREEN BAY, WI 543116519	PATIENT CARE - OUT PATIENT
4 95 - AURORA MEDICAL GROUP - BROWN COUNTY 2890 LINEVILLE RD GREEN BAY, WI 543137202	PATIENT CARE - OUT PATIENT
5 96 - AURORA MEDICAL GROUP - METRO SPECIALISTS 2901 W KINNICKINNIC RIVER PKWY STE 511 MILWAUKEE, WI 532153660	PATIENT CARE - OUT PATIENT
6 97 - AURORA ST LUKE'S MEDICAL CENTER 2907 W OKLAHOMA AVENUE MILWAUKEE, WI 532154329	PATIENT CARE - OUT PATIENT
7 98 - PHYSICIAN OFFICE 2935 SHORE DRIVE MARINETTE, WI 541434237	PATIENT CARE - OUT PATIENT
8 99 - AURORA QUICKCARE 2985 S CHICAGO AVENUE SOUTH MILWAUKEE, WI 531723133	PATIENT CARE - OUT PATIENT
9 100 - AURORA MEDICAL CENTER - GRAFTON 2999 N MAYFAIR RD MILWAUKEE, WI 532224306	PATIENT CARE - OUT PATIENT
10 101 - AURORA MEMORIAL HOSPITAL OF BURLINGTON 300 MC CANNA PKWY BURLINGTON, WI 531053622	PATIENT CARE - OUT PATIENT
11 102 - AURORA ST LUKE'S MEDICAL CENTER 3003 W GOOD HOPE RD MILWAUKEE, WI 532092042	PATIENT CARE - OUT PATIENT
12 103 - AURORA ST LUKE'S MEDICAL CENTER 3033 S 27TH ST MILWAUKEE, WI 532153600	PATIENT CARE - OUT PATIENT
13 104 - AURORA ADVANCED HEALTH CARE 3055 HUBERTUS RD HUBERTUS, WI 530339316	PATIENT CARE - OUT PATIENT
14 105 - AURORA MEMORIAL HOSPITAL OF BURLINGTON 308 MCHENRY ST BURLINGTON, WI 531052152	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
106 106 - OP REHAB & OCC HEALTH 3117 SHORE DRIVE MARINETTE, WI 541434293	PATIENT CARE - OUT PATIENT
1 107 - AURORA ST LUKE'S MEDICAL CENTER 3119 S CLEMENT AVENUE MILWAUKEE, WI 532072835	PATIENT CARE - OUT PATIENT
2 108 - AURORA MEDICAL GROUP - SHEBOYGAN 313 S MAIN ST CEDAR GROVE, WI 530131611	PATIENT CARE - OUT PATIENT
3 109 - MEDICAL OFFICES 3130 SHORE DRIVE MARINETTE, WI 541434291	PATIENT CARE - OUT PATIENT
4 110 - AURORA ADVANCED HEALTH CARE 325 E SILVER SPRING DRIVE MILWAUKEE, WI 532175222	PATIENT CARE - OUT PATIENT
5 111 - AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER 3400 UNION AVENUE SHEBOYGAN, WI 530818426	PATIENT CARE - OUT PATIENT
6 112 - MANITOWOC CLINIC 3509 DEWEY ST MANITOWOC, WI 542205813	PATIENT CARE - OUT PATIENT
7 113 - AURORA MEDICAL GROUP - WAUKESHA COUNTY 36500 AURORA DRIVE SUMMIT, WI 530664899	PATIENT CARE - OUT PATIENT
8 114 - AURORA MEDICAL GROUP - FOND DU LAC 375 EAST AVENUE LOMIRA, WI 530489202	PATIENT CARE - OUT PATIENT
9 115 - AURORA MEDICAL CENTER - MANITOWOC COUNTY 3821 DEWEY ST MANITOWOC, WI 542205482	PATIENT CARE - OUT PATIENT
10 116 - AURORA MEDICAL GROUP - MARINETTE 4061 OLD PESHTIGO RD MARINETTE, WI 541433887	PATIENT CARE - OUT PATIENT
11 117 - AURORA MEDICAL GROUP - BROWN COUNTY 4070 EQUESTRIAN LANE GREEN BAY, WI 542299649	PATIENT CARE - OUT PATIENT
12 118 - AURORA MEDICAL GROUP - MANITOWOC COUNTY 4100 DEWEY ST MANITOWOC, WI 542205497	PATIENT CARE - OUT PATIENT
13 119 - AURORA MEDICAL GROUP - (NORTH SIDE OF MILW 4111 W MITCHELL ST MILWAUKEE, WI 532151748	PATIENT CARE - OUT PATIENT
14 120 - AURORA ST LUKE'S MEDICAL CENTER 4131 W LOOMIS RD MILWAUKEE, WI 532212057	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
121 121 - VISITING NURSE ASSOCIATION 4131 W LOOMIS RD STE 230 MILWAUKEE, WI 532212072	PATIENT CARE - OUT PATIENT
1 122 - AURORA MEDICAL GROUP - OSHKOSH 414 DOCTORS COURT OSHKOSH, WI 549012065	PATIENT CARE - OUT PATIENT
2 123 - AURORA MEDICAL GROUP 4225 W OAKWOOD PARK COURT FRANKLIN, WI 531328131	PATIENT CARE - OUT PATIENT
3 124 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 4320 67TH DRIVE UNION GROVE, WI 531829338	PATIENT CARE - OUT PATIENT
4 125 - AURORA MEDICAL GROUP 4600 W LOOMIS RD MILWAUKEE, WI 532204858	PATIENT CARE - OUT PATIENT
5 126 - AURORA QUICKCARE 464 CARDINAL LANE GREEN BAY, WI 543139569	PATIENT CARE - OUT PATIENT
6 127 - VISITING NURSE ASSOCIATION 5000 MEMORIAL DRIVE TWO RIVERS, WI 542413900	PATIENT CARE - OUT PATIENT
7 128 - AURORA MEDICAL CENTER - MANITOWOC COUNTY 501 N 10TH ST MANITOWOC, WI 542204039	PATIENT CARE - OUT PATIENT
8 129 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 525 KENOSHA ST WALWORTH, WI 531849512	PATIENT CARE - OUT PATIENT
9 130 - AURORA MEDICAL GROUP - MARINETTE 530 SMITH AVENUE OCONTO, WI 541531010	PATIENT CARE - OUT PATIENT
10 131 - AURORA MEDICAL GROUP - MANITOWOC COUNTY 5300 MEMORIAL DRIVE TWO RIVERS, WI 542413923	PATIENT CARE - OUT PATIENT
11 132 - AURORA MEDICAL GROUP - KENOSHA 5333 DOUGLAS AVENUE RACINE, WI 534022032	PATIENT CARE - OUT PATIENT
12 133 - VISITING NURSE ASSOCIATION 5900 S LAKE DRIVE CUDAHY, WI 531103171	PATIENT CARE - OUT PATIENT
13 134 - AURORA MEDICAL GROUP - KENOSHA 5923 GREEN BAY RD KENOSHA, WI 531443737	PATIENT CARE - OUT PATIENT
14 135 - AURORA MEDICAL GROUP - WAUKESHA COUNTY 600 WALNUT RIDGE DRIVE HARTLAND, WI 530299385	PATIENT CARE - OUT PATIENT

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Name and address	Type of Facility (describe)
136 136 - AURORA MEDICAL GROUP - MARINETTE 603 FRENCH ST PESHTIGO, WI 541571207	PATIENT CARE - OUT PATIENT
1 137 - AURORA QUICKCARE 6030 W OKLAHOMA AVENUE MILWAUKEE, WI 532194133	PATIENT CARE - OUT PATIENT
2 138 - AURORA MEDICAL GROUP - OSHKOSH 6085 HARBOUR VIEW DRIVE WINNECONNE, WI 549868656	PATIENT CARE - OUT PATIENT
3 139 - AMG HOWARDS GROVE 620 S WISCONSIN DR HOWARDS GROVE, WI 53083	PATIENT CARE - OUT PATIENT
4 140 - AURORA MEDICAL GROUP - SHEBOYGAN 620 S WISCONSIN DRIVE SHEBOYGAN, WI 530831263	PATIENT CARE - OUT PATIENT
5 141 - AURORA MEDICAL GROUP - BROWN COUNTY 629 SOLVANG WAY DENMARK, WI 542088951	PATIENT CARE - OUT PATIENT
6 142 - AURORA ADVANCED HEALTH CARE 6425 W MEQUON RD MEQUON, WI 530921855	PATIENT CARE - OUT PATIENT
7 143 - AURORA MEDICAL GROUP - OSHKOSH 650 DOCTORS COURT OSHKOSH, WI 549012028	PATIENT CARE - OUT PATIENT
8 144 - VISITING NURSE ASSOCIATION 650 DOCTORS COURT OSHKOSH, WI 549012028	PATIENT CARE - OUT PATIENT
9 145 - AURORA MT PLEASANT CLINIC 6611 SPRING ST MOUNT PLEASANT, WI 534062632	PATIENT CARE - OUT PATIENT
10 146 - AURORA MEDICAL CENTER - KENOSHA 6811 118TH AVENUE KENOSHA, WI 531428420	PATIENT CARE - OUT PATIENT
11 147 - AURORA MEDICAL GROUP - KENOSHA 6811 118TH AVENUE KENOSHA, WI 531428420	PATIENT CARE - OUT PATIENT
12 148 - AURORA MEDICAL GROUP - (SOUTH SIDE OF MILW 6901 W EDGERTON AVENUE MILWAUKEE, WI 532204420	PATIENT CARE - OUT PATIENT
13 149 - ALTERNATIVE DELIVERY & CARE PROGRAM 6980 N PORT WASHINGTON RD STE 202 MILWAUKEE, WI 532173900	PATIENT CARE - OUT PATIENT
14 150 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 700 GENEVA PKWY N LAKE GENEVA, WI 531474594	PATIENT CARE - OUT PATIENT

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
151 151 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 700 N LAKE AVENUE TWIN LAKES, WI 531819436	PATIENT CARE - OUT PATIENT
1 152 - AURORA MEDICAL GROUP - OSHKOSH 700 N WESTHAVEN DRIVE OSHKOSH, WI 549046947	PATIENT CARE - OUT PATIENT
2 153 - VISITING NURSE ASSOCIATION 700 N WESTHAVEN DRIVE OSHKOSH, WI 549046947	PATIENT CARE - OUT PATIENT
3 154 - AURORA MEDICAL GROUP - OSHKOSH 700 PARK RIDGE LANE NORTH FOND DU LAC, WI 549371385	PATIENT CARE - OUT PATIENT
4 155 - AURORA MEMORIAL HOSPITAL OF BURLINGTON 709 SPRING VALLEY RD BURLINGTON, WI 531057614	PATIENT CARE - OUT PATIENT
5 156 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 709 SPRING VALLEY RD BURLINGTON, WI 531057614	PATIENT CARE - OUT PATIENT
6 157 - AURORA MEDICAL CENTER - OSHKOSH 712 DOCTORS COURT OSHKOSH, WI 549012029	PATIENT CARE - OUT PATIENT
7 158 - AURORA MEDICAL GROUP - MANITOWOC COUNTY 721 S CALUMET DRIVE VALDERS, WI 542459583	PATIENT CARE - OUT PATIENT
8 159 - AURORA MEDICAL CENTER - KENOSHA 7300 WASHINGTON AVENUE MOUNT PLEASANT, WI 534066525	PATIENT CARE - OUT PATIENT
9 160 - AURORA MEDICAL GROUP - KENOSHA 7520 22ND AVENUE KENOSHA, WI 531435702	PATIENT CARE - OUT PATIENT
10 161 - AURORA MEDICAL CENTER - KENOSHA 7600 PERSHING BOULEVARD KENOSHA, WI 531424318	PATIENT CARE - OUT PATIENT
11 162 - AURORA MEDICAL GROUP - (NORTH SIDE OF MILW 777 E WISCONSIN AVE MILWAUKEE, WI 532025300	PATIENT CARE - OUT PATIENT
12 163 - AURORA ADVANCED HEALTH CARE 7878 N 76TH ST MILWAUKEE, WI 532233914	PATIENT CARE - OUT PATIENT
13 164 - AURORA MEDICAL GROUP - BURLINGTON CLINIC 818 FOREST LANE WATERFORD, WI 531854585	PATIENT CARE - OUT PATIENT
14 165 - AURORA LAKELAND MEDICAL CENTER 830 E GENEVA ST DELAN, WI 531151932	PATIENT CARE - OUT PATIENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
166 166 - AURORA MEDICAL GROUP - KENOSHA 8338 WASHINGTON AVENUE MOUNT PLEASANT, WI 534063733	PATIENT CARE - OUT PATIENT
1 167 - AURORA MEDICAL GROUP - KENOSHA 8348 WASHINGTON AVENUE MOUNT PLEASANT, WI 534063733	PATIENT CARE - OUT PATIENT
2 168 - AURORA MEDICAL GROUP - KENOSHA 8400 WASHINGTON AVENUE MOUNT PLEASANT, WI 534063735	PATIENT CARE - OUT PATIENT
3 169 - AURORA MEDICAL CENTER - KENOSHA 8400 WASHINGTON AVENUE MOUNT PLEASANT, WI 534063735	PATIENT CARE - OUT PATIENT
4 170 - AURORA MEDICAL GROUP - (SOUTH SIDE OF MILW 8520 W OKLAHOMA AVENUE MILWAUKEE, WI 532274604	PATIENT CARE - OUT PATIENT
5 171 - AURORA MEDICAL GROUP - OSHKOSH 855 N WESTHAVEN DRIVE OSHKOSH, WI 549047668	PATIENT CARE - OUT PATIENT
6 172 - VISITING NURSE ASSOCIATION 8901 W LINCOLN AVENUE MILWAUKEE, WI 532272409	PATIENT CARE - OUT PATIENT
7 173 - AURORA MEDICAL GROUP - (SOUTH SIDE OF MILW 8905 W LINCOLN AVENUE MILWAUKEE, WI 532272468	PATIENT CARE - OUT PATIENT
8 174 - AURORA MEDICAL GROUP - OSHKOSH 900 E DIVISION ST WAUTOMA, WI 549826944	PATIENT CARE - OUT PATIENT
9 175 - AHC - 84 SOUTH 9000 W SURA LANE MILWAUKEE, WI 532283477	PATIENT CARE - OUT PATIENT
10 176 - VISITING NURSE ASSOCIATION 9000 W WISCONSIN AVENUE MILWAUKEE, WI 532264874	PATIENT CARE - OUT PATIENT
11 177 - AURORA ST LUKE'S MEDICAL CENTER 9120 W LOOMIS RD FRANKLIN, WI 531329083	PATIENT CARE - OUT PATIENT
12 178 - ALTERNATIVE DELIVERY & CARE PROGRAM 9200 W LOOMIS RD STE 103 FRANKLIN, WI 531329621	PATIENT CARE - OUT PATIENT
13 179 - AURORA MEDICAL GROUP - (SOUTH SIDE OF MILW 9200 W LOOMIS RD STE 116 FRANKLIN, WI 531329621	PATIENT CARE - OUT PATIENT
14 180 - AURORA SINAI MEDICAL CENTER 946 N VAN BUREN ST MILWAUKEE, WI 532023216	PATIENT CARE - OUT PATIENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
181 181 - AURORA QUICKCARE 950 S KOELLER ST OSHKOSH, WI 549026175	PATIENT CARE - OUT PATIENT
1 182 - AURORA MEDICAL GROUP - BROWN COUNTY 980 S SAINT AUGUSTINE ST PULASKI, WI 541629453	PATIENT CARE - OUT PATIENT
2 183 - AURORA ADVANCED HEALTH CARE N112W17975 MEQUON RD GERMANTOWN, WI 530222425	PATIENT CARE - OUT PATIENT
3 184 - AURORA ST LUKE'S MEDICAL CENTER N14W23833 STONE RIDGE DRIVE WAUKESHA, WI 531881157	PATIENT CARE - OUT PATIENT
4 185 - AURORA MEDICAL GROUP - OSHKOSH N1750 LILY OF THE VALLEY DRIVE GREENVILLE, WI 549429044	PATIENT CARE - OUT PATIENT
5 186 - AURORA MEDICAL GROUP - OSHKOSH N430 WOOD DUCK DRIVE FREMONT, WI 549408855	PATIENT CARE - OUT PATIENT
6 187 - AURORA ST LUKE'S MEDICAL CENTER N84W16889 MENOMONEE AVENUE MENOMONEE FALLS, WI 530512810	PATIENT CARE - OUT PATIENT
7 188 - AURORA ST LUKE'S MEDICAL CENTER S74W16775 JANESVILLE RD MUSKEGO, WI 531507742	PATIENT CARE - OUT PATIENT
8 189 - AURORA MEDICAL GROUP - WAUKESHA COUNTY W231N1440 CORPORATE COURT WAUKESHA, WI 531861303	PATIENT CARE - OUT PATIENT
9 190 - AURORA LAKELAND MEDICAL CENTER W3955 COUNTY ROAD NN ELKHORN, WI 531214337	PATIENT CARE - OUT PATIENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
AURORA HEALTH CARE INC GROUP RETURN

Employer identification number
61-1649250

Part I Questions Regarding Compensation

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

Part 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 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 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1WILLIAM SANTULLI DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,183,703	1,633,526	229,233	246,278	27,020	3,319,760	263,083
1ERIC WEISS MD PHYSICIAN (FORMER HCE)	(i)	2,517,477	128,214	-79	9,150	9,966	2,664,728	0
	(ii)	0	0	0	0	0	0	0
2DOMINIC NAKIS ASSISTANT TREASURER, TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	903,852	1,221,060	179,418	195,217	19,118	2,518,665	204,758
3DENNIS POTTS DIRECTOR, CHAIR, PRESIDENT, VP, ASST	(i)	0	0	0	0	0	0	0
	(ii)	965,561	745,299	132,621	131,720	24,908	2,000,109	0
4JEFFREY BAHR MD DIRECTOR (AAH), PRESIDENT, ASST SEC	(i)	0	0	0	0	0	0	0
	(ii)	870,502	796,058	150,476	138,983	32,395	1,988,414	0
5NICHOLAS WEBBER PHYSICIAN SURGERY ORTHO	(i)	1,855,376	77,524	-4,473	29,650	29,785	1,987,862	0
	(ii)	0	0	0	0	0	0	0
6NAVJOT JOE KOHLI PHYSICIAN SURGERY ORTHO	(i)	1,675,702	67,382	-5,721	29,650	31,225	1,798,238	0
	(ii)	0	0	0	0	0	0	0
7ADNAN ZAIDI PHYSICIAN ORTHO SPORTS MED	(i)	1,468,105	101,280	-8,098	29,650	31,160	1,622,097	0
	(ii)	0	0	0	0	0	0	0
8MARK WICHMAN PHYSICIAN SURGERY ORTHO	(i)	1,470,811	44,297	-1,712	29,650	31,596	1,574,642	0
	(ii)	0	0	0	0	0	0	0
9MICHAEL GREBE DIRECTOR, SECRETARY, ASSISTANT SECRE	(i)	0	0	0	0	0	0	0
	(ii)	601,938	635,238	101,315	129,806	2,648	1,470,945	0
10CARLA KELLY MD DIRECTOR (AUWAMG)	(i)	0	0	0	0	0	0	0
	(ii)	624,901	606,174	94,017	132,284	2,648	1,460,024	131,594
11SCOTT POWDER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	572,404	603,145	86,844	125,043	27,381	1,414,817	130,900
12KAREN LAMBERT DIRECTOR, VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	689,213	438,885	78,888	112,071	32,868	1,351,925	115,211
13ABOUD AFFI PHYSICIAN GASTROENTEROLOGY	(i)	1,245,512	48,795	9,919	9,150	37	1,313,413	0
	(ii)	0	0	0	0	0	0	0
14COREY SHAMAH MD DIRECTOR (AAH)	(i)	0	0	0	0	0	0	0
	(ii)	1,158,462	24,555	-5,555	19,652	30,087	1,227,201	0
15DENISE KEEFE DIRECTOR, PRESIDENT, CHAIRPERSON	(i)	0	0	0	0	0	0	0
	(ii)	641,375	356,092	75,349	105,568	29,994	1,208,378	103,765
16CARRIE KILLORAN PRESIDENT (AMCSC, AMCWC), DIRECTOR,	(i)	0	0	0	0	0	0	0
	(ii)	688,159	340,226	66,691	103,274	2,648	1,200,998	0
17JEFFREY DALEN-BARD DIRECTOR (AHMC), PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	643,528	358,214	58,893	97,990	33,205	1,191,830	0
18NAN NELSON DIRECTOR, ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	633,041	343,233	72,984	99,317	24,358	1,172,933	0
19TIMOTHY LINEBERRY MD DIRECTOR - VARIOUS	(i)	0	0	0	0	0	0	0
	(ii)	666,968	268,440	62,631	104,974	27,388	1,130,401	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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DONALD CALCAGNO DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	568,731	340,183	64,042	76,470	32,743	1,082,169	
1NIMISH VAKIL MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	907,552	36,960	280	29,650	30,418	1,004,860	
2RACHELLE HART DIRECTOR, SECRETARY, ASSISTANT SECRE	(i)	0	0	0	0	0	0	
	(ii)	564,637	241,805	57,885	93,460	27,099	984,886	
3THOMAS PUETZ MD DIRECTOR (AAH)	(i)	0	0	0	0	0	0	
	(ii)	840,328	60,183	16,614	29,650	29,845	976,620	
4AJAY SAHAJPAL MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	904,515	0	-4,251	29,650	28,258	958,172	
5SATCHI HIREMATH MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	674,061	112,654	62,893	75,746	12,358	937,712	
6JESSICA BAUER DIRECTOR, PRESIDENT, VICE PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	466,873	218,634	37,516	64,344	34,535	821,902	
7SHAIBAL MAZUMDAR MD DIRECTOR (AAH)	(i)	0	0	0	0	0	0	
	(ii)	716,558	50,178	8,614	21,867	1,015	798,232	
8JAMES DOHENY ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	430,058	189,033	45,689	78,993	24,386	768,159	
9PETER CARLSON DIRECTOR, PRESIDENT (APH)	(i)	0	0	0	0	0	0	
	(ii)	410,112	168,785	35,260	76,537	21,861	712,555	
10BASIL SALAYMEH MD DIRECTOR (AAH, AMCG)	(i)	0	0	0	0	0	0	
	(ii)	506,536	119,839	30,658	24,227	24,005	705,265	
11MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	379,886	165,167	41,995	73,386	25,430	685,864	
12CARRIE DONOVAN ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	398,775	147,392	29,677	75,228	32,868	683,940	
13HOLLY SCHMIDTKE PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	388,009	137,315	31,717	74,125	21,599	652,765	
14JULIA HESTER-DIAZ MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	477,493	102,649	16,507	29,650	8,498	634,797	
15STEVE HUSER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	350,319	136,123	37,495	69,926	21,138	615,001	
16 ALVIA SIDDIQI MD FAAFP DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	430,837	104,234	21,069	15,380	34,168	605,688	
17 ANNA MARIE WINDSOR MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	397,630	96,556	21,175	22,114	31,220	568,695	
18JAMES PAVLICH MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	412,059	0	97,630	28,425	27,507	565,621	
19ERIC MAAS MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	388,339	106,784	20,172	20,773	24,282	560,350	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 BRUCE FAURE MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	377,944	87,109	69,704	9,150	11,822	555,729	
1 PATRICK DALY MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	523,913	625	1,320	9,150	3,037	538,045	
2 LISA JUST DIRECTOR (METRO), VP SOUTHERN LAKES	(i)	0	0	0	0	0	0	
	(ii)	377,820	92,401	-909	23,257	33,868	526,437	
3 JON RICHARDS MD PHD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	482,913	10,912	487	9,150	19,389	522,851	
4 JACOB BIDWELL MD DIRECTOR, CHAIR/PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	380,647	88,807	5,723	9,150	27,122	511,449	
5 AMIT ARCHARYA PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	246,217	130,214	9,413	78,127	31,195	495,166	
6 NATASHA HERNANDEZ MD DIRECTOR (AUWAMG)	(i)	0	0	0	0	0	0	
	(ii)	399,371	38,566	9,760	9,150	26,410	483,257	
7 JOHN BRILL MD FORMER DIRECTOR - AUWAMG	(i)	0	0	0	0	0	0	
	(ii)	305,504	71,341	4,143	29,650	32,320	442,958	
8 WILHELM LEHMANN MD DIRECTOR (AUWAMG)	(i)	0	0	0	0	0	0	
	(ii)	368,646	15,579	-5,845	29,650	28,807	436,837	
9 SHERI ROCCO MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	381,823	9,594	-6,617	9,150	29,383	423,333	
10 SCOTT FENSKE MD DIRECTOR (AAH)	(i)	0	0	0	0	0	0	
	(ii)	268,645	30,630	74,607	9,150	21,845	404,877	
11 DAVID HAMEL MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	345,423	7,005	-5,011	29,650	27,435	404,502	
12 JEFFREY KATT MD DIRECTOR (AAH)	(i)	0	0	0	0	0	0	
	(ii)	327,414	36,302	-6,052	9,150	24,789	391,603	
13 JOHN KONKEL MD DIRECTOR, CHAIR (AAH)	(i)	0	0	0	0	0	0	
	(ii)	258,045	82,000	-1,532	9,150	19,144	366,807	
14 MARY MATTHEWS FORMER ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	253,499	59,624	2,220	29,650	17,457	362,450	
15 MICHAEL MALONE MD FORMER DIRECTOR - AVNA	(i)	0	0	0	0	0	0	
	(ii)	296,970	34,682	-412	9,150	19,211	359,601	
16 MARY BETH KINGSTON DIRECTOR (METRO, AFS)	(i)	0	0	0	0	0	0	
	(ii)	254,380	60,486	-2,448	9,150	31,821	353,389	
17 MICHELLE CRANE DO DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	262,283	10,216	31,857	8,018	18,764	331,138	
18 ANDREA GAVIN MD FORMER DIRECTOR - AHCMG	(i)	0	0	0	0	0	0	
	(ii)	199,155	98,611	2,759	9,150	11,920	321,595	
19 SCOTT HARDIN MD DIRECTOR (METRO)	(i)	0	0	0	0	0	0	
	(ii)	274,860	-5,732	-4,753	13,080	27,220	304,675	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 ROBIN STOEN ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	222,236	49,513	-692	8,152	21,418	300,627	
1 STEVEN ROBINSON DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	205,036	52,163	-4,015	7,716	32,176	293,076	
2 INA OWENS MSW LCSW MSC DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	200,823	50,966	-8,533	7,554	33,088	283,898	
3 MICHAEL VOLANTE ASSISTANT TREASURER	(i)	0	0	0	0	0	0	
	(ii)	212,211	49,794	2,116	15,887	2,919	282,927	
4 FEDERIC SANCHEZ MD FORMER DIRECTOR - AHC MG	(i)	0	0	0	0	0	0	
	(ii)	241,387	0	2,837	15,427	16,892	276,543	
5 ELLEN DANTO-NOCTON MD DIRECTOR (AUWAMG)	(i)	0	0	0	0	0	0	
	(ii)	217,295	21,108	2,030	7,152	37	247,622	
6 GLEND A LEE MD DIRECTOR (WAMH)	(i)	0	0	0	0	0	0	
	(ii)	208,240	0	-2,934	6,247	11,564	223,117	
7 MARY HOOK RN PHD DIRECTOR (WAMH)	(i)	0	0	0	0	0	0	
	(ii)	149,204	12,938	7,047	5,061	1,015	175,265	
8 MARYANNE SCHERER DIRECTOR (AUWAMG)	(i)	0	0	0	0	0	0	
	(ii)	132,451	0	-8,762	4,019	31,021	158,729	

Schedule L (Form 990) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons 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.

OMB No. 1545-0047 2022 Open to Public Inspection

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	77,611	EMPLOYMENT		No
(2) KATHERINE SAHAJPAL	FAMILY MEMBER - AJAY SAHAJPAL	200,687	EMPLOYMENT		No
(3) ALFEDO DIAZ	FAMILY MEMBER - JULIA HESTER-DIAZ	561,629	EMPLOYMENT		No
(4) ASHLEY DONOVAN	FAMILY MEMBER - CARRIE DONOVAN	34,402	EMPLOYMENT		No
(5) ANN CATES	FAMILY MEMBER - THOMOAS BOLGER	115,677	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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

AURORA 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
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS AMONG AFFILIATES & CHANGE IN FOUNDATION EQUITY INTEREST. -61,070,047.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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▶ **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 PO BOX 341880 MILWAUKEE, WI 53234 26-4323839	PHYSICIAN SERVICES	WI			AURORA MEDICAL GROUP INC
(2) AURORA QUICK CARE LLC PO BOX 341880 MILWAUKEE, WI 53234 20-0580790	HEALTH SERVICES	WI			AURORA MEDICAL GROUP INC
(3) ADVOCATE AURORA RESEARCH INSTITUTE LLC PO BOX 341880 MILWAUKEE, WI 53234 46-4361213	RESEARCH SERVICES	WI			AURORA HEALTH CARE METRO INC
(4) LAKESHORE MEDICAL CLINIC LLC PO BOX 341880 MILWAUKEE, WI 53234 39-1696443	PHYSICIAN SERVICES	WI			AURORA MEDICAL GROUP INC
(5) AURORA SURGERY CENTERS LLC PO BOX 341880 MILWAUKEE, WI 53234 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 PO BOX 341880 MILWAUKEE, WI 53234 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 PO BOX 341880 MILWAUKEE, WI 53234 39-6044569	FUND RAISING	WI	501(C)(3)	LINE 7	AURORA HEALTH CARE INC	Yes	
(6) ADVOCATE AURORA HEALTH INC 2025 WINDSOR DR OAK BROOK, IL 60523 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 PO BOX 341880 MILWAUKEE, WI 53234 39-1947472	HOSPITAL	WI	AURORA MEDICAL GROUP INC	RELATED				No			No	61.880 %
(2) NORTH SHORE SURGICAL CENTER LTD 7007 RANGE LINE ROAD GLENDALE, WI 53209 39-1548024	SURGICAL SERVICES	WI	N/A					No			No	
(3) WISCONSIN SURGERY CENTER LLC 4131 WEST LOOMIS ROAD SUITE 210 GREENFIELD, WI 53221 38-3661215	SURGICAL SERVICES	WI	N/A					No			No	
(4) AURORA GI ASC LLC 2801 WEST KK RIVER PARKWAY 1030 MILWAUKEE, WI 53215 46-1848055	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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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		COST
(2)KRADWELL SCHOOL INC	Q		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 PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	AURORA MEDICAL GROUP INC	C			100.000 %	Yes	
ST LUKE'S PHYSICIAN OFFICE CONDOMINIUM ASSOCIATION INC PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	AURORA HEALTH CARE METRO INC	C			100.000 %	Yes	
AURORA HEALTH CENTER KENOSHA CONDOMINIUM ASSOCIATION INC PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	AURORA HEALTH CARE SOUTHERN LAKES INC	C			100.000 %	Yes	
AURORA HEALTH CENTER OSHKOSH CONDOMINIUM ASSOCIATION INC PO BOX 341880 MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	AURORA MEDICAL GROUP INC	C			100.000 %	Yes	
AURORA HEALTH CARE VENTURES INC PO BOX 341880 MILWAUKEE, WI 53234 39-1513129	FOR-PROFIT COMPANY	WI	N/A	C				Yes	
AURORA HEALTH NETWORK INC PO BOX 341880 MILWAUKEE, WI 53234 39-1817175	INACTIVE	WI	N/A	C				Yes	
AURORA PHARMACY INC PO BOX 341880 MILWAUKEE, WI 53234 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 PO BOX 341880 MILWAUKEE, WI 53234 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	