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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

Nan Nelson

750 W Virginia St PO Box 341880

Milwaukee, WI 532341880

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

☒ Yes ☐ No

H(b) Are all subordinates included?

☐ Yes ☒ No

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

H(c) Group exemption number

5709

I Tax-exempt status

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

J Website:

www.aurorahealthcare.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

M State of legal domicile

Part I Summary

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)

47

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

14

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

29,853

6 Total number of volunteers (estimate if necessary)

2,607

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

5,706,747

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

72,401

Revenue

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

3,286,226

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

4,563,145,224

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

-1,708,714

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

64,638,483

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

4,629,361,219

Expenses

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

0

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

0

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

2,251,759,633

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

0

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

2,035,230,697

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

4,286,990,330

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

342,370,889

19 Revenue less expenses Subtract line 18 from line 12

284,338,490

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

5,283,551,759

21 Total liabilities (Part X, line 26)

447,188,232

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

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

2018-11-15

Date

Nan Nelson Treasurer

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 (2017)

**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 \$ 3,617,745,239 including grants of \$ ) (Revenue \$ 4,710,039,705 )  
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 ▶ 3,617,745,239

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	908	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	29,853	
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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 47		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</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?	<b>16b</b>	Yes	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> 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)	
<b>19</b> 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.	
<b>20</b> 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 ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

[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 ▶ 3,214

## 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	6,953,902
Aurora Bay Area Medical Group LLC 3003 University Drive Marinette, WI 54143	Healthcare Services	5,965,637
Building Service Inc W222 N630 Cheaney Road Waukesha, WI 53186	Building Contractor	4,542,121
Poblocki Paving Corporation 525 S 116th Street Milwaukee, WI 53214	Asphalt Paving Serives	2,612,242
San-A-Care W223N605 Saratoga Drive Waukesha, WI 53186	Cleaning Services	2,276,569

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 32</p>	
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Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	763,908			
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,236,501			
	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 . . . . .		4,000,409			
Program Service Revenue			Business Code				
	2a	Program Services	900099	4,592,466,258	4,592,466,258		
	b	Hospital Services	900099	59,978,500	59,978,500		
	c	Cafeteria Sales	722210	12,636,461		12,636,461	
	d	Rental Income	531120	11,978,420		8,354	
	e	Membership Sales	713940	1,193,531	1,193,531		
	f	All other program service revenue		4,538,573	2,507,546	2,031,027	
	g	Total. Add lines 2a-2f . . . . .		4,682,791,743			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	1,558,987		1,558,987	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties . . . . .				
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		358,876			
		b	Less cost or other basis and sales expenses	8,007,609			
		c	Gain or (loss)	-7,648,733			
	d	Net gain or (loss) . . . . .		-7,648,733		-7,648,733	
	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				
	c	Net income or (loss) from sales of inventory . . . . .		17,543,546	17,543,546		
	Miscellaneous Revenue		Business Code				
11a	Other Revenue		900099	31,384,848	27,717,482	3,667,366	
	b	Support Services	900099	8,632,842	8,632,842		
	c						
	d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .			40,017,690			
12	Total revenue. See Instructions . . . . .			4,738,263,642	4,710,039,705	5,706,747	
						18,516,781	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	31,329,135	27,683,450	3,645,685	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,750,917		4,750,917	
<b>7</b> Other salaries and wages.	1,841,422,193	1,776,450,578	64,971,615	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,028,171	1,019,382	8,789	
<b>9</b> Other employee benefits.	343,226,929	330,209,571	13,017,358	
<b>10</b> Payroll taxes.	109,343,851	105,175,184	4,168,667	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	11,882		11,882	
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	141,686,450	115,349,182	26,337,268	
<b>12</b> Advertising and promotion.	4,260,688	657,356	3,603,332	
<b>13</b> Office expenses.	23,874,194	22,642,398	1,231,796	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	108,404,382	106,892,864	1,511,518	
<b>17</b> Travel.	4,928,070	4,497,522	430,548	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	11,774,021	11,104,279	669,742	
<b>20</b> Interest.	3,121,136	3,033,312	87,824	
<b>21</b> Payments to affiliates.	861,121,167	152,025,924	709,095,243	
<b>22</b> Depreciation, depletion, and amortization.	150,928,059	152,187,593	-1,259,534	
<b>23</b> Insurance.	15,906,198	15,922,272	-16,074	
<b>24</b> 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):				
<b>a</b> Medical and Other Supply.	634,029,459	635,422,237	-1,392,778	
<b>b</b> Hospital Tax Assessment.	88,251,707	88,251,707	0	
<b>c</b> Equipment Rental and Ma.	52,294,049	47,959,568	4,334,481	
<b>d</b>				
<b>e</b> All other expenses.	22,232,494	21,260,860	971,634	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	4,453,925,152	3,617,745,239	836,179,913	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		156,717	<b>1</b>	158,466
	<b>2</b>	Savings and temporary cash investments . . . . .		2,489,921,749	<b>2</b>	2,752,563,840
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		682,137,280	<b>4</b>	658,342,600
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		141,625	<b>7</b>	241,824
	<b>8</b>	Inventories for sale or use . . . . .		38,926,609	<b>8</b>	38,521,879
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		8,914,284	<b>9</b>	8,616,454
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	3,012,756,405		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	1,401,853,050		
				1,576,369,971	<b>10c</b>	1,610,903,355
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		384,359	<b>13</b>	373,053
	<b>14</b>	Intangible assets . . . . .		7,021,487	<b>14</b>	6,577,819
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		479,577,678	<b>15</b>	443,346,676	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		5,283,551,759	<b>16</b>	5,519,645,966	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		360,296,170	<b>17</b>	340,544,691
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		3,604,013	<b>19</b>	3,293,135
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		169,428	<b>23</b>	150,976
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		83,118,621	<b>25</b>	83,713,197
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		447,188,232	<b>26</b>	427,701,999
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		4,650,345,200	<b>27</b>	4,921,252,740
	<b>28</b>	Temporarily restricted net assets . . . . .		167,443,820	<b>28</b>	151,893,720
	<b>29</b>	Permanently restricted net assets . . . . .		18,574,507	<b>29</b>	18,797,507
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		4,836,363,527	<b>33</b>	5,091,943,967
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		5,283,551,759	<b>34</b>	5,519,645,966

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,738,263,642
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,453,925,152
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	284,338,490
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,836,363,527
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-28,758,050
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,091,943,967

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

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2017)

**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 ..... Director & Officer - AAH	0 00 ..... 55 00	X		X				0	1,420,915	43,601
John Konkel MD ..... Chair - AAH, Director - AAH	55 00 ..... 0 00	X		X				1,268,724	0	43,304
Jeffrey Bahr MD ..... Director - AAH	0 00 ..... 55 00	X						0	901,984	115,596
William Ebinger MD ..... Director - AAH	55 00 ..... 0 00	X						360,888	0	43,601
Scott Fenske MD ..... Director - AAH	55 00 ..... 0 00	X						455,691	0	50,021
Jeffrey Katt MD ..... Director - AAH	0 00 ..... 55 00	X						0	708,070	49,597
Scott Kenitz OD ..... Director - AAH	55 00 ..... 0 00	X						274,992	0	43,151
Anne Mattson MD ..... Vice Chair - AAH, Director	55 00 ..... 0 00	X		X				325,652	0	20,100
Shaibal Mazumdar MD ..... Director - AAH	55 00 ..... 0 00	X						916,665	0	39,421
Thomas Puetz MD ..... Director - AAH	55 00 ..... 0 00	X						874,131	0	39,421

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Basil Salaymeh MD ..... Director - AAH, AMCG	55 00 ..... 0 00	X						635,230	0	49,597
Daniel Thompson MD ..... Director - AAH	55 00 ..... 0 00	X						248,030	0	42,952
Peter Carlson ..... President - APH, Director	1 00 ..... 55 00	X		X				0	506,159	43,601
Ray Darcey ..... Director	55 00 ..... 0 00	X		X				473,660	0	23,688
Jeff Dalen-Bard ..... Director	1 00 ..... 55 00	X		X				0	856,942	110,285
Carrie Killoran ..... President - AMCSC, AMCWC,	1 00 ..... 55 00	X		X				0	777,419	90,194
Mary Beth Kingston ..... Director - AHCM,AHCSL,AVNA	1 00 ..... 55 00	X						0	1,049,212	107,391
Dennis Potts ..... Director & Officer - Various	1 00 ..... 55 00	X		X				0	1,576,477	135,804
Gail Hanson ..... Treasurer - Multiple, Director	1 00 ..... 55 00	X		X				0	1,495,069	154,557
Amy Rislov ..... Director - AUWAMG	1 00 ..... 55 00	X						0	792,987	102,788

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			
Alfred Capelli MD ..... Director - AMG	55 00 ..... 0 00	X						628,842	0	31,042
Andrea Gavin MD ..... Director - AHCMG	55 00 ..... 0 00	X						395,509	0	43,214
Daniel O'Hair MD ..... Director - AHCMG	55 00 ..... 0 00	X						1,239,986	0	50,021
Dennis Baumgardner MD ..... Director - AUWAMG	55 00 ..... 0 00	X						253,610	0	47,597
Ellen Danto-Nocton MD ..... Director - AUWAMG	55 00 ..... 0 00	X						214,300	0	26,453
Jackie Tillett CNM ND ..... Director - AUWAMG	55 00 ..... 0 00	X						41,440	0	22,827
Jacob Bidwell MD ..... Director - AUWAMG	55 00 ..... 0 00	X						331,667	0	39,421
John Brill MD ..... Director - AUWAMG	0 00 ..... 55 00	X						0	288,712	39,421
Wilhelm Lehmann MD ..... Director - AUWAMG	55 00 ..... 0 00	X						284,582	0	39,421
Mary Hook RN PhD ..... Director - WAMH	1 00 ..... 55 00	X						0	131,408	16,221



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			
Michael Malone MD ..... Director - AVNA	1 00 ..... 55 00	X						0	284,668	48,046
Nan Nelson ..... Assistant Treasurer - Various, Director	1 00 ..... 55 00	X		X				0	707,649	80,692
Natasha Hernandez MD ..... Director - AUWAMG	55 00 ..... 0 00	X						425,735	0	38,997
Patrick Daly MD ..... Director - AHCMG	55 00 ..... 0 00	X						501,649	0	50,021
Scott Hardin MD ..... Director - AHCM	55 00 ..... 0 00	X						536,050	0	27,271
Corey Shamah MD ..... Director - AAH	55 00 ..... 0 00	X						895,450	0	38,997
Hsieng Su MD ..... Director - AHCM	55 00 ..... 0 00	X						469,805	0	26,090
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

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			
Wayne Clark ..... Secretary/ Treasurer & Director - WAMH	1 00 ..... 0 00	X		X				0	0	0
Glenda Lee MD ..... Director - WAMH	1 00 ..... 0 00	X						0	0	0
Charles Wikenhauser ..... Director - WAMH	1 00 ..... 0 00	X						0	0	0
Paul Ziehler ..... Director - WAMH	1 00 ..... 0 00	X						0	0	0
Cathy Manthei ..... Director - WAMH	1 00 ..... 0 00	X						0	0	0
Helen Feuling ..... Vice Chair and Director - WAMH	1 00 ..... 0 00	X		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						310,028	0	38,997

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			
Brian Johnson MD ..... Director - AHCMG	0 00 ..... 55 00	X						0	452,079	39,421
Nimish Vakil MD ..... Director - AHCMG	55 00 ..... 0 00	X						1,095,734	0	50,021
Anna Marie Windsor MD ..... Director - AHCMG	55 00 ..... 0 00	X						472,894	0	38,997
Kenneth Saydel DO ..... Director - WAMH	1 00 ..... 0 00	X						0	0	0
Bruce Faure MD ..... Director - AHCMG	55 00 ..... 0 00	X						1,207,253	0	36,794
Satchi Hiremath MD ..... Director - AHCMG	55 00 ..... 0 00	X						785,293	0	26,194
Eric Maas MD ..... Director - AHCMG	55 00 ..... 0 00	X						408,710	0	50,601
James Pavlich MD ..... Director - AHCMG	55 00 ..... 0 00	X						526,027	0	39,421
Federico Sanchez MD ..... Director - AHCMG	55 00 ..... 0 00	X						899,045	0	49,597
Michael Grebe ..... Officer - Various	0 00 ..... 55 00			X				0	385,660	51,321

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			
Richard Kellar ..... President - AWAMC	55 00 ..... 0 00			X				521,624	0	43,601
Michael Lappin ..... Secretary/ Assistant Secretary	1 00 ..... 55 00			X				0	1,393,568	143,595
Rachelle Hart ..... Assistant Secretary - Various	1 00 ..... 55 00			X				0	724,677	39,421
Stuart Arnett ..... Asst Treasurer - Various	1 00 ..... 55 00			X				0	475,404	49,597
Marie Golanowski ..... Hospital President - ASLMC	55 00 ..... 0 00				X			650,499	0	43,601
Randall Lambrecht ..... SVP Research	0 00 ..... 55 00				X			0	475,843	30,700
Cathie Kocourek ..... President - AMCMC	55 00 ..... 0 00				X			396,078	0	43,601
David Graebner ..... President - AMCSC	55 00 ..... 0 00				X			545,492	0	50,021
Ruric Anderson MD ..... Chief Medical Officer	1 00 ..... 55 00				X			0	929,132	116,528
Michael Bergmann ..... Patient Service Market President	0 00 ..... 55 00				X			0	430,207	39,421

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			
Sandra Ewald ..... Patient Service Market President	0 00 ..... 55 00				X			0	571,024	36,794
Stephen Francaviglia ..... Patient Service Market President	0 00 ..... 55 00				X			0	691,439	43,601
Lisa Just ..... Patient Service Market President	0 00 ..... 55 00				X			0	549,418	43,304
Doug Koch ..... Patient Service Market President	0 00 ..... 55 00				X			0	491,569	30,589
John Newman ..... President - AMCO	55 00 ..... 0 00				X			700,880	0	38,997
Patrick Falvey ..... EVP & Chief Integration Officer	0 00 ..... 55 00				X			0	965,792	110,040
Frank LaVora DPM ..... Chief Medical Officer - Milw South	0 00 ..... 55 00				X			0	569,576	39,421
Venkata Thota MD ..... Chief Medical Officer - Walworth/ Burlington	0 00 ..... 55 00				X			0	823,597	50,021
Timothy Lineberry MD ..... Chief Medical Officer - GB	0 00 ..... 55 00				X			0	540,434	32,340
Andrew McDonagh MD ..... Chief Medical Officer - AWAMC	55 00 ..... 0 00				X			428,022	0	50,021

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 - Milw North	0 00 ..... 55 00				X			0	516,753	43,007
Sylvia Meltzer MD ..... Chief Medical Officer - Pop Health	0 00 ..... 55 00				X			0	678,790	36,690
Tedmond O'Reilly MD ..... Chief Medical Officer - AMCG/ AMCWC	55 00 ..... 0 00				X			393,307	0	50,021
Robert Stuart MD ..... Chief Medical Officer - Waukesha/Jefferson	0 00 ..... 55 00				X			0	464,669	50,021
Raul Zambrano MD ..... Chief Medical Officer - Kenosha	0 00 ..... 55 00				X			0	408,823	36,923
Jon Kluge ..... SVP Medical Group Ops	0 00 ..... 55 00				X			0	554,767	39,421
Marie Dominguez MD ..... Chief Medical Officer - Milw N/ Sheb	55 00 ..... 0 00				X			170,305	0	166
Jessica Bauer ..... President ASMC/ ASLSS	55 00 ..... 0 00				X			361,102	0	18,651
Mark Wichman MD ..... Physician Surgery Ortho	55 00 ..... 0 00					X		2,355,386	0	38,997
Amin Bardai Kassam MD ..... Physician Surgery Neurology	55 00 ..... 0 00					X		2,017,446	0	29,504

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			
Nicholas Webber MD ..... Physician Surgery Ortho	55 00 ..... 0 00					X		1,778,239	0	35,717
James Santarelli MD ..... Physician Family Med	55 00 ..... 0 00					X		1,627,364	0	39,421
Eric Weiss MD ..... Physician Surgery Cardthorc	55 00 ..... 0 00					X		1,626,119	0	26,090
Jeffrey Bailet MD ..... Former President - AMG, Director	0 00 ..... 0 00						X	0	1,758,177	25,979
David Ulery MD ..... Former Director - AMG	55 00 ..... 0 00						X	217,837	0	38,922
Diane Gerlach DO ..... Former Director - AMG	55 00 ..... 0 00						X	230,006	0	36,233
Joseph Majewski MD ..... Former Director - AMG	55 00 ..... 0 00						X	712,416	0	42,210
Paul Coogan MD ..... Former Director - AHCM	55 00 ..... 0 00						X	419,420	0	39,421
Sara Fleet MD ..... Former Director - AHCMG	55 00 ..... 0 00						X	499,461	0	32,990
Julia Hester-Diaz MD ..... Former Director - AHCMG	55 00 ..... 0 00						X	456,567	0	20,100

**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			
Melanie Smith MD ..... Former Director - AHCMG	55 00 ..... 0 00						X	333,622	0	43,601
Steve Huser ..... Former Asst Treas - AMCMC,AMCO	0 00 ..... 55 00						X	0	439,462	43,304
Carolyn Glocka ..... Former Hospital President - ASLSS	35 00 ..... 0 00						X	274,001	0	27,605
Gerald Colman ..... Former COO	0 00 ..... 40 00						X	0	1,504,051	37,935
Mimi Kokoska MD ..... Former Chief Medical Officer	0 00 ..... 35 00						X	0	498,952	24,553
Joel Wallskog MD ..... Former Physician Surgery Ortho	55 00 ..... 0 00						X	1,607,587	0	39,421



## TY 2017 Affiliate Listing

**Name:** Aurora Health Care Inc Group Return

**EIN:** 61-1649250

### TY 2017 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 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Aurora Health Care Inc Group Return

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

61-1649250

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**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** . . . . . ☐ **►****Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐ **►****b 33 1/3% support test—2016.** 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 ☐ **►****17a 10%-facts-and-circumstances test—2017.** 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 ☐ **►****b 10%-facts-and-circumstances test—2016.** 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 ☐ **►****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 ☐ **►**

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**2 Activities Test Answer (a) and (b) below.**

	Yes	No
<b>a</b> 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>2a</b>	
<b>b</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>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>	
<b>b</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>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			



**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)

<b>Facts And Circumstances Test</b>

**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) 340,424, (b) 1,154,409, (c) 1,221,496, (d) 976,570, (e) 1,078,004 (f) 4,770,903 Line 2 - column (a) 370,001,187, (b) 478,786,130, (c) 506,064,277, (d) 519,315,308, (e) 536,794,988 (f) 2,410,961,890 Line 6 - column (a) 370,341,611, (b) 479,940,539, (c) 507,285,773, (d) 520,291,878, (e) 537,872,992 (f) 2,415,732,793 Line 8 - column (f) 2,415,732,793 Line 9 - column (a) 370,341,611, (b) 479,940,539, (c) 507,285,773, (d) 520,291,878, (e) 537,872,992 (f) 2,415,732,793 Line 10a - column (b) 22,903, (c) 86,851, (d) 77,305, (e) 187,059, (f) 340,395 Line 10c - column (b) 22,903, (c) 86,851, (d) 77,305, (e) 187,059, (f) 340,395 Line 12 - column (a) 1,426, (b) 2,975,013, (c) 4,557,983, (d) 4,215,613, (e) 4,153,009 (f) 15,903,044 Line 13 - column (a) 370,343,037, (b) 482,938,455, (c) 511,930,607, (d) 524,584,796, (e) 542,179,337 (f) 2,431,976,232 Line 15 99 33% Line 16 99 47% Line 17 01% Line 19a X

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
Aurora Health Care Inc Group Return

Employer identification number  
61-1649250

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under 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

► \$

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .		615,427	604,036	584,451	536,809
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses		9,816	11,391	22,335	53,142
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .		625,243		2,750	5,500
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .			615,427	604,036	584,451

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		64,179,985		64,179,985
<b>b</b> Buildings . . . . .		2,035,698,332	948,107,097	1,087,591,235
<b>c</b> Leasehold improvements		152,478,766	57,520,229	94,958,537
<b>d</b> Equipment . . . . .		681,508,939	388,111,370	293,397,569
<b>e</b> Other . . . . .		78,890,383	8,114,354	70,776,029
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,610,903,355

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
(1) Funds held by Aurora Foundation	168,278,102
(2) Investment in Joint Ventures	207,910,590
(3) Funds Held by Community Foundation	2,413,125
(4) Investment in Lab Co-Tenancy	4,722,582
(5) Other Assets	12,958,432
(6) Tuition Loan Forgiveness	1,438,988
(7) Third Party Payor Receivable	13,007,444
(8) Notes Receivable - Provider/ Physician	12,133,665
(9) Miscellaneous Accounts Receivable	20,483,748
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	443,346,676

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	1,370,853
Long-Term Capital Lease	39,066,671
Deferred Rent	3,730,429
Unfunded Pension Liability	9,175,385
Other Liabilities	596,531
Provider Retention Liability	28,709,546
Deferred Gain	1,063,782
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	83,713,197

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 ☒

Schedule D (Form 990) 2017

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**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
Funds held by Aurora Foundation	168,278,102
Investment in Joint Ventures	207,910,590
Funds Held by Community Foundation	2,413,125
Investment in Lab Co-Tenancy	4,722,582
Other Assets	12,958,432
Tuition Loan Forgiveness	1,438,988
Third Party Payor Receivable	13,007,444
Notes Receivable - Provider/ Physician	12,133,665
Miscellaneous Accounts Receivable	20,483,748



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 2017.

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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](http://www.irs.gov/form990).

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

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			39,863,422	0	39,863,422	1 420 %
b Medicaid (from Worksheet 3, column a)			494,917,656	329,204,304	165,713,352	5 890 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,881,203	12,359,782	2,521,421	0 090 %
d Total Financial Assistance and Means-Tested Government Programs			549,662,281	341,564,086	208,098,195	7 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	1,087	229,357	11,474,338	92,781	11,381,557	0 400 %
f Health professions education (from Worksheet 5)	420	14,392	30,341,584	12,328,953	18,012,631	0 640 %
g Subsidized health services (from Worksheet 6)	61	5,891	4,485,803	0	4,485,803	0 160 %
h Research (from Worksheet 7)	0	0	0	0		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	787	122,236	3,958,093	11,474	3,946,619	0 140 %
j Total. Other Benefits	2,355	371,876	50,259,818	12,433,208	37,826,610	1 340 %
k Total. Add lines 7d and 7j	2,355	371,876	599,922,099	353,997,294	245,924,805	8 740 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

**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
<b>1</b> Physical improvements and housing	0	0	0			
<b>2</b> Economic development	35	1,697	17,526		17,526	0 %
<b>3</b> Community support	5	639	3,200		3,200	0 %
<b>4</b> Environmental improvements	2	100	2,100		2,100	0 %
<b>5</b> Leadership development and training for community members	0	0	0			
<b>6</b> Coalition building	24	10,868	8,915		8,915	0 %
<b>7</b> Community health improvement advocacy	1	20	2,800		2,800	0 %
<b>8</b> Workforce development	56	4,416	45,281		45,281	0 %
<b>9</b> Other	0	0				
<b>10 Total</b>	123	17,740	79,822		79,822	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	25,366,604	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	501,726,124
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	606,677,000
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-104,950,876
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

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

**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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	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)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b>	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)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>ahc aurorahealthcare org/aboutus/community-benefits</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>ahc aurorahealthcare org/aboutus/community-benefits</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	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		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.aurorahealthcare.org/patients-visitors/financial-assistance</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.aurorahealthcare.org/patients-visitors/financial-assistance</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.aurorahealthcare.org/patients-visitors/financial-assistance</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

Facility Reporting Group - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>22</b>		
<b>23</b>		No
<b>24</b>		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)
<b>1</b> 1 - Franklin Urgent Care 9200 West Loomis Road Franklin, WI 53132	Outpatient Physician Clinic
<b>2</b> 2 - Franklin Imaging Center 9200 West Loomis Road Franklin, WI 53132	Outpatient Physician Clinic
<b>3</b> 3 - Aurora Rehabilitation Center 2000 East Layton Avenue St Francis, WI 53221	Outpatient Rehab Center
<b>4</b> 4 - Aurora Rehabilitation Center 3738 South 60th Street Milwaukee, WI 53220	Outpatient Rehab Center
<b>5</b> 5 - Aurora Rehabilitation Center 4111 West Mitchell Street Milwaukee, WI 53204	Outpatient Rehab Center
<b>6</b> 6 - Aurora Rehabilitation Center 9200 West Loomis Road Milwaukee, WI 53132	Outpatient Rehab Center
<b>7</b> 7 - Aurora Wiselives Clinic 8320 West Bluemound Road Wauwatosa, WI 53213	Outpatient Physician Clinic
<b>8</b> 8 - Walkers Point Community Clinic 130 West Bruce Street Milwaukee, WI 53204	Outpatient Physician Clinic
<b>9</b> 9 - Sports Medicine Institute 6255 North Santa Monica Boulevard Whitefish Bay, WI 53217	Physical Therapy Rehab
<b>10</b> 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 2017. It is available for review at <a href="http://ahc.aurorahealthcare.org/aboutus/community-benefits">ahc.aurorahealthcare.org/aboutus/community-benefits</a>

**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 13 of the Independent Auditors' Report

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	All of the shortfall on line 7 should be treated as community benefit. The amount reported on line 6 utilizes the cost to charge ratio of the most recently filed cost reports for the hospitals included in this group return.
Part III, Line 9b	Specific to the uninsured and medically-indigent patient populations, the organization's practice is to thoroughly evaluate the patient's ability to pay.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2	<p>Since 2003, Aurora Health Care, Inc , the corporate parent of all entities included in this group return, has collaborated with local health departments to survey residents on their health status and habits and to gather information based on behavioral and lifestyle habits, health conditions, risk factors, and demographics, to identify themes, trends, and disparities, and to compare to state and national measurements. These reports have been part of a comprehensive survey of eastern Wisconsin to identify areas of greatest need and produce a report of findings that is shared with each community at-large. The findings of the surveys are an instrument through which the municipal health departments engage community participation to generate community health improvement plans aligned with Healthy Wisconsin 2010 and Healthy Wisconsin 2020. During 2011, eight of Aurora's hospitals formed partnerships with other health systems to conduct the most recent surveys in 2017.</p>
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	<p>Aurora Health Care Metro, Inc (three hospitals) and Aurora Psychiatric Hospital, Inc serving the residents of Milwaukee County Milwaukee is the largest city in both Milwaukee County and Wisconsin and is among the 30-most populous cities in the United States According to the 2010 census, Milwaukee County had a total population of 947,735, of which 27% are African American and 13 3% are persons of Hispanic or Latino origin The city is a business, transportation, cultural and academic hub for the state, however it also has concentrated areas of poverty and unemployment, these areas have the most pronounced health disparities In Milwaukee County, property and violent crime levels tend to be much higher than the Wisconsin average Aurora Health Care Southern Lakes, Inc (four hospitals) serving the rural and urban populations in Racine, Kenosha, Walworth and Waukesha counties Racine County has a population of 195,408 people, of which 11 1% are African-American and 11 5% are Hispanic or Latino, with a median household income of \$54,356 Walworth County has a population of 102,310 people, of which 9% is African-American and 10 3% are Hispanic or Latino, with a median household income of \$54,443 Kenosha County has a population of 166,373 people, of which 6 7% are African-American and 11 7% are Hispanic or Latino, with a median household income of \$55,117 Walworth County has a population of 102,228, of which 1% is African-American and 10 3 percent are Hispanic or Latino, with a median household income of \$55,237 Waukesha County has a population of 390,891, of which 1 3% is Black or African American and 4 1% are Hispanic or Latino with a median household income of \$55,237 Aurora Health Care North, Inc (one hospital) serving the rural population of Manitowoc County The population of Manitowoc County is 81,442 and the median age is 37 2, the 65-and-older population is 16 8% The median household income in Manitowoc County is \$47,298 Aurora Medical Center in Oshkosh (one hospital) serving both rural and urban populations in Winnebago County The county is home has a population of 166,994 and has a median household income is \$50,974 Median age is 37 9 According to the 2010 Census, the racial makeup of Winnebago County is 92 5% White, 3 5% Hispanic or Latino, 2 3% Asian, 1 8% Black or African American Aurora Health Care Central, Inc (one hospital) serving both rural and urban populations in Sheboygan County The population of the primary service area is 115,377, of which 5 5% are Hispanic or Latino, 4 7% are Asian, 1 5% are African-American Aurora Medical Center of Washington County, Inc (one hospital) serving a rural population of 131,840 The median household income is \$66,485, which is higher than the state average of Wisconsin West Allis Memorial Hospital, Inc (one hospital) serving an urban and suburban population in western Milwaukee County The total population of the primary service area is approximately 64,617, of which 9 6% are Hispanic or Latino, 3 6% are African-American, and 2% are Asian Aurora Medical Center in Grafton (one hospital, both rural and suburban) primarily serves the residents of Ozaukee County, with some extension into the Milwaukee, Waukesha, Washington, and Sheboygan counties According to U S Census 2010, Ozaukee County has a population of 86,429 people, of which 1 4% is Black and 2 3% are Hispanic or Latino The median household income in Ozaukee County far exceeds the state at \$75,854 This hospital is an entirely "green" hospital</p>
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 Country 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	Aurora Health Care Inc 's integrated health care system includes hospitals, physician groups and clinics, pharmacies, home care, home hospice, and social services throughout eastern Wisconsin and northern Illinois, providing inpatient care, outpatient and ambulatory services, urgent care, primary care and specialist services for the diverse populations of the communities in which they reside
Part VI, Line 7, Reports Filed With States	WI

Schedule H (Form 990) 2017

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? <b>15</b>											
1	Aurora St Luke's Medical Center 2900 West Oklahoma Avenue Milwaukee, WI 53215 www.aurorahealthcare.org 160	X	X		X		X	X			A
2	Aurora SLMC South Shore 5900 South Lake Drive Cudahy, WI 53110 www.aurorahealthcare.org 16	X	X					X			A
3	Aurora Sinai Medical Center 945 North 12th Street Milwaukee, WI 53233 www.aurorahealthcare.org 74	X	X		X			X			A
4	Aurora Medical Center Kenosha 10400 75th Street Kenosha, WI 53142 www.aurorahealthcare.org 1001	X	X					X		Inpatient Rehab Unit	A
5	Aurora Lakeland Medical Center W3985 County Road NN Elkhorn, WI 53121 www.aurorahealthcare.org 132	X	X					X		Inpatient Rehab Unit	A

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>15</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	Aurora Memorial Hospital Burlington 252 McHenry Street Burlington, WI 53105 www.aurorahealthcare.org 14	X	X					X			A
7	Aurora Medical Center Summit 36500 Aurora Drive Summit, WI 53066 www.aurorahealthcare.org 316	X	X					X			A
8	Aurora BayCare Medical Center 2845 Greenbrier Road Green Bay, WI 54311 www.aurorahealthcare.org 301	X	X		X	X		X			A
9	Aurora West Allis Medical Center 8901 West Lincoln Avenue West Allis, WI 53227 www.aurorahealthcare.org 149	X	X					X			A
10	Aurora Sheboygan Medical Center 2629 North 7th Street Sheboygan, WI 53083 www.aurorahealthcare.org 38	X	X					X		Rehab/ Sleep Disorders	A

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>15</b>		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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A
Facility Reporting Group A consists of	- Facility 1 Aurora St Luke's Medical Center, - Facility 2 Aurora SLMC South Shore, - Facility 3 Aurora Sinai Medical Center, - Facility 4 Aurora Medical Center Kenosha, - Facility 5 Aurora Lakeland Medical Center, - Facility 6 Aurora Memorial Hospital Burlington, - Facility 7 Aurora Medical Center Summit, - Facility 8 Aurora BayCare Medical Center, - Facility 9 Aurora West Allis Medical Center, - Facility 10 Aurora Sheboygan Medical Center, - Facility 11 Aurora Medical Center Washington County, - Facility 12 Aurora Psychiatric Hospital, - Facility 13 Aurora Medical Center of Manitowoc County, - Facility 14 Aurora Medical Center Oshkosh, - Facility 15 Aurora Medical Center Grafton

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

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

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



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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Aurora Sinai Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 3 -- Aurora Sinai Medical Center Part V, Section B, line 11	Aurora Sinai Medical Center addressed significant health needs as follows: To improve access and coverage for uninsured and Medicaid-eligible patients, the hospital provided an information kit to Medicaid-eligible and uninsured patients. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also provided counseling and mental health services to pregnant families and victims of sexual assault/ domestic violence by providing home-based education, information, counseling, and referral to medical and other community resources to ensure a healthy pregnancy and healthy birth.

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 6 -- Aurora Memorial Hospital of Burlington Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 6 -- Aurora Memorial Hospital of Burlington Part V, Section B, line 11	Aurora Memorial Hospital of Burlington addressed significant health needs as follows: To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital established a branch site for the Health Care Network (HCN) at the 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).

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

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

Form and Line Reference	Explanation
Group A-Facility 7 -- Aurora Medical Center Summit Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 7 -- Aurora Medical Center Summit Part V, Section B, line 11	Aurora Medical Center Summit addressed significant health needs as follows: To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital ensured access to the Lake Area Free Clinic for follow-up care and understanding of benefits of primary and preventive care. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also strengthened their partnership with Stillwaters Cancer Support Services to ensure that persons living with cancer - and their families - had access to support services. To support and assure the safety of youth and student athletes in athletic programs, the hospital offered reduced-cost youth sports physicals and free baseline concussion screenings.

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

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

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

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

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

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



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

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

Form and Line Reference	Explanation
Group A-Facility 10 -- Aurora Sheboygan Memorial Medical Center Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 10 -- Aurora Sheboygan Memorial Medical Center Part V, Section B, line 11	Aurora Sheboygan Memorial Medical Center addressed significant health needs as follows: To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided patients with information on the benefits of receiving routine primary care in a "health home" program. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also advanced knowledge and awareness of risk factors, warning signs and treatment of strokes by partnering with the Sheboygan Area School District to provide education in 35 schools and provided free blood pressure screening at community talks. To support nutrition and physical activity in Sheboygan County, the hospital developed and off-site Wellness Center to address health and fitness needs of adults.

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 13 -- Aurora Medical Center of Manitowoc 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 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 persons seen in the emergency department who will benefit from the urgent and primary care services available to the Community Clinic of Manitowoc County. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also provided free community presentations and seminars on physical health and fitness and prevention of sports injuries featuring cardiac and orthopedic physicians, as well as rehabilitation specialists.

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

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

Form and Line Reference	Explanation
Group A-Facility 14 -- Aurora Medical Center Oshkosh Part V, Section B, line 5	For all hospitals included in this group return, the key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community 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 14 -- Aurora Medical Center Oshkosh Part V, Section B, line 11	Aurora Medical Center Oshkosh addressed significant health needs as follows. To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital continued to be an active financial donor to the Living Healthy Community Clinic (LHCC), including donating lab and basic diagnostic services to patients referred to from LHCC. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also established metrics for long-term evaluation of reduction of the prevalence of obesity in the youth and adult populations.

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

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

Form and Line Reference	Explanation
Group A-Facility 15 -- Aurora Medical Center Grafton Part V, Section B, line 5	The key participants in the process included the health officers for the local health departments as well as leaders of academic centers, health coalitions, foundations, and community organizations focused on a range of public health issues and/or health disparities. Key participants were asked to rank the top three to five major health-related issues for their county based on the focus areas outlined in the Wisconsin State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic, the participant was asked to specify existing strategies to address issues, barriers, or challenges, additional strategies needed, and key groups the hospitals could collaborate with to improve community health.
Group A-Facility 15 -- Aurora Medical Center Grafton Part V, Section B, line 11	Aurora Medical Center Grafton addressed significant health needs as follows: To improve access to appropriate services for uninsured and Medicaid-eligible patients, the hospital provided patients with information on the benefits of receiving routine primary care in a "health home" program. To improve coverage to uninsured and Medicaid-eligible patients, the hospital actively screened all uninsured patients for financial assistance programs including Aurora's Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assisted with the application process. The hospital also participated in educating school counselors, teachers and parents about the signs of underage drinking and alcohol abuse to fulfill its role in supporting the INVEST Committee. To support and protect student athletes in Ozaukee County, Aurora Medical Center Grafton provided reduced-cost (or free) sports physical and baseline concussion screenings for every student who wished to take part.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B, Line 13H	Helping Hands requires that an individual applies for financial assistance within 240 days of the first billing statement

<div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
	<div>Name of the organization</div> <div>Aurora Health Care Inc Group Return</div>	<div>Employer identification number</div> <div>61-1649250</div>

Part I Questions Regarding Compensation		Yes	No
<div>1a</div> <div>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> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>			
<div>b</div> <div>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.</div>		1b	
<div>2</div> <div>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?</div>		2	Yes
<div>3</div> <div>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> <div> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>			
<div>4</div> <div>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:</div> <div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		4a	No
		4b	Yes
		4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>			
<div>5</div> <div>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:</div> <div>a The organization?</div> <div>b Any related organization?</div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		5a	No
		5b	No
<div>6</div> <div>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:</div> <div>a The organization?</div> <div>b Any related organization?</div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		6a	No
		6b	No
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>		7	Yes
<div>8</div> <div>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.</div>		8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		9	



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.

[illegible]

**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 2017 as follows: Gail Hanson - \$99,409; Michael Lappin - \$94,972; Jeffrey Bailet - \$101,296; Patrick Falvey - \$64,001; Eugene Monroe - \$101,340; Gerard Colman - \$120,265; Mary Beth Kingston - \$59,113; Ruric Anderson - \$66,825; Dennis Potts - \$85,170; Amy Rislov - \$56,533; Jeff Dalen-Bard - \$62,280; Carrie Killoran - \$46,553; Jeffrey Bahr - \$35,907; Nan Nelson - \$40,214.
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 Director & Officer - AAH	(i)	0	0	0	0	0	0	0
	(ii)	664,256	515,302	241,357	30,700	12,901	1,464,516	101,340
1John Konkel MD Chair - AAH, Director - AAH	(i)	988,519	83,304	196,901	30,700	12,604	1,312,028	0
	(ii)	0	0	0	0	0	0	0
2Jeffrey Bahr MD Director - AAH	(i)	0	0	0	0	0	0	0
	(ii)	587,677	240,310	73,997	96,699	18,897	1,017,580	35,907
3William Ebinger MD Director - AAH	(i)	322,535	0	38,353	30,700	12,901	404,489	0
	(ii)	0	0	0	0	0	0	0
4Scott Fenske MD Director - AAH	(i)	338,360	0	117,331	30,700	19,321	505,712	0
	(ii)	0	0	0	0	0	0	0
5Jeffrey Katt MD Director - AAH	(i)	0	0	0	0	0	0	0
	(ii)	491,571	111,849	104,650	30,700	18,897	757,667	0
6Scott Kenitz OD Director - AAH	(i)	211,438	0	63,554	30,547	12,604	318,143	0
	(ii)	0	0	0	0	0	0	0
7Anne Mattson MD Vice Chair - AAH, Director	(i)	274,877	0	50,775	20,100	0	345,752	0
	(ii)	0	0	0	0	0	0	0
8Shaibal Mazumdar MD Director - AAH	(i)	773,068	0	143,597	20,100	19,321	956,086	0
	(ii)	0	0	0	0	0	0	0
9Thomas Puetz MD Director - AAH	(i)	791,978	0	82,153	20,100	19,321	913,552	0
	(ii)	0	0	0	0	0	0	0
10Basil Salaymeh MD Director - AAH, AMCG	(i)	427,163	0	208,067	30,700	18,897	684,827	0
	(ii)	0	0	0	0	0	0	0
11Daniel Thompson MD Director - AAH	(i)	117,890	0	130,140	29,744	13,208	290,982	0
	(ii)	0	0	0	0	0	0	0
12Peter Carlson President - APH, Director	(i)	0	0	0	0	0	0	0
	(ii)	325,415	135,267	45,477	30,700	12,901	549,760	0
13Ray Darcey Director	(i)	318,930	104,368	50,362	17,698	5,990	497,348	0
	(ii)	0	0	0	0	0	0	0
14Jeff Dalen-Bard Director	(i)	0	0	0	0	0	0	0
	(ii)	468,424	302,967	85,551	90,964	19,321	967,227	62,280
15Carne Killoran President - AMCSC, AMCWC,	(i)	0	0	0	0	0	0	0
	(ii)	479,072	253,951	44,396	90,194	0	867,613	46,553
16Mary Beth Kingston Director - AHCM,AHCSL,AVNA	(i)	0	0	0	0	0	0	0
	(ii)	422,379	326,923	299,910	94,490	12,901	1,156,603	59,113
17Dennis Potts Director & Officer - Various	(i)	0	0	0	0	0	0	0
	(ii)	613,476	470,925	492,076	122,903	12,901	1,712,281	85,170
18Gail Hanson Treasurer - Multiple, Director	(i)	0	0	0	0	0	0	0
	(ii)	713,045	672,775	109,249	141,656	12,901	1,649,626	99,409
19Amy Rislov Director - AUWAMG	(i)	0	0	0	0	0	0	0
	(ii)	424,176	313,728	55,083	83,467	19,321	895,775	56,533

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				
21Alfred Capelli MD Director - AMG	(i)	466,131	0	162,711	30,700	342	659,884	0
	(ii)	0	0	0	0	0	0	0
1Andrea Gavin MD Director - AHCMG	(i)	290,755	59,513	45,241	30,700	12,514	438,723	0
	(ii)	0	0	0	0	0	0	0
2Daniel O'Hair MD Director - AHCMG	(i)	904,872	0	335,114	30,700	19,321	1,290,007	0
	(ii)	0	0	0	0	0	0	0
3Dennis Baumgardner MD Director - AUWAMG	(i)	218,021	30,278	5,311	28,276	19,321	301,207	0
	(ii)	0	0	0	0	0	0	0
4Ellen Danto-Nocton MD Director - AUWAMG	(i)	184,571	0	29,729	26,453	0	240,753	0
	(ii)	0	0	0	0	0	0	0
5Jacob Bidwell MD Director - AUWAMG	(i)	275,480	2,500	53,687	20,100	19,321	371,088	0
	(ii)	0	0	0	0	0	0	0
6John Brill MD Director - AUWAMG	(i)	0	0	0	0	0	0	0
	(ii)	261,981	21,103	5,628	20,100	19,321	328,133	0
7Wilhelm Lehmann MD Director - AUWAMG	(i)	227,317	0	57,265	20,100	19,321	324,003	0
	(ii)	0	0	0	0	0	0	0
8Michael Malone MD Director - AVNA	(i)	0	0	0	0	0	0	0
	(ii)	245,514	34,824	4,330	30,700	17,346	332,714	0
9Nan Nelson Assistant Treasurer - Various, Direc	(i)	0	0	0	0	0	0	0
	(ii)	431,463	226,423	49,763	79,666	1,026	788,341	40,214
10Natasha Hernandez MD Director - AUWAMG	(i)	372,760	0	52,975	20,100	18,897	464,732	0
	(ii)	0	0	0	0	0	0	0
11Patrick Daly MD Director - AHCMG	(i)	394,526	0	107,123	30,700	19,321	551,670	0
	(ii)	0	0	0	0	0	0	0
12Scott Hardin MD Director - AHCM	(i)	392,274	99,578	44,198	7,950	19,321	563,321	0
	(ii)	0	0	0	0	0	0	0
13Corey Shamah MD Director - AAH	(i)	584,117	0	311,333	20,100	18,897	934,447	0
	(ii)	0	0	0	0	0	0	0
14Hsieng Su MD Director - AHCM	(i)	333,206	79,765	56,834	20,100	5,990	495,895	0
	(ii)	0	0	0	0	0	0	0
15Richard Battiola MD Director - AUWAMG	(i)	251,859	0	58,169	20,100	18,897	349,025	0
	(ii)	0	0	0	0	0	0	0
16Brian Johnson MD Director - AHCMG	(i)	0	0	0	0	0	0	0
	(ii)	347,419	0	104,660	20,100	19,321	491,500	0
17Nimish Vakil MD Director - AHCMG	(i)	718,510	0	377,224	30,700	19,321	1,145,755	0
	(ii)	0	0	0	0	0	0	0
18Anna Marie Windsor MD Director - AHCMG	(i)	281,264	0	191,630	20,100	18,897	511,891	0
	(ii)	0	0	0	0	0	0	0
19Bruce Faure MD Director - AHCMG	(i)	951,692	90,126	165,435	30,700	6,094	1,244,047	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				
41Satchi Hiremath MD Director - AHCMG	(i)	594,528	0	190,765	20,100	6,094	811,487	0
	(ii)	0	0	0	0	0	0	0
1Eric Maas MD Director - AHCMG	(i)	343,487	0	65,223	30,700	19,901	459,311	0
	(ii)	0	0	0	0	0	0	0
2James Pavlich MD Director - AHCMG	(i)	360,210	0	165,817	20,100	19,321	565,448	0
	(ii)	0	0	0	0	0	0	0
3Federico Sanchez MD Director - AHCMG	(i)	517,998	0	381,047	30,700	18,897	948,642	0
	(ii)	0	0	0	0	0	0	0
4Michael Grebe Officer - Various	(i)	0	0	0	0	0	0	0
	(ii)	383,654	0	2,006	51,321	0	436,981	0
5Richard Kellar President - AWAMC	(i)	354,792	102,679	64,153	30,700	12,901	565,225	0
	(ii)	0	0	0	0	0	0	0
6Michael Lappin Secretary/ Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	680,591	641,567	71,410	124,274	19,321	1,537,163	94,972
7Rachelle Hart Assistant Secretary - Various	(i)	0	0	0	0	0	0	0
	(ii)	447,388	188,323	88,966	20,100	19,321	764,098	0
8Stuart Arnett Asst Treasurer - Various	(i)	0	0	0	0	0	0	0
	(ii)	297,161	126,508	51,735	30,700	18,897	525,001	0
9Marie Golanowski Hospital President - ASLMC	(i)	435,431	125,112	89,956	30,700	12,901	694,100	0
	(ii)	0	0	0	0	0	0	0
10Randall Lambrecht SVP Research	(i)	0	0	0	0	0	0	0
	(ii)	297,831	125,002	53,010	30,700	0	506,543	0
11Cathie Kocourek President - AMCMC	(i)	250,515	94,614	50,949	30,700	12,901	439,679	0
	(ii)	0	0	0	0	0	0	0
12David Graebner President - AMCSC	(i)	343,453	134,492	67,547	30,700	19,321	595,513	0
	(ii)	0	0	0	0	0	0	0
13Ruric Anderson MD Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	531,697	320,413	77,022	97,207	19,321	1,045,660	66,825
14Michael Bergmann Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	287,547	118,462	24,198	20,100	19,321	469,628	0
15Sandra Ewald Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	370,871	150,425	49,728	30,700	6,094	607,818	0
16Stephen Francaviglia Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	466,780	143,659	81,000	30,700	12,901	735,040	0
17Lisa Just Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	338,206	152,904	58,308	30,700	12,604	592,722	0
18Doug Koch Patient Service Market President	(i)	0	0	0	0	0	0	0
	(ii)	334,011	102,118	55,440	18,075	12,514	522,158	0
19John Newman President - AMCO	(i)	388,377	133,295	179,208	20,100	18,897	739,877	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				
61Patrick Falvey EVP & Chief Integration Officer	(i)	0	0	0	0	0	0	0
	(ii)	470,580	354,826	140,386	90,719	19,321	1,075,832	64,001
1Frank LaVora DPM Chief Medical Officer - Milw South	(i)	0	0	0	0	0	0	0
	(ii)	412,586	117,653	39,337	20,100	19,321	608,997	0
2Venkata Thota MD Chief Medical Officer - Wauworth/ Bu	(i)	0	0	0	0	0	0	0
	(ii)	382,175	162,878	278,544	30,700	19,321	873,618	0
3Timothy Lineberry MD Chief Medical Officer - GB	(i)	0	0	0	0	0	0	0
	(ii)	368,318	138,406	33,710	13,019	19,321	572,774	0
4Andrew McDonagh MD Chief Medical Officer - AWAMC	(i)	301,092	73,459	53,471	30,700	19,321	478,043	0
	(ii)	0	0	0	0	0	0	0
5Douglas McManus MD Chief Medical Officer - Milw North	(i)	0	0	0	0	0	0	0
	(ii)	325,426	119,292	72,035	30,700	12,307	559,760	0
6Sylvia Meltzer MD Chief Medical Officer - Pop Health	(i)	0	0	0	0	0	0	0
	(ii)	433,072	190,356	55,362	30,700	5,990	715,480	0
7Tedmond O'Reilly MD Chief Medical Officer - AMCG/ AMCWC	(i)	265,322	58,162	69,823	30,700	19,321	443,328	0
	(ii)	0	0	0	0	0	0	0
8Robert Stuart MD Chief Medical Officer - Waukesha/Jef	(i)	0	0	0	0	0	0	0
	(ii)	317,897	121,508	25,264	30,700	19,321	514,690	0
9Raul Zambrano MD Chief Medical Officer - Kenosha	(i)	0	0	0	0	0	0	0
	(ii)	324,433	78,109	6,281	18,026	18,897	445,746	0
10Jon Kluge SVP Medical Group Ops	(i)	0	0	0	0	0	0	0
	(ii)	359,366	147,123	48,278	20,100	19,321	594,188	0
11Marie Dominguez MD Chief Medical Officer - Milw N/ Sheb	(i)	115,329	0	54,976	0	166	170,471	0
	(ii)	0	0	0	0	0	0	0
12Jessica Bauer President ASMC/ ASLSS	(i)	306,524	0	54,578	0	18,651	379,753	0
	(ii)	0	0	0	0	0	0	0
13Mark Wichman MD Physician Surgery Ortho	(i)	1,827,604	527,782	0	20,100	18,897	2,394,383	0
	(ii)	0	0	0	0	0	0	0
14Amin Bardai Kassam MD Physician Surgery Neurology	(i)	1,590,716	0	426,730	10,183	19,321	2,046,950	0
	(ii)	0	0	0	0	0	0	0
15Nicholas Webber MD Physician Surgery Ortho	(i)	1,437,251	0	340,988	20,100	15,617	1,813,956	0
	(ii)	0	0	0	0	0	0	0
16James Santarelli MD Physician Family Med	(i)	579,667	0	1,047,697	20,100	19,321	1,666,785	0
	(ii)	0	0	0	0	0	0	0
17Eric Weiss MD Physician Surgery Cardthornc	(i)	1,101,603	0	524,516	20,100	5,990	1,652,209	0
	(ii)	0	0	0	0	0	0	0
18Jeffrey Bailet MD Former President - AMG, Director	(i)	0	0	0	0	0	0	0
	(ii)	143,910	0	1,614,267	25,236	743	1,784,156	101,296
19David Ulery MD Former Director - AMG	(i)	193,070	0	24,767	26,021	12,901	256,759	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				
<b>81</b> Diane Gerlach DO Former Director - AMG	(i)	175,894	0	54,112	16,912	19,321	266,239	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> Joseph Majewski MD Former Director - AMG	(i)	495,347	0	217,069	29,309	12,901	754,626	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> Paul Coogan MD Former Director - AHCM	(i)	416,654	0	2,766	20,100	19,321	458,841	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Sara Fleet MD Former Director - AHCMG	(i)	455,720	0	43,741	20,100	12,890	532,451	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Julia Hester-Diaz MD Former Director - AHCMG	(i)	308,250	5,844	142,473	20,100	0	476,667	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Melanie Smith MD Former Director - AHCMG	(i)	235,925	0	97,697	30,700	12,901	377,223	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> Steve Huser Former Asst Treas - AMCMC,AMCO	(i)	0	0	0	0	0	0	0
	(ii)	269,108	116,406	53,948	30,700	12,604	482,766	0
<b>7</b> Carolyn Glocka Former Hospital President - ASLSS	(i)	108,513	102,419	63,069	25,614	1,991	301,606	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Gerald Colman Former COO	(i)	0	0	0	0	0	0	0
	(ii)	754,287	747,225	2,539	20,100	17,835	1,541,986	120,265
<b>9</b> Mimi Kokoska MD Former Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	320,446	128,038	50,468	20,100	4,453	523,505	0
<b>10</b> Joel Wallskog MD Former Physician Surgery Ortho	(i)	1,497,818	0	109,769	20,100	19,321	1,647,008	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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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	148,687	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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

61-1649250

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	n December of 2017, Aurora Health Care, Inc and Advocate Health Care Network signed a definitive Affiliation Agreement ("Agreement") to combine and create Advocate Aurora Health, Inc Under the terms of the Agreement, a new company was formed, Advocate Aurora Health, Inc , which became the sole member of Advocate Health Care Network and Aurora Health Care, Inc The closing of the affiliation occurred on April 1, 2018

# 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 2017 Form 990 was reviewed by senior leadership of Aurora Health Care, Inc. A copy of the final return was made available to the Advocate Aurora Health, Inc. Board of Directors.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Officers, directors and key employees are required to complete a Conflict of Interest Statement on an annual basis. Aurora Health Care Leadership reviews these statements for compliance with the established policy. When a conflict is discovered, the governing body determines if such conflict warrants a restriction on the capacity of the board member or key employee involved (e.g., recusal from decision-making or utilizing another method of non-participation in an activity).

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The following compensation review process was conducted in 2017. The CEO and the CEO's executive team have their compensation reviewed annually by the Compensation Committee of the Aurora Health Care 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 -28,758,050

Name of the organization Aurora Health Care Inc Group Return	Employer identification number 61-1649250
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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	2,171,124	648,556	Aurora Medical Group Inc
(3) Aurora Research Institute LLC 750 West Virginia Street Milwaukee, WI 53204 46-4361213	Research Services	WI	8,963,717	38,204,765	Aurora Health Care Metro Inc
(4) Lakeshore Medical Clinic LLC 750 West Virginia Street Milwaukee, WI 53204 39-1696443	Physician Services	WI	206,486,695	13,187,653	Aurora Medical Group Inc
(5) Aurora Surgery Centers LLC 750 West Virginia Street Milwaukee, WI 53204 81-1401714	Physician Services	WI	20,077,699	5,292,656	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)AMG Illinois Ltd 3031 West Montana Street  Milwaukee, WI 53215 26-4041287	Physician Services	IL	501(c)(3)	Line 3	Aurora Medical Group Inc	Yes	
(2)Kradwell School Inc 1220 Dewey Avenue  Wauwatosa, WI 53213 26-1516765	School	WI	501(c)(3)	Line 2	Aurora Psychiatric Hospital Inc	Yes	
(3)Aurora Health Care Inc 750 West Virginia Street  Milwaukee, WI 53204 39-1442285	Support Services	WI	501(c)(3)	Line 12c, III-FI	N/A		No
(4)Aurora Family Service Inc 3200 Highland Boulevard  Milwaukee, WI 53233 39-0806174	Social Services	WI	501(c)(3)	Line 11	Aurora Health Care Inc	Yes	
(5)Aurora Health Care Foundation Inc 750 West Virginia Street  Milwaukee, WI 53204 39-6044569	Fund Raising	WI	501(c)(3)	Line 7	Aurora Health Care Inc	Yes	
(6)Advocate Aurora Health Inc 3075 Highland Parkway Suite 600  Downers Grove, IL 60515 83-4184596	Supporting Organization	DE	501(c)(3)	Line 12c, III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> BayCare Aurora LLC 750 West Virginia Street Milwaukee, WI 53204 39-1947472	Hospital	WI	Aurora Medical Group Inc	Related	74,100,821	292,620,854		No			No	61.880 %
<b>(2)</b> Aurora Consolidated Labs A Co-Tenancy 8901 West Lincoln Avenue Milwaukee, WI 53227 39-1898089	Laboratory Services	WI	N/A									
<b>(3)</b> North Shore Surgical Center Ltd 7007 Range Line Road Glendale, WI 53209 39-1548024	Surgical Services	WI	N/A									
<b>(4)</b> Wisconsin Surgery Center LLC 4131 West Loomis Road Suite 210 Greenfield, WI 53221 38-3661215	Surgical Services	WI	N/A									
<b>(5)</b> Aurora GI ASC LLC 2801 West KK River Parkway 1030 Milwaukee, WI 53215 46-1848055	Physician Services	WI	N/A									
<b>(6)</b> 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.

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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
<b>(1)</b> Aurora Health Care Inc	P	870,665,022	Actual Cost
<b>(2)</b> Kradwell School Inc	Q	265,912	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)

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
3031 West Montana Street Milwaukee, WI 53215 26-4041287	Physician Services	IL	501(c)(3)	Line 3	Aurora Medical Group Inc	Yes	
1220 Dewey Avenue Wauwatosa, WI 53213 26-1516765	School	WI	501(c)(3)	Line 2	Aurora Psychiatric Hospital Inc	Yes	
750 West Virginia Street Milwaukee, WI 53204 39-1442285	Support Services	WI	501(c)(3)	Line 12c, III-FI	N/A		No
3200 Highland Boulevard Milwaukee, WI 53233 39-0806174	Social Services	WI	501(c)(3)	Line 11	Aurora Health Care Inc	Yes	
750 West Virginia Street Milwaukee, WI 53204 39-6044569	Fund Raising	WI	501(c)(3)	Line 7	Aurora Health Care Inc	Yes	
3075 Highland Parkway Suite 600 Downers Grove, IL 60515 83-4184596	Supporting Organization	DE	501(c)(3)	Line 12c, III-FI	N/A		No



**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

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