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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Aurora Health Care Inc Group Return

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

750 W Virginia St PO Box 341880

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

Milwaukee, WI 532341880

F Name and address of principal officer

Gail L Hanson

750 W Virginia St PO Box 341880

Milwaukee, WI 532341880

H(a) Is this a group return for subordinates?

☒ Yes ☐ No

H(b) Are all subordinates included?

☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number

5709

D Employer identification number

61-1649250

E Telephone number

(414) 299-1576

G Gross receipts \$ 4,646,817,486

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.aurorahealthcare.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

M State of legal domicile

Part I Summary

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 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

87

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

14

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

29,453

6 Total number of volunteers (estimate if necessary)

6

2,513

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

5,822,009

7b Net unrelated business taxable income from Form 990-T, line 34

7b

101,482

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

4,378,801

3,286,226

4,422,369,689

4,563,145,224

-9,196,369

-1,708,714

55,962,765

64,638,483

4,473,514,886

4,629,361,219

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

0

1,965,242,855

2,035,230,697

4,079,538,648

4,286,990,330

393,976,238

342,370,889

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

4,951,813,752

5,283,551,759

466,360,505

447,188,232

4,485,453,247

4,836,363,527

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

2017-11-15

Date

Gail L Hanson CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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 \$ 3,496,309,697 including grants of \$) (Revenue \$ 4,603,169,857)
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 ▶ 3,496,309,697

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	949
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	29,453
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 87		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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. ▶Aurora Health Care Inc 750 West Virginia Street Milwaukee, WI 53204 (414) 299-1576	

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

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

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3.155

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
BayCare Clinic LLP 164 North Broadway Green Bay, WI 54303	Healthcare Services	5,844,693
Building Service Inc W222 N630 Cheaney Road Waukesha, WI 53186	Building Contractor	4,165,841
Adreima 999 N 92nd Street Milwaukee, WI 53226	Professional Services	3,578,217
Poblocki Paving Corporation 525 S 116th Street Milwaukee, WI 53214	Asphalt Paving Services	3,024,968
Pioneer Commercial Cleaning PO Box 8500 Philadelphia, PA 19178	Cleaning Services	2,755,093

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Part VIII Statement of RevenueCheck 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	800,329			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,485,897			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		3,286,226			
Program Service Revenue		Business Code				
	2a Program Services	900099	4,473,290,867	4,473,290,867		
	b Hospital Services	900099	59,978,500	59,978,500		
	c Rental Income	531120	12,553,685		8,354	12,545,331
	d Cafeteria Sales	722210	12,068,519			12,068,519
	e Membership Sales	713940	1,187,055	1,187,055		
	f All other program service revenue		4,066,598	2,089,878	1,976,720	
	g Total. Add lines 2a-2f ▶		4,563,145,224			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		-3,894,091			-3,894,091
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		2,185,377			
	b Less cost or other basis and sales expenses		0			
	c Gain or (loss)		2,185,377			
	d Net gain or (loss) ▶		2,185,377			2,185,377
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b	36,776,995					
c Net income or (loss) from sales of inventory . . . ▶		19,320,728	19,320,728			
Miscellaneous Revenue		Business Code				
11a Other Revenue	900099	36,389,488	32,552,553	3,836,935		
b Support Services	900099	8,928,267	8,928,267			
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		45,317,755				
12 Total revenue. See Instructions ▶		4,629,361,219	4,597,347,848	5,822,009	22,905,136	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	33,893,706	26,904,018	6,989,688	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	529,377		529,377	
7 Other salaries and wages.	1,784,071,484	1,715,306,840	68,764,644	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,865,651	1,835,557	30,094	
9 Other employee benefits.	325,927,740	312,508,264	13,419,476	
10 Payroll taxes.	105,471,675	101,139,600	4,332,075	
11 Fees for services (non-employees):				
a Management.				
b Legal.	20,941		20,941	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	144,941,070	119,008,439	25,932,631	
12 Advertising and promotion.	1,748,980	653,318	1,095,662	
13 Office expenses.	23,005,714	21,590,544	1,415,170	
14 Information technology.				
15 Royalties.				
16 Occupancy.	109,629,154	107,410,857	2,218,297	
17 Travel.	4,656,773	4,225,497	431,276	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	11,796,954	11,119,871	677,083	
20 Interest.	3,334,406	3,250,078	84,328	
21 Payments to affiliates.	807,063,074	151,757,383	655,305,691	
22 Depreciation, depletion, and amortization.	139,819,979	140,597,240	-777,261	
23 Insurance.	16,235,507	16,228,360	7,147	
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 Supply.	605,148,317	603,519,112	1,629,205	
b Hospital Tax Assessment.	86,932,649	86,932,649	0	
c Equipment Rental and Ma.	59,586,558	51,641,915	7,944,643	
d				
e All other expenses.	21,310,621	20,680,155	630,466	
25 Total functional expenses. Add lines 1 through 24e.	4,286,990,330	3,496,309,697	790,680,633	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 SheetCheck 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		153,799	1	156,717
	2	Savings and temporary cash investments		2,235,879,561	2	2,489,921,749
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		710,836,821	4	682,137,280
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		0	7	141,625
	8	Inventories for sale or use		36,239,978	8	38,926,609
	9	Prepaid expenses and deferred charges		10,552,352	9	8,914,284
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	3,146,873,807		
	b	Less: accumulated depreciation	10b	1,570,503,836		
				1,467,742,853	10c	1,576,369,971
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		393,995	13	384,359
	14	Intangible assets		7,495,150	14	7,021,487
15	Other assets. See Part IV, line 11		482,519,243	15	479,577,678	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,951,813,752	16	5,283,551,759	
Liabilities	17	Accounts payable and accrued expenses		381,035,107	17	360,296,170
	18	Grants payable			18	
	19	Deferred revenue		4,188,607	19	3,604,013
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		239,626	23	169,428
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		80,897,165	25	83,118,621
	26	Total liabilities. Add lines 17 through 25		466,360,505	26	447,188,232
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,300,676,049	27	4,650,345,200
	28	Temporarily restricted net assets		166,213,341	28	167,443,820
	29	Permanently restricted net assets		18,563,857	29	18,574,507
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,485,453,247	33	4,836,363,527
	34	Total liabilities and net assets/fund balances		4,951,813,752	34	5,283,551,759

Part XI Reconciliation of Net AssetsCheck 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	4,629,361,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,286,990,330
3	Revenue less expenses Subtract line 2 from line 1	3	342,370,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,485,453,247
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	8,539,391
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,836,363,527

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 61-1649250
Name: Aurora Health Care Inc Group Return

Form 990 (2016)

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			
Eugene Monroe MD President-AAH, Director-AA	55 00 0 00	X		X				1,184,614	0	143,834
John Konkel MD Chair - AAH, Director - AA	55 00 0 00	X		X				1,170,260	0	42,128
Jeffrey Bahr MD Director - AAH	55 00 0 00	X						601,423	0	73,321
William Ebinger MD Director - AAH	55 00 0 00	X						365,520	0	48,537
Scott Fenske MD Director - AAH	55 00 0 00	X						415,251	0	48,537
Rajeev Jain MD Director - AAH	55 00 0 00	X						379,592	0	48,537
Jeffrey Katt MD Director - AAH	55 00 0 00	X						566,441	0	47,045
Scott Kenitz OD Director - AAH	55 00 0 00	X						258,880	0	47,916
Anne Mattson MD Vice Chair - AAH, Director	55 00 0 00	X		X				322,006	0	19,875
Shaibal Mazumdar MD Director - AAH	55 00 0 00	X						860,554	0	37,937

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Puetz MD Director - AAH	55 00 0 00	X						895,126	0	37,937
Basil Salaymeh MD Director - AAH, AMCG	55 00 0 00	X						690,547	0	48,014
Daniel Thompson MD Director - AAH	55 00 0 00	X						269,898	0	47,595
Peter Carlson President - APH, Director	1 00 55 00	X		X				0	412,641	42,494
Ray Darcey President - AVNA, Director	55 00 0 00	X		X				428,941	0	24,839
Ruric Anderson President - AUWAMG, Director	1 00 55 00	X		X				0	685,435	104,077
Jeff Dalen-Bard President - AMCMC, AMCO, Director	1 00 55 00	X		X				0	688,071	100,217
Carrie Killoran President - AMCSC, AMCWC, Director	1 00 55 00	X		X				0	621,968	66,428
David Yeager Asst Treas - AMCG,AHCSL,AMCSC	1 00 55 00	X		X				0	558,055	37,235
Jeffrey Bailet MD President - AMG, Director	1 00 55 00	X		X				0	1,266,442	149,833

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

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Beth Kingston Director - AHCM,AHCSL,AVNA	1 00 55 00	X						0	706,977	95,533
Dennis Potts Pres & Director-AHCM,AHCSL	1 00 55 00	X		X				0	1,076,537	127,664
Gail Hanson Treasurer - Multiple, Director	1 00 55 00	X		X				0	1,363,605	141,903
Amy Rislov Director - AUWAMG	1 00 55 00	X						0	624,431	94,470
Alfred Capelli MD Director - AMG	55 00 0 00	X						589,287	0	30,816
Daniel O'Hair MD Director - AMG	55 00 0 00	X						1,078,832	0	48,537
Danish Siddiqui MD Director - AUWAMG	55 00 0 00	X						135,231	0	13,532
David Ulery MD Director - AMG	55 00 0 00	X						225,595	0	37,201
Dennis Baumgardner MD Director - AUWAMG	55 00 0 00	X						231,781	0	45,354
Diane Gerlach DO Director - AMG	55 00 0 00	X						247,941	0	32,089

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			
Ellen Danto-Nocton MD Director - AUWAMG	55 00 0 00	X						240,144	0	25,710
Jackie Tillett CNM ND Director - AUWAMG	55 00 0 00	X						103,568	0	29,901
Jacob Bidwell MD Director - AUWAMG	55 00 0 00	X						311,751	0	37,937
John Brill MD Director - AUWAMG	55 00 0 00	X						300,440	0	37,937
Joseph Majewski MD Director - AMG	55 00 0 00	X						621,471	0	42,494
Wilhelm Lehmann MD Director - AUWAMG	55 00 0 00	X						259,575	0	37,937
Mary Hook RN PhD Director - WAMH	1 00 55 00	X						0	138,121	15,869
Michael Malone MD Director - AVNA	1 00 55 00	X						0	291,650	48,537
Nan Nelson Assistant Treasurer - Various, Director	1 00 55 00	X		X				0	540,477	61,113
Natasha Hernandez MD Director - AUWAMG	55 00 0 00	X						476,530	0	34,130

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			
Patrick Daly MD Director - AMG	55 00 0 00	X						503,645	0	48,537
Scott Hardin MD Director - AHCM	55 00 0 00	X						509,188	0	26,012
Corey Shamah MD Director - AAH	55 00 0 00	X						809,305	0	37,414
Hsieng Su MD Director - AHCM	55 00 0 00	X						441,697	0	25,549
Joseph Kempen MD Director - AHCM & WAMH	1 00 0 00	X						0	0	0
Jeffrey Eckrich Chair & Director - WAMH	1 00 0 00	X		X				0	0	0
Chris Kraemer Director - WAMH	1 00 0 00	X						0	0	0
Wayne Clark Secretary/ Treasurer & Director - WAMH	1 00 0 00	X		X				0	0	0
Glenda Lee MD Director - WAMH	1 00 0 00	X						0	0	0
Charles Wikenhauser Director - WAMH	1 00 0 00	X						0	0	0

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			
Paul Ziehler Vice Chair & Director - WAMH	1 00 0 00	X		X				0	0	0
Cathy Manthei Director - WAMH	1 00 0 00	X						0	0	0
Helen Feuling Director - WAMH	1 00 0 00	X						0	0	0
Robert Figueroa Director - WAMH	1 00 0 00	X						0	0	0
Byron Crouse MD Director - AUWAMG	1 00 0 00	X						0	0	0
Elizabeth Petty Director - AUWAMG	1 00 0 00	X						0	0	0
Richard Battiola MD Director - AUWAMG	55 00 0 00	X						308,456	0	37,414
Richard Kellar President - AWAMC	55 00 0 00			X				496,331	0	42,494
Steve Huser Asst Treas - AMCMC,AMCO	1 00 55 00			X				0	364,937	39,485
Michael Lappin Secretary/ Assistant Secretary	1 00 55 00			X				0	1,190,788	132,037

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					
Rachelle Hart Assistant Secretary - Various	1 00 55 00			X				0	640,757	37,937		
Stuart Arnett Asst. Treasurer - AAH, AUWAMG	1 00 55 00			X				0	421,214	48,014		
Marie Golanowski Hospital President - ASLMC	55 00 0 00				X			619,360	0	42,494		
Carolyn Glocka Hospital President - ASLSS, ASMC	55 00 0 00				X			512,316	0	34,181		
Randall Lambrecht SVP Research	0 00 55 00				X			0	408,294	30,475		
Cathie Kocourek President - AMCMC	55 00 0 00				X			363,416	0	42,494		
David Graebner President - AMCSC	55 00 0 00				X			454,931	0	48,537		
Michael Bergmann Patient Service Market President	0 00 55 00				X			0	391,738	37,937		
Sandra Ewald Patient Service Market President	0 00 55 00				X			0	525,530	36,149		
Stephen Francaviglia Patient Service Market President	0 00 55 00				X			0	625,106	42,494		

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 Patient Service Market President	0 00 55 00				X			0	493,212	48,014
Doug Koch Patient Service Market President	0 00 55 00				X			0	497,731	19,667
John Newman Hospital President - AMCO	55 00 0 00				X			616,297	0	37,414
Patrick Falvey Executive VP & Chief Integration Officer	0 00 55 00				X			0	794,193	101,938
Gerald Colman COO	0 00 55 00				X			0	1,385,381	158,202
Andrea Gavin MD Chief Medical Officer - AMCSC	55 00 0 00				X			355,100	0	42,191
Frank LaVora DPM Chief Medical Officer - Milwaukee South	0 00 55 00				X			0	609,972	37,937
Venkata Thota MD Chief Medical Officer - Walworth/ Burlington	0 00 55 00				X			0	680,590	48,537
Timothy Lineberry MD Chief Medical Officer - GB/ Manitowoc	0 00 55 00				X			0	487,477	33,180
Andrew McDonagh MD Chief Medical Officer - AWAMC	55 00 0 00				X			381,714	0	48,537

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			
Douglas McManus MD Chief Medical Officer - Milwaukee North	55 00 0 00				X			555,565	0	42,128
Sylvia Meltzer MD Chief Medical Officer - Pop Health	0 00 55 00				X			0	542,445	36,149
Tedmond O'Reilly MD Chief Medical Officer - AMCG/ AMCWC	55 00 0 00				X			317,764	0	48,537
Robert Stuart MD Chief Medical Officer - Waukesha/ Jefferson	0 00 55 00				X			0	428,442	48,537
Anu Vijayakumar MD Chief Medical Officer - ASMC/ ASLSS	55 00 0 00				X			314,662	0	25,549
Raul Zambrano MD Chief Medical Officer - Kenosha/ Racine/ Illinois	0 00 55 00				X			0	315,618	22,539
Jon Kluge Senior VP Medical Group Ops	0 00 55 00				X			0	459,689	37,474
Mimi Kokoska MD Chief Medical Officer - Hosp Spec	0 00 55 00				X			0	569,809	25,549
Sara Fleet MD Physician Intensivist	55 00 0 00				X			424,123	0	31,967
Julia Hester-Diaz MD Physician Family Medicine	55 00 0 00				X			412,483	0	19,875

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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		
(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)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
Brian Johnson MD		55 00				X			411,692				0	37,937
Physician Hospitalist		0 00												
Melanie Smith MD		55 00				X			320,982				0	42,494
Physician Family Medicine		0 00												
Nimish Vakil MD		55 00				X			856,737				0	48,014
Physician Gastroenterology		0 00												
Anna Marie Windsor MD		55 00				X			443,046				0	37,414
Physician OB Gyn		0 00												
Mark Wichman MD		55 00					X		2,132,902				0	37,414
Physician Surgery Ortho		0 00												
Melissa Macias MD		55 00					X		2,101,412				0	25,113
Physician Surgery Neurology		0 00												
Joel Wallskog MD		55 00					X		1,992,555				0	37,937
Physician Surgery Ortho		0 00												
Amin Bardai Kassam MD		55 00					X		1,948,142				0	26,012
Physician Surgery Neurology		0 00												
Nicholas Webber MD		55 00					X		2,058,686				0	25,549
Physician Surgery Ortho		0 00												
Paul Coogan MD		0 00						X	487,633				0	37,937
Former Director - AHCM		0 00												

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 Stearns MD Former Director - AUWAMG	0 00 0 00						X	41,744	0	15,005

TY 2016 Affiliate Listing

Name: Aurora Health Care Inc Group Return

EIN: 61-1649250

TY 2016 Affiliate Listing

Name	Address	EIN	Name control
Visiting Nurse Association of Wisconsin Inc	750 West Virginia Street Milwaukee, WI 53204	39-0806180	VISI
Aurora Health Care Metro Inc	750 West Virginia Street Milwaukee, WI 53204	39-0806181	AURO
Aurora Health Care Southern Lakes Inc	750 West Virginia Street Milwaukee, WI 53204	39-0806347	AURO
Aurora Psychiatric Hospital Inc	750 West Virginia Street Milwaukee, WI 53204	39-0872192	AURO
Aurora Health Care Central Inc	750 West Virginia Street Milwaukee, WI 53204	39-0930748	AURO
West Allis Memorial Hospital Inc	750 West Virginia Street Milwaukee, WI 53204	39-1022464	WEST
Aurora Medical Center of Oshkosh Inc	750 West Virginia Street Milwaukee, WI 53204	39-1027676	AURO
Aurora UW Academic Medical Group Inc	750 West Virginia Street Milwaukee, WI 53204	39-1136738	AURO
Aurora Medical Center of Washington County Inc	750 West Virginia Street Milwaukee, WI 53204	39-1150165	AURO
Aurora Health Care North Inc	750 West Virginia Street Milwaukee, WI 53204	39-1211629	AURO
Aurora Advanced Healthcare Inc	750 West Virginia Street Milwaukee, WI 53204	39-1595302	AURO
Aurora Medical Group Inc	750 West Virginia Street Milwaukee, WI 53204	39-1678306	AURO
Aurora Medical Center Grafton LLC	750 West Virginia Street Milwaukee, WI 53204	27-2953799	AURO

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Aurora Health Care Inc Group Return		Employer identification number 61-1649250

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 five 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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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>		
1		
2		

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>		
1		

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 (2), 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>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) 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 (a) and (b) 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>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>		
2a		
2b		
3a		
3b		

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. **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 (explain in detail in Part VI)		
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 1-1/2% 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 .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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I	<p>The following legal entities included in this group return are covered under 170(b)(1)(A)(iii) Aurora Health Care Metro, Inc Aurora Health Care Southern Lakes, Inc Aurora Psychiatric Hospital, Inc Aurora Health Care Central, Inc West Allis Memorial Hospital, Inc Aurora Medical Center of Oshkosh, Inc Aurora Medical Center of Washington County, Inc Aurora Health Care North, Inc Aurora Medical Group, Inc Aurora Medical Center Grafton, LLC</p> <p>The following legal entities included in this group return are covered under 509(a)(2) Visiting Nurse Association of Wisconsin, Inc Aurora Advanced Healthcare, Inc Aurora UW Academic Medical Group, Inc</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III	Line 1 - column (a) 149,620, (b) 340,424, (c) 1,154,409, (d) 1,221,496, (e) 976,570, (f) 3,842,519 Line 2 - column (a) 374,863,517, (b) 370,001,187, (c) 478,786,130, (d) 506,064, 277, (e) 519,315,308, (f) 2,249,030,419 Line 6 - column (a) 375,013,137, (b) 370,341,611, (c) 479,940,539, (d) 507,285,773, (e) 520,291,878, (f) 2,252,872,938 Line 8 - column (f) 2,252,872,938 Line 9 - column (a) 375,013,137, (b) 370,341,611, (c) 479,940,539, (d) 507,285,773, (e) 520,291,878, (f) 2,252,872,938 Line 10a - column (c) 22,903, (d) 86,851, (e) 77,305, (f) 187,059 Line 10c - column (c) 22,903, (d) 86,851, (e) 77,305, (f) 187,059 Line 12 - column (a) 43,153, (b) 1,426, (c) 2,975,013, (d) 4,557,983, (e) 4,215,613, (f) 1,793,188 Line 13 - column (a) 375,056,290, (b) 370,343,037, (c) 482,938,455, (d) 511,930,607, (e) 524,584,796, (f) 2,264,853,185 Line 15 99 47% Line 16 99 65% Line 17 01% Line 19a X



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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	615,427	604,036	584,451	536,809	469,430
b Contributions					42,308
c Net investment earnings, gains, and losses	9,816	11,391	22,335	53,142	30,786
d Grants or scholarships					
e Other expenditures for facilities and programs	625,243		2,750	5,500	5,715
f Administrative expenses					
g End of year balance		615,427	604,036	584,451	536,809

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 ▶ 0 %

c Temporarily restricted endowment ▶ 0 %

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

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

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

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

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,793,375		57,793,375
b Buildings		2,044,144,419	989,707,362	1,054,437,057
c Leasehold improvements		144,153,522	53,467,562	90,685,960
d Equipment		814,383,442	520,645,880	293,737,562
e Other		86,399,049	6,683,032	79,716,017
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,576,369,971

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(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)		
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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	479,577,678

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Asset Retirement Obligation	1,305,929
Long-Term Capital Lease	40,203,645
Deferred Rent	3,099,730
Unfunded Pension Liability	9,163,627
Other Liabilities	454,776
Provider Retention Liability	27,339,347
Deferred Gain	1,551,567
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	83,118,621

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

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

(a) Description	(b) Book value
(1) Due from Affiliates	51,974,426
(2) Funds held by Aurora Foundation	181,397,112
(3) Investment in Joint Ventures	191,889,926
(4) Funds Held by Community Foundation	4,621,214
(5) Investment in Lab Co-Tenancy	4,722,582
(6) Other Assets	9,123,651
(7) Tuition Loan Forgiveness	2,236,096
(8) Third Party Payor Receivable	9,464,202
(9) Notes Receivable - Provider/ Physician	10,770,786
(10) Miscellaneous Accounts Receivable	13,377,683

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Endowment funds are used to support programs and services offered by Aurora Health Care, Inc and its affiliates

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	Aurora evaluates its uncertain tax positions on an annual basis. A tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. There have been no uncertain tax positions recorded in 2016.

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h1 style="margin:0;">Hospitals</h1> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Open to Public Inspection
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	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			30,521,123	0	30,521,123	1 150 %
b Medicaid (from Worksheet 3, column a)			477,331,715	304,101,973	173,229,742	6 520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,376,361	10,959,446	3,416,915	0 130 %
d Total Financial Assistance and Means-Tested Government Programs			522,229,199	315,061,419	207,167,780	7 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	937	407,841	8,769,895	39,433	8,730,462	0 330 %
f Health professions education (from Worksheet 5)	353	26,474	27,805,614	14,672,728	13,132,886	0 490 %
g Subsidized health services (from Worksheet 6)	96	4,467	5,790,502	0	5,790,502	0 220 %
h Research (from Worksheet 7)	0	0	0	0		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	671	114,400	2,947,852	31,035	2,916,817	0 110 %
j Total. Other Benefits	2,057	553,182	45,313,863	14,743,196	30,570,667	1 150 %
k Total. Add lines 7d and 7j	2,057	553,182	567,543,062	329,804,615	237,738,447	8 950 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0			
2 Economic development	27	360	16,394		16,394	0 %
3 Community support	3	82	900		900	0 %
4 Environmental improvements	1	200	350		350	0 %
5 Leadership development and training for community members	0	0	350		350	0 %
6 Coalition building	23	798	12,735		12,735	0 %
7 Community health improvement advocacy	9	1,795	8,043		8,043	0 %
8 Workforce development	37	2,338	26,784		26,784	0 %
9 Other	0	0				
10 Total	100	5,573	65,556		65,556	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	21,405,223	
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	490,411,901
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	595,891,909
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-105,480,008
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

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

15

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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	2	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)	3	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 <u>20 16</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	5	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	6a	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	6b	No
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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>ahc aurorahealthcare org/aboutus/community-benefits</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>ahc aurorahealthcare org/aboutus/community-benefits</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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																																																																																								
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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 non-payment?	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?	19		No
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)			
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 checked="" 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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

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
22		
23		No
24		No

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

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **10**

Name and address	Type of Facility (describe)
1 1 - Franklin Urgent Care 9200 West Loomis Road Franklin, WI 53132	Outpatient Physician Clinic
2 2 - Franklin Imaging Center 9200 West Loomis Road Franklin, WI 53132	Outpatient Physician Clinic
3 3 - Aurora Rehabilitation Center 2000 East Layton Avenue St Francis, WI 53221	Outpatient Rehab Center
4 4 - Aurora Rehabilitation Center 3738 South 60th Street Milwaukee, WI 53220	Outpatient Rehab Center
5 5 - Aurora Rehabilitation Center 4111 West Mitchell Street Milwaukee, WI 53204	Outpatient Rehab Center
6 6 - Aurora Rehabilitation Center 9200 West Loomis Road Milwaukee, WI 53132	Outpatient Rehab Center
7 7 - Aurora Wiselives Clinic 8320 West Bluemound Road Wauwatosa, WI 53213	Outpatient Physician Clinic
8 8 - Walkers Point Community Clinic 130 West Bruce Street Milwaukee, WI 53204	Outpatient Physician Clinic
9 9 - Sports Medicine Institute 6255 North Santa Monica Boulevard Whitefish Bay, WI 53217	Physical Therapy Rehab
10 10 - Sports Medicine Institute 19601 West Bluemound Road Brookfield, WI 53045	Physical Therapy Rehab

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	The cost-to-charge ratio was derived from Worksheet 2
Part I, Line 6A	The hospital organizations included in this group return published an individual community benefit report in 2016 It is available for review at ahc.aurorahealthcare.org/aboutus/community-benefits

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7f	The community benefit percentage is calculated using the total expenses of all hospital subordinates included in this group return
Part II, Community Building Activities	The hospital organizations included in this group return aligned financial and in-kind resources to state and local health department initiatives and participated in community task forces for disease control and prevention and other priority health initiatives. The hospital 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 socio-economic factors associated with health, safety, security, health disparities, and/or workforce development.

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
Part III, Line 4	Reported on Page 14 of the Independent Auditors' Report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	
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. For the uninsured patient, an assessment of income and family size is compared to the Federal Poverty Limits to determine the percentage of discount. The medically-indigent patient is offered the same review of ability to pay with the added review of assets.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	
Part VI, Line 3	<p>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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	
Part VI, Line 5	<p>The various hospitals included in this group return provided support for free clinics and FQHCs that include Racine Health Care Network, Kenosha Community Health Center, Lake County Free Clinic in Waukesha County, and the free clinic in Walworth County, provided geriatric-certified Senior Resource Nurses for three counties (home visits) and a Parish Nurse program in Racine, Walworth, Kenosha and Milwaukee Counties, trainings and equipment maintenance for EMS teams in four counties, Free Mammogram program for un- and under-insured women, Sexual Assault Nurse Examiner program, provided supplies and equipment for the Touched Twice Clinic held in Whitewater, supported Kenosha County action plan for the Lifecourse Initiative for Healthy Families (eliminating racial disparities in birth outcomes), provided support for Living Healthy Community Clinic, which included lab and diagnostics, medical waste removal, outside maintenance and pharmacy discounts</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	
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		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											
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 St Luke's Medical Center 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 10400 75th Street Elkhorn, WI 53121 www.aurorahealthcare.org 132	X	X					X		Inpatient Rehab Unit	A
6	Aurora Memorial Hospital of 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 Sheboygan, 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 (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
11	Aurora Medical Center Washington County 1032 East Sumner Street Hartford, WI 53027 www.aurorahealthcare.org 195	X	X					X			A
12	Aurora Psychiatric Hospital 1220 Dewey Avenue Wauwatosa, WI 53213 www.aurorahealthcare.org 164	X								Psychiatric	A
13	Aurora Medical Center of Manitowoc County 5000 Memorial Drive Two Rivers, WI 54241 www.aurorahealthcare.org 85	X	X					X			A
14	Aurora Medical Center Oshkosh 855 North Westhaven Drive Oshkosh, WI 54904 www.aurorahealthcare.org 307	X	X					X			A
15	Aurora Medical Center Grafton 975 Port Washington Road Grafton, WI 53024 www.aurorahealthcare.org 317	X	X					X			A

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

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A
Facility Reporting Group A consists of	- Facility 1 Aurora St Luke's Medical Center, - Facility 2 Aurora St Luke's Medical Center South Shore, - Facility 3 Aurora Sinai Medical Center, - Facility 4 Aurora Medical Center Kenosha, - Facility 5 Aurora Lakeland Medical Center, - Facility 6 Aurora Memorial Hospital of Burlington, - Facility 7 Aurora Medical Center Summit, - Facility 8 Aurora BayCare Medical Center, - Facility 9 Aurora West Allis Medical Center, - Facility 10 Aurora Sheboygan Medical Center, - Facility 11 Aurora Medical Center Washington County, - Facility 12 Aurora Psychiatric Hospital, - Facility 13 Aurora Medical Center of Manitowish County, - Facility 14 Aurora Medical Center Oshkosh, - Facility 15 Aurora Medical Center Grafton
Group A-Facility 1 -- Aurora St Luke's Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 1 -- Aurora St Luke's Medical Center Part V, Section B, line 11	Aurora St Luke's Medical Center addressed significant health needs as follows: To improve access to appropriate services for uninsured persons and Medicaid-eligible patients, the hospital provided patients with information on the benefits of receiving routine primary care in a "health home" program. To improve coverage for all uninsured persons, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also established a connection between social service and nurse practitioners to better monitor and manage patients with chronic disease.
Group A-Facility 2 -- Aurora St Luke's Medical Center South Shore Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.

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

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Aurora St Luke's Medical Center South S Part V, Section B, line 6a	
Group A-Facility 2 -- Aurora St Luke's Medical Center South S Part V, Section B, line 11	Aurora St Luke's Medical Center South Shore addressed significant health needs as follows To improve access and coverage for uninsured and Medicaid-eligible patients, the hospital developed an information kit for target populations to promote the benefits of primary and preventive care and became established with a "health home" To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The Parich nurses also assisted community members with accessing the Marketplace (the health insurance exchange) The hospital continues to have physicians serve on the Cudahy and Oak Creek Board of Health and Service as medical advisors for the Cudahy and Oak Creek Health Department
Group A-Facility 3 -- Aurora Sinai Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020 For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health
Group A-Facility 3 -- Aurora Sinai Medical Center Part V, Section B, line 6a	
Group A-Facility 3 -- Aurora Sinai Medical Center Part V, Section B, line 11	Aurora Sinai Medical Center addressed significant health needs as follows To improve access and coverage for uninsured and Medicaid-eligible patients, the hospital provided an information kit to Medicaid-eligible and uninsured patients To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also provided counseling and mental health services to pregnant families and victims of sexual assault/ domestic violence by providing home-based education, information, counseling, and referral to medical and other community resources to ensure a healthy pregnancy and healthy birth

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

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Aurora Medical Center Kenosha Part V, Section B, line 5	
Group A-Facility 4 -- Aurora Medical Center Kenosha Part V, Section B, line 6a	
Group A-Facility 4 -- Aurora Medical Center Kenosha Part V, Section B, line 11	Aurora Medical Center Kenosha addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided patients with information on the benefits of receiving routine primary and dental care in a "health home" at Kenosha Community Health Center To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also expanded community awareness of special needs of frail elderly through outreach services including community health screenings and education for early detection and intervention
Group A-Facility 5 -- Aurora Lakeland Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020 For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health
Group A-Facility 5 -- Aurora Lakeland Medical Center Part V, Section B, line 6a	

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

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

Form and Line Reference	Explanation
Group A-Facility 5 -- Aurora Lakeland Medical Center Part V, Section B, line 11	
Group A-Facility 6 -- Aurora Memorial Hospital of Burlington Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 6 -- Aurora Memorial Hospital of Burlington Part V, Section B, line 6a	
Group A-Facility 6 -- Aurora Memorial Hospital of Burlington Part V, Section B, line 11	Aurora Memorial Hospital of Burlington addressed significant health needs as follows: To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital established a branch site for the Health Care Network (HCN) at the Western Racine County Health Departments, which is located near the hospital campus. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also addressed health risk behaviors by working with community partners to implement medication collection boxes at conveniently accessible sites in the community to enable residents to dispose of unused, unneeded or expired prescription medication and over-the-counter drugs (or other substances).
Group A-Facility 7 -- Aurora Medical Center Summit Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.

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

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

Form and Line Reference	Explanation
Group A-Facility 7 -- Aurora Medical Center Summit Part V, Section B, line 6a	
Group A-Facility 7 -- Aurora Medical Center Summit Part V, Section B, line 11	Aurora Medical Center Summit addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital ensured access to the Lake Area Free Clinic for follow-up care and understanding of benefits of primary and preventive care To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also strengthened their partnership with Stillwaters Cancer Support Services to ensure that persons living with cancer - and their families - had access to support services To support and assure the safety of youth and student athletes in athletic programs, the hospital offered reduced-cost youth sports physicals and free baseline concussion screenings
Group A-Facility 8 -- Aurora BayCare Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020 For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health
Group A-Facility 8 -- Aurora BayCare Medical Center Part V, Section B, line 6a	
Group A-Facility 8 -- Aurora BayCare Medical Center Part V, Section B, line 11	Aurora BayCare Medical Center addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided a full-time, bilingual pediatrician who provides medical care for children whose families do not have the resources to pay for health services To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also promoted Living Well with Chronic Disease, a program designed to help self-manage chronic diseases To support and protect student athletes in Brown County, the hospital provided reduced-cost youth sports physicals and free baseline concussion screenings for every student who wished to take part

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

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

Form and Line Reference	Explanation
Group A-Facility 9 -- Aurora West Allis Medical Center Part V, Section B, line 5	
Group A-Facility 9 -- Aurora West Allis Medical Center Part V, Section B, line 6a	
Group A-Facility 9 -- Aurora West Allis Medical Center Part V, Section B, line 11	Aurora West Allis Medical Center addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided staff assistance to navigate uninsured patients to medical homes in the Milwaukee area To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process To ensure a continuum of patient-centered, community based care the older adult population, the hospital expanded the capacity of their hospital-sponsored Senior Resource Nurse Program by adding a second full-time geriatric resource nurse
Group A-Facility 10 -- Aurora Sheboygan Memorial Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020 For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health
Group A-Facility 10 -- Aurora Sheboygan Memorial Medical Center Part V, Section B, line 6a	

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

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

Form and Line Reference	Explanation
Group A-Facility 10 -- Aurora Sheboygan Memorial Medical Center Part V, Section B, line 11	
Group A-Facility 11 -- Aurora Medical Center Washington County Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 11 -- Aurora Medical Center Washington County Part V, Section B, line 6a	
Group A-Facility 11 -- Aurora Medical Center Washington County Part V, Section B, line 11	Aurora Medical Center Washington County addressed significant health needs as follows: To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided patients with information on the benefits of receiving routine primary care in a "health home" program. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also provided resources through the Better Together Fund for the free clinic(s) in Washington County to support expansion of primary care and behavioral health services. To support and protect student athletes in Washington County, the hospital provided education and screenings at public events, and worked collaboratively with coaches to manage and administer the initial treatment of athletic injuries.
Group A-Facility 12 -- Aurora Psychiatric Hospital Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.

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

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

Form and Line Reference	Explanation
Group A-Facility 12 -- Aurora Psychiatric Hospital Part V, Section B, line 6a	
Group A-Facility 12 -- Aurora Psychiatric Hospital Part V, Section B, line 11	Aurora Psychiatric Hospital addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided patients with information on the benefits of receiving routine primary care in a "health home" program To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also provided a continuing education series of eight lectures to enhance knowledge in specialized areas of mental health
Group A-Facility 13 -- Aurora Medical Center of Manitowoc Count Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020 For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health
Group A-Facility 13 -- Aurora Medical Center of Manitowoc Count Part V, Section B, line 6a	
Group A-Facility 13 -- Aurora Medical Center of Manitowoc Count Part V, Section B, line 11	Aurora Medical Center of Manitowoc County addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided referral and navigation support to uninsured person seen in the emergency department who will benefit from the urgent and primary care services available to the Community Clinic of Manitowoc County To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also provided free community presentations and seminars on physical health and fitness and prevention of sports injuries featuring cardiac and orthopedic physicians, as well as rehabilitation specialists

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

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

Form and Line Reference	Explanation
Group A-Facility 14 -- Aurora Medical Center Oshkosh Part V, Section B, line 5	
Group A-Facility 14 -- Aurora Medical Center Oshkosh Part V, Section B, line 6a	
Group A-Facility 14 -- Aurora Medical Center Oshkosh Part V, Section B, line 11	Aurora Medical Center Oshkosh addressed significant health needs as follows To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital continued to be an active financial donor to the Living Healthy Community Clinic (LHCC), including donating lab and basic diagnostic services to patients referred to from LHCC To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process The hospital also established metrics for long-term evaluation of reduction of the prevalence of obesity in the youth and adult populations
Group A-Facility 15 -- Aurora Medical Center Grafton Part V, Section B, line 5	The key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020 For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health
Group A-Facility 15 -- Aurora Medical Center Grafton Part V, Section B, line 6a	

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Group A-Facility 15 -- Aurora Medical Center Grafton Part V, Section B, line 11	
Part V, Section B, Line 13H	Helping Hands requires that an individual applies for financial assistance within 240 days of the first billing statement

Schedule J
(Form 990)

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Aurora Health Care Inc Group Return	Employer identification number 61-1649250
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Part I

Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 4b	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. The following employees participated in the Plan and received contributions in 2016 as follows: Gail Hanson - \$98,404; Michael Lappin - \$93,098; Jeffrey Bailet - \$103,942; Patrick Falvey - \$61,538; Eugene Monroe - \$98,627; Gerard Colman - \$121,006; Mary Beth Kingston - \$59,123; Ruric Anderson - \$27,842; Dennis Potts - \$87,082; Amy Rislov - \$55,407; Jeff Dalen-Bard - \$33,048.
Part I, Line 7	Written incentive compensation plans for certain management levels are awarded based on the organization's annual patient experience, care management, and financial performance results. Written incentive compensation plans for certain physician groups are awarded based on goals specific to their specialty.

Additional Data

Software ID:
Software Version:
EIN: 61-1649250
Name: Aurora Health Care Inc Group Return

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Eugene Monroe MD President-AAH, Director-AA	(i)	703,353	371,268	109,993	131,815	12,019	1,328,448	98,627
	(ii)	0	0	0	0	- 0	- 0	0
2John Konkel MD Chair - AAH, Director - AA	(i)	891,533	70,908	207,819	30,475	11,653	1,212,388	0
	(ii)	0	0	0	0	- 0	- 0	0
2Jeffrey Bahr MD Director - AAH	(i)	511,573	44,110	45,740	55,782	17,539	674,744	0
	(ii)	0	0	0	0	- 0	- 0	0
3William Ebinger MD Director - AAH	(i)	281,677	0	83,843	30,475	18,062	414,057	0
	(ii)	0	0	0	0	- 0	- 0	0
4Scott Fenske MD Director - AAH	(i)	273,945	0	141,306	30,475	18,062	463,788	0
	(ii)	0	0	0	0	- 0	- 0	0
5Rajeev Jain MD Director - AAH	(i)	233,009	0	146,583	30,475	18,062	428,129	0
	(ii)	0	0	0	0	- 0	- 0	0
6Jeffrey Katt MD Director - AAH	(i)	467,973	44,110	54,358	29,506	17,539	613,486	0
	(ii)	0	0	0	0	- 0	- 0	0
7Scott Kenitz OD Director - AAH	(i)	183,658	0	75,222	30,377	17,539	306,796	0
	(ii)	0	0	0	0	- 0	- 0	0
8Anne Mattson MD Vice Chair - AAH, Director	(i)	263,132	0	58,874	19,875	0	341,881	0
	(ii)	0	0	0	0	- 0	- 0	0
9Shaibal Mazumdar MD Director - AAH	(i)	765,348	0	95,206	19,875	18,062	898,491	0
	(ii)	0	0	0	0	- 0	- 0	0
10Thomas Puetz MD Director - AAH	(i)	724,674	0	170,452	19,875	18,062	933,063	0
	(ii)	0	0	0	0	- 0	- 0	0
11Basil Salaymeh MD Director - AAH, AMCG	(i)	461,578	0	228,969	30,475	17,539	738,561	0
	(ii)	0	0	0	0	- 0	- 0	0
12Daniel Thompson MD Director - AAH	(i)	110,508	0	159,390	29,533	18,062	317,493	0
	(ii)	0	0	0	0	- 0	- 0	0
13Peter Carlson President - APH, Director	(i)	0	0	0	0	0	0	0
	(ii)	308,963	99,017	4,661	30,475	- 12,019	- 455,135	0
14Ray Darcey President - AVNA, Director	(i)	308,829	111,722	8,390	19,330	5,509	453,780	0
	(ii)	0	0	0	0	- 0	- 0	0
15Runc Anderson President - AUWAMG, Director	(i)	0	0	0	0	0	0	0
	(ii)	485,609	196,065	3,761	86,015	- 18,062	- 789,512	27,842
16Jeff Dalen-Bard President - AMCMC, AMCO, Director	(i)	0	0	0	0	0	0	0
	(ii)	445,948	196,987	45,136	82,155	- 18,062	- 788,288	33,048
17Carne Killoran President - AMCSC, AMCWC, Director	(i)	0	0	0	0	0	0	0
	(ii)	453,116	167,814	1,038	66,428	- 0	- 688,396	0
18David Yeager Asst Treas - AMCG,AHCSL,AMCSC	(i)	0	0	0	0	0	0	0
	(ii)	387,905	134,618	35,532	26,141	- 11,094	- 595,290	0
19Jeffrey Bailet MD President - AMG, Director	(i)	0	0	0	0	0	0	0
	(ii)	700,498	501,737	64,207	131,771	- 18,062	- 1,416,275	103,942

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Mary Beth Kingston Director - AHCM,AHCSL,AVNA	(i)	0	0	0	0	0	0	0
	(ii)	406,738	292,315	7,924	83,514	- 12,019	- 802,510	- 59,123
1 Dennis Potts Pres & Director-AHCM,AHCSL	(i)	0	0	0	0	0	0	0
	(ii)	590,842	411,677	74,018	115,645	- 12,019	- 1,204,201	- 87,082
2 Gail Hanson Treasurer - Multiple, Director	(i)	0	0	0	0	0	0	0
	(ii)	671,950	582,826	108,829	129,884	- 12,019	- 1,505,508	- 98,404
3 Amy Rislov Director - AUWAMG	(i)	0	0	0	0	0	0	0
	(ii)	387,841	233,219	3,371	76,408	- 18,062	- 718,901	- 55,407
4 Alfred Capelli MD Director - AMG	(i)	414,713	0	174,574	30,475	341	620,103	0
	(ii)	0	0	0	0	- 0	- 0	- 0
5 Daniel O'Hair MD Director - AMG	(i)	736,312	0	342,520	30,475	18,062	1,127,369	0
	(ii)	0	0	0	0	- 0	- 0	- 0
6 David Ulery MD Director - AMG	(i)	171,319	0	54,276	25,182	12,019	262,796	0
	(ii)	0	0	0	0	- 0	- 0	- 0
7 Dennis Baumgardner MD Director - AUWAMG	(i)	203,100	24,657	4,024	27,292	18,062	277,135	0
	(ii)	0	0	0	0	- 0	- 0	- 0
8 Diane Gerlach DO Director - AMG	(i)	103,518	0	144,423	14,027	18,062	280,030	0
	(ii)	0	0	0	0	- 0	- 0	- 0
9 Ellen Danto-Nocton MD Director - AUWAMG	(i)	172,388	0	67,756	25,710	0	265,854	0
	(ii)	0	0	0	0	- 0	- 0	- 0
10 Jacob Bidwell MD Director - AUWAMG	(i)	248,407	0	63,344	19,875	18,062	349,688	0
	(ii)	0	0	0	0	- 0	- 0	- 0
11 John Brill MD Director - AUWAMG	(i)	265,679	0	34,761	19,875	18,062	338,377	0
	(ii)	0	0	0	0	- 0	- 0	- 0
12 Joseph Majewski MD Director - AMG	(i)	504,153	0	117,318	30,475	12,019	663,965	0
	(ii)	0	0	0	0	- 0	- 0	- 0
13 Wilhelm Lehmann MD Director - AUWAMG	(i)	242,801	0	16,774	19,875	18,062	297,512	0
	(ii)	0	0	0	0	- 0	- 0	- 0
14 Mary Hook RN PhD Director - WAMH	(i)	0	0	0	0	0	0	0
	(ii)	124,539	0	13,582	15,152	- 717	- 153,990	- 0
15 Michael Malone MD Director - AVNA	(i)	0	0	0	0	0	0	0
	(ii)	235,087	28,903	27,660	30,475	- 18,062	- 340,187	- 0
16 Nan Nelson Assistant Treasurer - Various, Direc	(i)	0	0	0	0	0	0	0
	(ii)	403,302	133,509	3,666	60,089	- 1,024	- 601,590	- 0
17 Natasha Hernandez MD Director - AUWAMG	(i)	386,743	0	89,787	16,591	17,539	510,660	0
	(ii)	0	0	0	0	- 0	- 0	- 0
18 Patrick Daly MD Director - AMG	(i)	380,925	0	122,720	30,475	18,062	552,182	0
	(ii)	0	0	0	0	- 0	- 0	- 0
19 Scott Hardin MD Director - AHCM	(i)	384,639	121,813	2,736	7,950	18,062	535,200	0
	(ii)	0	0	0	0	- 0	- 0	- 0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41Corey Shamah MD Director - AAH	(i)	605,712	0	203,593	19,875	17,539	846,719	0
	(ii)	0	0	0	0	0	0	0
1Hsieng Su MD Director - AHCM	(i)	323,764	93,086	24,847	19,875	5,674	467,246	0
	(ii)	0	0	0	0	0	0	0
2Richard Battiola MD Director - AUWAMG	(i)	252,554	0	55,902	19,875	17,539	345,870	0
	(ii)	0	0	0	0	0	0	0
3Richard Kellar President - AWAMC	(i)	344,284	117,975	34,072	30,475	12,019	538,825	0
	(ii)	0	0	0	0	0	0	0
4Steve Huser Asst Treas - AMCMC,AMCO	(i)	0	0	0	0	0	0	0
	(ii)	262,175	97,915	4,847	28,039	11,446	404,422	0
5Michael Lappin Secretary/ Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	641,362	544,724	4,702	113,975	18,062	1,322,825	93,098
6Rachelle Hart Assistant Secretary - Various	(i)	0	0	0	0	0	0	0
	(ii)	434,448	155,574	50,735	19,875	18,062	678,694	0
7Stuart Arnett Asst Treasurer - AAH, AUWAMG	(i)	0	0	0	0	0	0	0
	(ii)	288,468	105,650	27,096	30,475	17,539	469,228	0
8Marie Golanowski Hospital President - ASLMC	(i)	422,578	141,279	55,503	30,475	12,019	661,854	0
	(ii)	0	0	0	0	0	0	0
9Carolyn Glocka Hospital President - ASLSS, ASMC	(i)	347,576	117,975	46,765	28,132	6,049	546,497	0
	(ii)	0	0	0	0	0	0	0
10Randall Lambrecht SVP Research	(i)	0	0	0	0	0	0	0
	(ii)	293,430	108,323	6,541	30,475	0	438,769	0
11Cathie Kocourek President - AMCMC	(i)	242,184	89,665	31,567	30,475	12,019	405,910	0
	(ii)	0	0	0	0	0	0	0
12David Graebner President - AMCSC	(i)	306,092	110,187	38,652	30,475	18,062	503,468	0
	(ii)	0	0	0	0	0	0	0
13Michael Bergmann Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	277,851	112,249	1,638	19,875	18,062	429,675	0
14Sandra Ewald Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	359,347	143,526	22,657	30,475	5,674	561,679	0
15Stephen Francaviglia Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	446,713	160,508	17,885	30,475	12,019	667,600	0
16Lisa Just Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	319,655	128,104	45,453	30,475	17,539	541,226	0
17Doug Koch Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	316,458	125,652	55,621	7,950	11,717	517,398	0
18John Newman Hospital President - AMCO	(i)	382,288	89,423	144,586	19,875	17,539	653,711	0
	(ii)	0	0	0	0	0	0	0
19Patnck Falvey Executive VP & Chief Integration Off	(i)	0	0	0	0	0	0	0
	(ii)	445,231	302,180	46,782	83,876	18,062	896,131	61,538

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61Gerald ColmanCOO	(i)	0	0	0	0	0	0	0
	(ii)	801,074	580,057	4,250	140,140	-	-	121,006
					18,062		1,543,583	
1Andrea Gavin MD Chief Medical Officer - AMCSC	(i)	278,907	49,357	26,836	30,475	11,716	397,291	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
2Frank LaVora DPM Chief Medical Officer - Milwaukee So	(i)	0	0	0	0	0	0	0
	(ii)	396,035	136,145	77,792	19,875	-	-	0
						18,062	647,909	
3Venkata Thota MD Chief Medical Officer - Walworth/ Bu	(i)	0	0	0	0	0	0	0
	(ii)	371,968	138,897	169,725	30,475	-	-	0
						18,062	729,127	
4Timothy Lneberry MD Chief Medical Officer - GB/ Manitowo	(i)	0	0	0	0	0	0	0
	(ii)	352,803	131,352	3,322	15,118	-	-	0
						18,062	520,657	
5Andrew McDonagh MD Chief Medical Officer - AWAMC	(i)	292,798	84,509	4,407	30,475	18,062	430,251	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6Douglas McManus MD Chief Medical Officer - Milwaukee No	(i)	396,596	148,270	10,699	30,475	11,653	597,693	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7Sylvia Meltzer MD Chief Medical Officer - Pop Health	(i)	0	0	0	0	0	0	0
	(ii)	420,176	116,719	5,550	30,475	-	-	0
						5,674	578,594	
8Tedmond O'Reilly MD Chief Medical Officer - AMCG/ AMCWC	(i)	261,328	40,313	16,123	30,475	18,062	366,301	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Robert Stuart MD Chief Medical Officer - Waukesha/ Je	(i)	0	0	0	0	0	0	0
	(ii)	308,806	114,017	5,619	30,475	-	-	0
						18,062	476,979	
10Anu Vijayakumar MD Chief Medical Officer - ASMC/ ASLSS	(i)	276,549	37,436	677	19,875	5,674	340,211	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11Raul Zambrano MD Chief Medical Officer - Kenosha/ Rac	(i)	0	0	0	0	0	0	0
	(ii)	258,324	0	57,294	7,698	-	-	0
						14,841	338,157	
12Jon Kluge Senior VP Medical Group Ops	(i)	0	0	0	0	0	0	0
	(ii)	337,375	118,416	3,898	19,412	-	-	0
						18,062	497,163	
13Mimi Kokoska MD Cheif Medical Officer - Hosp Spec	(i)	0	0	0	0	0	0	0
	(ii)	436,858	122,374	10,577	19,875	-	-	0
						5,674	595,358	
14Sara Fleet MD Physician Intensivist	(i)	398,455	0	25,668	19,875	12,092	456,090	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15Julia Hester-Diaz MD Physician Family Medicine	(i)	211,142	0	201,341	19,875	0	432,358	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16Bnan Johnson MD Physician Hospitalist	(i)	346,466	0	65,226	19,875	18,062	449,629	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17Melanie Smith MD Physician Family Medicine	(i)	212,629	0	108,353	30,475	12,019	363,476	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18Nimish Vakil MD Physician Gastroenterology	(i)	662,074	0	194,663	30,475	17,539	904,751	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19Anna Mane Windsor MD Physician OB Gyn	(i)	261,875	0	181,171	19,875	17,539	480,460	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
81Mark Wichman MD Physician Surgery Ortho	(i)	1,823,403	0	309,499	19,875	17,539	2,170,316	0
	(ii)	0	0	0	0	- 0	- 0	0
1Melissa Macias MD Physician Surgery Neurology	(i)	931,004	0	1,170,408	19,875	5,238	2,126,525	0
	(ii)	0	0	0	0	- 0	- 0	0
2Joel Wallskog MD Physician Surgery Ortho	(i)	1,699,819	0	292,736	19,875	18,062	2,030,492	0
	(ii)	0	0	0	0	- 0	- 0	0
3Amin Bardai Kassam MD Physician Surgery Neurology	(i)	1,592,332	0	355,810	7,950	18,062	1,974,154	0
	(ii)	0	0	0	0	- 0	- 0	0
4Nicholas Webber MD Physician Surgery Ortho	(i)	1,558,428	0	500,258	19,875	5,674	2,084,235	0
	(ii)	0	0	0	0	- 0	- 0	0
5Paul Coogan MD Former Director - AHCM	(i)	430,549	0	57,084	19,875	18,062	525,570	0
	(ii)	0	0	0	0	- 0	- 0	0
6Jeffrey Stearns MD Former Director - AUWAMG	(i)	34,245	7,260	239	15,005	0	56,749	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L
(Form 990 or 990-EZ)

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.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

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 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

1	(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 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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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) Melinda Bonilla-Puetz MD	Board Member Spouse	132,847	Wages from Aurora Advanced Healthcare		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Aurora Health Care Inc Group Return**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

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 Aurora Health Care, Inc may recommend members of the governing bodies of the o rganizations included in this group return All board members of the organizations include d in this group return must be approved by the Board of Aurora Health Care, 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 Aurora Health Care, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The 2016 Form 990 was reviewed by the Chair of the Audit and Compliance Committee of Aurora Health Care's Board of Directors. The governing bodies of the organizations in this group return have approved the review of the Form 990 by the Audit Committee as Aurora Health Care, Inc. has financial oversight over the operations of the organizations included in this group return. Senior management of Aurora Health Care also reviewed the Form 990.

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. AHC 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	<p>The following compensation review process was conducted in 2016. The CEO and the CEO's executive team have their compensation reviewed annually by the Compensation Committee of the AHC 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.</p>

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 8,539,391

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Aurora Health Care Inc Group Return

Employer identification number
61-1649250

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Midwest Area Physicians LLC 750 West Virginia Street Milwaukee, WI 53204 26-4323839	Physician Services	WI	0	0	Aurora Medical Group Inc
(2) Aurora Quick Care LLC 750 West Virginia Street Milwaukee, WI 53204 20-0580790	Health Services	WI	2,320,063	310,152	Aurora Medical Group Inc
(3) Aurora Research Institute LLC 750 West Virginia Street Milwaukee, WI 53204 46-4361213	Research Services	WI	9,421,666	37,936,884	Aurora Health Care Metro Inc
(4) Lakeshore Medical Clinic LLC 750 West Virginia Street Milwaukee, WI 53204 39-1696443	Physician Services	WI	222,114,853	18,343,841	Aurora Medical Group Inc

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 Foundation Inc 750 West Virginia Street Milwaukee, WI 53204 93-0828294	Fundraising	WI	501(c)(3)	Line 7	Aurora Health Care Central Inc	Yes	
(4)Aurora Health Care Inc 750 West Virginia Street Milwaukee, WI 53204 39-1442285	Support Services	WI	501(c)(3)	Line 12c, III-FI	N/A		No
(5)Aurora Family Service Inc 3200 Highland Boulevard Milwaukee, WI 53233 39-0806174	Social Services	WI	501(c)(3)	Line 10	Aurora Health Care Inc	Yes	
(6)Aurora Health Care Foundation Inc 750 West Virginia Street Milwaukee, WI 53204 39-6044569	Fund Raising	WI	501(c)(3)	Line 7	Aurora Health Care Inc	Yes	

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) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BayCare Aurora LLC 750 West Virginia Street Milwaukee, WI 53204 39-1947472	Hospital	WI	Aurora Medical Group Inc	Related	70,914,473	263,159,369		No	8,354		No	61 880 %
(2) Aurora Consolidated Labs A Co-Tenancy 8901 West Lincoln Avenue Milwaukee, WI 53227 39-1898089	Laboratory Services	WI	N/A									
(3) North Shore Surgical Center Ltd 7007 Range Line Road Glendale, WI 53209 39-1548024	Surgical Services	WI	N/A									
(4) Wisconsin Surgery Center LLC 4131 West Loomis Road Suite 210 Greenfield, WI 53221 38-3661215	Surgical Services	WI	N/A									
(5) Aurora GI ASC LLC 2801 West KK River Parkway 1030 Milwaukee, WI 53215 46-1848055	Physician Services	WI	N/A									
(6) Waukesha Pain Center LLC 4131 West Loomis Road Suite 300 Greenfield, WI 53221 90-0928071	Physician Services	WI	N/A									

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

See Additional Data Table

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Aurora Health Care Inc	P	799,136,005	Actual Cost
(2) Kradwell School Inc	Q	212,405	Actual Cost

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 61-1649250
Name: Aurora Health Care Inc Group Return

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 3031 West Montana Street Milwaukee, WI 53215 26-4041287	Physician Services	IL	501(c)(3)	Line 3	Aurora Medical Group Inc	Yes	
(1) 1220 Dewey Avenue Wauwatosa, WI 53213 26-1516765	School	WI	501(c)(3)	Line 2	Aurora Psychiatric Hospital Inc	Yes	
(2) 750 West Virginia Street Milwaukee, WI 53204 93-0828294	Fundraising	WI	501(c)(3)	Line 7	Aurora Health Care Central Inc	Yes	
(3) 750 West Virginia Street Milwaukee, WI 53204 39-1442285	Support Services	WI	501(c)(3)	Line 12c, III-FI	N/A		No
(4) 3200 Highland Boulevard Milwaukee, WI 53233 39-0806174	Social Services	WI	501(c)(3)	Line 10	Aurora Health Care Inc	Yes	
(5) 750 West Virginia Street Milwaukee, WI 53204 39-6044569	Fund Raising	WI	501(c)(3)	Line 7	Aurora Health Care Inc	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Nor Door Clinic Building Condominium Association of Unit Owners 750 West Virginia Street Milwaukee, WI 53204	Condo Association	WI	Aurora Medical Group Inc	C			100 000 %	Yes	
(1) St Luke's Physician Office Condominium Association Inc 750 West Virginia Street Milwaukee, WI 53204	Condo Association	WI	Aurora Health Care Metro Inc	C			100 000 %	Yes	
(2) Aurora Health Center Kenosha Condominium Association Inc 750 West Virginia Street Milwaukee, WI 53204	Condo Association	WI	Aurora Health Care Southern Lakes Inc	C			100 000 %	Yes	
(3) Aurora Health Center Oshkosh Condominium Association Inc 750 West Virginia Street Milwaukee, WI 53204	Condo Association	WI	Aurora Medical Group Inc	C			100 000 %	Yes	
(4) Aurora Health Care Ventures Inc 750 West Virginia Street Milwaukee, WI 53204 39-1513129	For-Profit Company	WI	N/A	C				Yes	
(5) Aurora Health Network Inc 750 West Virginia Street Milwaukee, WI 53204 39-1817175	Inactive	WI	N/A	C				Yes	
(6) Aurora Pharmacy Inc 750 West Virginia Street Milwaukee, WI 53204 39-1733325	Retail Pharmacy	WI	N/A	C				Yes	
(7) Diversified Care Inc 4811 South 76th Street Greenfield, WI 53220 39-1609054	Temporary Staffing Agency	WI	N/A	C				Yes	
(8) Aurora Retail Stores Inc 750 West Virginia Street Milwaukee, WI 53204 39-1722937	Inactive	WI	N/A	C				Yes	
(9) Advanced Healthcare Inc 3003 West Good Hope Road Glendale, WI 53209 39-1195501	Physician Services	WI	N/A	C				Yes	
(10) LMC Inc 750 West Virginia Street Milwaukee, WI 53204 47-2374743	Health Services	WI	N/A	C				Yes	
(11) Aurora Health Care Medical Group Inc 750 West Virginia Street Milwaukee, WI 53204 47-4167075	Physician Services	WI		C			100 000 %	Yes	
(12) Health Care Re Ltd 750 West Virginia Street Milwaukee, WI 53204 98-1063814	Health Services	CJ	N/A	C				Yes	