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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

By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

|                                                                                                                                                                                                                                                                                              |                                                                                                                |                                                                                                                                                                                                                                                                                                                              |                                                           |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>PROHEALTH CARE MEDICAL ASSOCIATES INC                                         |                                                                                                                                                                                                                                                                                                                              | <b>D</b> Employer identification number<br><br>39-1083015 |                                     |
|                                                                                                                                                                                                                                                                                              | Doing Business As                                                                                              |                                                                                                                                                                                                                                                                                                                              |                                                           |                                     |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>N17 W24100 RIVERWOOD DRIVE NO 200 | Room/suite                                                                                                                                                                                                                                                                                                                   | E Telephone number<br><br>(262) 928-4740                  |                                     |
|                                                                                                                                                                                                                                                                                              | City or town, state or province, country, and ZIP or foreign postal code<br>WAUKESHA, WI 53188                 |                                                                                                                                                                                                                                                                                                                              | <b>G</b> Gross receipts \$ 121,346,500                    |                                     |
| <b>F</b> Name and address of principal officer<br>SUSAN EDWARDS<br>N17 W24100 RIVERWOOD DRIVE NO 200<br>WAUKESHA, WI 53188                                                                                                                                                                   |                                                                                                                | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><br><b>H(c)</b> Group exemption number ▶ |                                                           |                                     |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                                |                                                                                                                                                                                                                                                                                                                              |                                                           |                                     |
| <b>J</b> Website: ▶ WWW.PROHEALTHCARE.ORG                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                                                                                                                                                                              |                                                           |                                     |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                                                |                                                                                                                                                                                                                                                                                                                              | <b>L</b> Year of formation 1965                           | <b>M</b> State of legal domicile WI |

| Part I                                                                             | Summary                                                                                                                                                                                               |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities & Governance                                                            | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SERVE THE HEALTH CARE AND HUMAN SERVICE NEEDS OF PERSONS RESIDING IN SOUTHEAST WISCONSIN AND SURROUNDING AREAS |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                       |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    |                                                                                                                                                                                                       |
|                                                                                    |                                                                                                                                                                                                       |
| Revenue                                                                            | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                  |
|                                                                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                      |
|                                                                                    | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .                                                                                                       |
|                                                                                    | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                 |
|                                                                                    | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                              |
|                                                                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                                                                                     |
|                                                                                    |                                                                                                                                                                                                       |
| Expenses                                                                           | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                      |
|                                                                                    | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                       |
|                                                                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                    |
|                                                                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                    |
|                                                                                    | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                  |
|                                                                                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                 |
|                                                                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                     |
|                                                                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                           |
|                                                                                    | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                    |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0             |                                                                                                                                                                                                       |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .   |                                                                                                                                                                                                       |
| <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) |                                                                                                                                                                                                       |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .            |                                                                                                                                                                                                       |
| Net Assets or Fund Balances                                                        |                                                                                                                                                                                                       |
|                                                                                    | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                    |
|                                                                                    | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                               |
|                                                                                    | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                         |
|                                                                                    |                                                                                                                                                                                                       |

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                                                                                                                                                       | *****                               |                      |      | 2015-07-15                                      |                   |
|                                                                                                                                                                 | Signature of officer                |                      |      | Date                                            |                   |
| Paid Preparer Use Only                                                                                                                                          | RONALD FARR CHIEF FINANCIAL OFFICER |                      |      |                                                 |                   |
|                                                                                                                                                                 | Type or print name and title        |                      |      |                                                 |                   |
|                                                                                                                                                                 |                                     |                      |      |                                                 |                   |
| Print/Type preparer's name<br>DAVID LOWENTHAL                                                                                                                   |                                     | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00378651 |
| Firm's name ▶ PLANTE & MORAN PLLC                                                                                                                               |                                     |                      |      | Firm's EIN ▶ 38-1357951                         |                   |
| Firm's address ▶ PO BOX 307<br><br>SOUTHFIELD, MI 480370307                                                                                                     |                                     |                      |      | Phone no (248) 352-2500                         |                   |
| May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     |                      |      |                                                 |                   |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

**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.

|           |                                                                                                                                                                                                                                                                                                                                           |                |             |                        |               |               |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|------------------------|---------------|---------------|
| <b>4a</b> | (Code                                                                                                                                                                                                                                                                                                                                     | ) (Expenses \$ | 113,770,836 | including grants of \$ | ) (Revenue \$ | 119,169,687 ) |
|           | <p>PHCMA OPERATES VARIOUS CLINIC AND URGENT CARE LOCATIONS THROUGHOUT WAUKESHA COUNTY AND THE SURROUNDING COMMUNITIES PHCMA FULFILLS ITS EXEMPT PURPOSE BY PROVIDING CARE AND SERVICES TO ALL PATIENTS REGARDLESS OF INSURANCE OR ABILITY TO PAY PHCMA PROVIDED 432,729 CLINIC VISITS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2014</p> |                |             |                        |               |               |

[illegible][illegible]

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

|           |                                       |                    |
|-----------|---------------------------------------|--------------------|
| <b>4e</b> | <b>Total program service expenses</b> | <b>113,770,836</b> |
|-----------|---------------------------------------|--------------------|

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                   | Yes     | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                                                                                               | 2       | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                            | 3       | No |
| 4 <b>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                                                                                                                                                                             | 4       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                     | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                         | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10      | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                            | 11a Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                         | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                       | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                         | 11d Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                      | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                               | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                           | 12a     | No |
| 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                                                            | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                   | 14a     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                       | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                 | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                           | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                                                  | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                                 | 18      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                                                           | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                      | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                            | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <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.                                                                                                  | 70    |    |
| 1b                                                                                                                                                                                                                                                                      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0     |    |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                             |                                                                                                                                                                                | Yes   |    |
| 2a                                                                                                                                                                                                                                                                      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 1,056 |    |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                  |                                                                                                                                                                                | Yes   |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        |                                                                                                                                                                                | Yes   |    |
| 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                                                         |                                                                                                                                                                                | 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)?                           |                                                                                                                                                                                |       | No |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                    |                                                                                                                                                                                |       |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                |                                                                                                                                                                                |       | No |
| 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                     |                                                                                                                                                                                |       | No |
| 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                   |                                                                                                                                                                                |       |    |
| 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?                                                              |                                                                                                                                                                                |       | No |
| 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                        |                                                                                                                                                                                |       |    |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |                                                                                                                                                                                |       |    |
| 7a 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?                                                                                                                      |                                                                                                                                                                                |       | No |
| 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                      |                                                                                                                                                                                |       |    |
| 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                 |                                                                                                                                                                                |       | No |
| 7d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                   |                                                                                                                                                                                |       |    |
| 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                      |                                                                                                                                                                                |       | No |
| 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                         |                                                                                                                                                                                |       | No |
| 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                     |                                                                                                                                                                                |       |    |
| 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                   |                                                                                                                                                                                |       |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |                                                                                                                                                                                |       |    |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |                                                                                                                                                                                |       |    |
| 9a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                              |                                                                                                                                                                                |       |    |
| 9b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                               |                                                                                                                                                                                |       |    |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |                                                                                                                                                                                |       |    |
| 10a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                           |                                                                                                                                                                                |       |    |
| 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                        |                                                                                                                                                                                |       |    |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                              |                                                                                                                                                                                |       |    |
| 11a Gross income from members or shareholders.                                                                                                                                                                                                                          |                                                                                                                                                                                |       |    |
| 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                        |                                                                                                                                                                                |       |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          |                                                                                                                                                                                |       |    |
| 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                              |                                                                                                                                                                                |       |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |                                                                                                                                                                                |       |    |
| 13a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                    |                                                                                                                                                                                |       |    |
| 13b 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.                                                                                                          |                                                                                                                                                                                |       |    |
| 13c Enter the amount of reserves on hand.                                                                                                                                                                                                                               |                                                                                                                                                                                |       |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          |                                                                                                                                                                                |       | No |
| 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                          |                                                                                                                                                                                |       |    |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               | Yes | No  |
| 1a                                                                                                                                                                                                               | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 14  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                               |     |     |
| b                                                                                                                                                                                                                | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 13  |     |
| 2                                                                                                                                                                                                                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | No  |
| 3                                                                                                                                                                                                                | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | Yes |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | No  |
| b                                                                                                                                                                                                                | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | Yes |
| 8                                                                                                                                                                                                                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| a                                                                                                                                                                                                                | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b                                                                                                                                                                                                                | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 9                                                                                                                                                                                                                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶WI                                                                                                                                                                                                                                                                                                                                  |
| 18 | Section 6104 requires an organization to make its Form 1023 (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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                               |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>▶RONALD FARR N17 W24100 RIVERWOOD DRIVE SUITE WAUKESHA,WI 53188 (262)928-4740                                                                                                                                                                                                  |

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) SUSAN EDWARDS<br>CHAIRPERSON                 | 2 00<br>50 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 960,406                                                                    | 768,577                                                                                       |
| (2) NANINE NELSON<br>CFO - PHC BOARD - PART YEAR | 2 00<br>50 00                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 410,111                                                                    | 23,345                                                                                        |
| (3) JIM GANNON<br>TREASURER - PHC BOARD          | 1 00<br>4 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) TOM PACKEE<br>SECRETARY - PHC BOARD          | 1 00<br>4 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) JOHN RAASCH<br>VICE CHAIR-PART YEAR/DIRECTOR | 1 00<br>4 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) JANET SWANDBY<br>CHAIRPERSON - PHC BOARD     | 1 00<br>4 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) BETTY ARNDT<br>DIRECTOR - PHC BOARD          | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) DIXON BENZ<br>DIRECTOR - PHC BOARD           | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) HELEN FORSTER<br>DIRECTOR - PHC BOARD        | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) DOUG HASTAD<br>DIRECTOR - PHC BOARD         | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) MARK MOHR<br>DIRECTOR - PHC BOARD           | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) ELLEN MURPHY<br>DIRECTOR - PHC BOARD        | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) RALPH RAMIREZ<br>DIRECTOR - PHC BOARD       | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) DAVID ROELKE<br>DIRECTOR - PHC BOARD        | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (15) JULIE SCHROEDER<br>DIRECTOR - PHC BOARD     | 1 00<br>4 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) PETER GEISS<br>CLINIC PRESIDENT - PART YEAR | 2 00<br>40 00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 1,880,337                                                                  | 21,369                                                                                        |
| (17) DAVID EBEL<br>INTERIM CFO                   | 2 00<br>50 00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

Part VII

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (18) RONALD FARR<br>CFO                                        | 2 00<br>50 00                                                                              |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (19) JOHN DYER<br>MEDICAL DIRECTOR                             | 40 00<br>0 00                                                                              |                                                                                                           |                       |         | X            |                              |        | 295,609                                                               | 0                                                                          | 47,502                                                                                        |
| (20) PAUL JASINSKI<br>VICE PRESIDENT OF OPERATIONS             | 40 00<br>0 00                                                                              |                                                                                                           |                       |         | X            |                              |        | 248,319                                                               | 0                                                                          | 40,286                                                                                        |
| (21) IMAD KHATIB<br>PHYSICIAN                                  | 40 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 734,048                                                               | 0                                                                          | 47,579                                                                                        |
| (22) PAUL LEMARBRE<br>PHYSICIAN                                | 40 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 601,808                                                               | 0                                                                          | 39,290                                                                                        |
| (23) DAVID NIENHUIS<br>PHYSICIAN                               | 40 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 729,965                                                               | 0                                                                          | 41,346                                                                                        |
| (24) PETER JOHNSON<br>PHYSICIAN                                | 40 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 551,459                                                               | 0                                                                          | 39,497                                                                                        |
| (25) DANIEL CHENG<br>PHYSICIAN                                 | 40 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 550,668                                                               | 0                                                                          | 47,733                                                                                        |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 3,711,876                                                             | 3,250,854                                                                  | 1,116,524                                                                                     |

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▶187

|   |                                                                                                                                                                                                                                     | Yes | No |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

Section B. Independent Contractors

1

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

| (A)<br>Name and business address                                      | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------------|--------------------------------|---------------------|
| RILEY CONSTRUCTION CO INC 5301-99TH AVE KENOSHA WI 53144              | CONSTRUCTION SERVICES          | 3,104,802           |
| ABCO BUILDING CORPORATION 12665 W TOWNSEND ST BROOKFIELD WI 53005     | CONSTRUCTION SERVICES          | 385,629             |
| FROEDTERT HEALTH MEDICAL GR PO BOX 9030 MENOMONEE FALLS WI 53052      | PROVIDER SERVICES              | 326,788             |
| PAUL CRANDALL & ASSOCIATES 1645 N PORT WASHINGTON RD GRAFTON WI 53024 | ROOFING CONTRACTOR             | 278,152             |
| AT&T PO BOX 5080 CAROL STREAM IL 60197                                | PHONE & CABLE SERVICES         | 240,097             |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶16

Part VIII

Statement of Revenue

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

|                                                           |                                 |                                                                                                                                     | (A)<br>Total revenue                                                            | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                              | Federated campaigns                                                                                                                 | 1a                                                                              |                                                    |                                         |                                                                     |
|                                                           | b                               | Membership dues                                                                                                                     | 1b                                                                              |                                                    |                                         |                                                                     |
|                                                           | c                               | Fundraising events                                                                                                                  | 1c                                                                              |                                                    |                                         |                                                                     |
|                                                           | d                               | Related organizations                                                                                                               | 1d                                                                              |                                                    |                                         |                                                                     |
|                                                           | e                               | Government grants (contributions)                                                                                                   | 1e                                                                              |                                                    |                                         |                                                                     |
|                                                           | f                               | All other contributions, gifts, grants, and<br>similar amounts not included above                                                   | 1f                                                                              |                                                    |                                         |                                                                     |
|                                                           | g                               | Noncash contributions included in lines<br>1a-1f \$                                                                                 |                                                                                 |                                                    |                                         |                                                                     |
|                                                           | h                               | Total. Add lines 1a-1f                                                                                                              |                                                                                 |                                                    |                                         |                                                                     |
| Program Service Revenue                                   | 2a                              | PATIENT SERVICES                                                                                                                    | Business Code<br>621400                                                         | 107,755,013                                        | 107,327,034                             | 427,979                                                             |
|                                                           | b                               | PHYSICIAN SUBSIDIES                                                                                                                 | 621110                                                                          | 6,907,852                                          | 6,907,852                               |                                                                     |
|                                                           | c                               | LEASED PHYSICIANS                                                                                                                   | 621110                                                                          | 2,348,679                                          | 2,348,679                               |                                                                     |
|                                                           | d                               | MEANINGFUL USE                                                                                                                      | 900099                                                                          | 1,047,348                                          | 1,047,348                               |                                                                     |
|                                                           | e                               | RENTAL REV-AFFILIATES                                                                                                               | 532000                                                                          | 528,880                                            | 528,880                                 |                                                                     |
|                                                           | f                               | All other program service revenue                                                                                                   |                                                                                 | 1,009,894                                          | 1,009,894                               |                                                                     |
|                                                           | g                               | Total. Add lines 2a-2f                                                                                                              |                                                                                 | 119,597,666                                        |                                         |                                                                     |
|                                                           | Other Revenue                   | 3                                                                                                                                   | Investment income (including dividends, interest,<br>and other similar amounts) |                                                    | 26,477                                  |                                                                     |
| 4                                                         |                                 | Income from investment of tax-exempt bond proceeds                                                                                  |                                                                                 |                                                    |                                         |                                                                     |
| 5                                                         |                                 | Royalties                                                                                                                           |                                                                                 |                                                    |                                         |                                                                     |
| 6a                                                        |                                 | Gross rents                                                                                                                         | (i) Real<br>1,252,325                                                           | (ii) Personal                                      |                                         |                                                                     |
| b                                                         |                                 | Less rental<br>expenses                                                                                                             | 1,180,169                                                                       |                                                    |                                         |                                                                     |
| c                                                         |                                 | Rental income<br>or (loss)                                                                                                          | 72,156                                                                          |                                                    |                                         |                                                                     |
| d                                                         |                                 | Net rental income or (loss)                                                                                                         |                                                                                 | 72,156                                             |                                         | 72,156                                                              |
| 7a                                                        |                                 | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                     | (i) Securities                                                                  | (ii) Other<br>470,032                              |                                         |                                                                     |
| b                                                         |                                 | Less cost or<br>other basis and<br>sales expenses                                                                                   |                                                                                 | 0                                                  |                                         |                                                                     |
| c                                                         |                                 | Gain or (loss)                                                                                                                      |                                                                                 | 470,032                                            |                                         |                                                                     |
| d                                                         |                                 | Net gain or (loss)                                                                                                                  |                                                                                 | 470,032                                            |                                         | 470,032                                                             |
| 8a                                                        |                                 | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>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<br>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<br>returns and allowances                                                                            | a                                                                               |                                                    |                                         |                                                                     |
| b                                                         |                                 | Less cost of goods sold                                                                                                             | b                                                                               |                                                    |                                         |                                                                     |
| c                                                         |                                 | Net income or (loss) from sales of inventory                                                                                        |                                                                                 |                                                    |                                         |                                                                     |
|                                                           | Miscellaneous Revenue           | Business Code                                                                                                                       |                                                                                 |                                                    |                                         |                                                                     |
| 11a                                                       |                                 |                                                                                                                                     |                                                                                 |                                                    |                                         |                                                                     |
| b                                                         |                                 |                                                                                                                                     |                                                                                 |                                                    |                                         |                                                                     |
| c                                                         |                                 |                                                                                                                                     |                                                                                 |                                                    |                                         |                                                                     |
| d                                                         | All other revenue               |                                                                                                                                     |                                                                                 |                                                    |                                         |                                                                     |
| e                                                         | Total. Add lines 11a-11d        |                                                                                                                                     |                                                                                 |                                                    |                                         |                                                                     |
| 12                                                        | Total revenue. See Instructions |                                                                                                                                     | 120,166,331                                                                     | 119,169,687                                        | 427,979                                 | 568,665                                                             |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                       |                       |                                 |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                         |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                            |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      | 576,512               | 323,796                         | 252,716                                |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 72,599,940            | 70,633,912                      | 1,966,028                              |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 4,225,314             | 4,214,910                       | 10,404                                 |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 8,573,426             | 8,567,860                       | 5,566                                  |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 3,970,527             | 3,844,550                       | 125,977                                |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                    | 1,246,753             | 1,246,753                       |                                        |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 2,578,372             | 2,005,277                       | 573,095                                |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 3,249,940             | 3,249,940                       |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 5,384,754             | 3,530,741                       | 1,854,013                              |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 89,677                | 70,308                          | 19,369                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 539,982               | 520,586                         | 19,396                                 |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 1,736,737             | 1,425,978                       | 310,759                                |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        | 14,840,617            |                                 | 14,840,617                             |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 4,145,961             | 4,000,720                       | 145,241                                |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 1,350,765             | 1,231,474                       | 119,291                                |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                              |                       |                                 |                                        |                             |
| a                                                                              | DRUGS                                                                                                                                                                                                                                          | 4,002,866             | 4,002,866                       |                                        |                             |
| b                                                                              | BAD DEBT                                                                                                                                                                                                                                       | 2,739,251             | 2,739,251                       |                                        |                             |
| c                                                                              | MEDICAL SUPPLIES                                                                                                                                                                                                                               | 1,485,076             | 1,485,076                       |                                        |                             |
| d                                                                              | DUES, FEES AND LICENSES                                                                                                                                                                                                                        | 792,345               | 669,484                         | 122,861                                |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                             | 78,681                | 7,354                           | 71,327                                 |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 134,207,496           | 113,770,836                     | 20,436,660                             | 0                           |
| 26                                                                             | <b>Joint costs.</b> 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 X

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     |             | (A)               |             | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-------------|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |     |             | Beginning of year |             | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                          |     |             |                   | 1           |             |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                             |     |             | 2,889,646         | 2           | 5,714,652   |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                 |     |             |                   | 3           |             |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |             | 11,955,352        | 4           | 7,925,761   |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                 |     |             |                   | 5           |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |     |             |                   | 6           |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                    |     |             |                   | 7           |             |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                        |     |             | 560,902           | 8           | 303,620     |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                              |     |             | 1,477,061         | 9           | 1,291,045   |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a | 74,001,817  |                   |             |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                      | 10b | 22,994,760  | 50,443,328        | 10c         | 51,007,057  |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                             |     |             |                   | 11          |             |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                  |     |             |                   | 12          |             |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |     |             |                   | 13          |             |
|                             | 14                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                  |     |             | 5,527,345         | 14          | 5,527,345   |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                  |     |             | 30,186,959        | 15          | 33,340,957  |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                              |     | 103,040,593 | 16                | 105,110,437 |             |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                              |     |             | 12,268,761        | 17          | 11,512,914  |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                     |     |             |                   | 18          |             |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                   |     |             | 5,496,095         | 19          | 5,023,536   |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                        |     |             |                   | 20          |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                               |     |             |                   | 21          |             |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .                                                                                                                                |     |             |                   | 22          |             |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                     |     |             | 20,014,791        | 23          | 19,198,280  |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                       |     |             |                   | 24          |             |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .                                                                                                                                               |     |             | 32,080,730        | 25          | 38,337,342  |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                         |     |             | 69,860,377        | 26          | 74,072,072  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |     |             |                   |             |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |             | 33,180,216        | 27          | 31,038,365  |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                  |     |             |                   | 28          |             |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                  |     |             |                   | 29          |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                              |     |             |                   |             |             |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                 |     |             |                   | 30          |             |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                    |     |             |                   | 31          |             |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |     |             |                   | 32          |             |
|                             | 33                                                                                                                                                  | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                  |     |             | 33,180,216        | 33          | 31,038,365  |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                     |     |             | 103,040,593       | 34          | 105,110,437 |

Part XI Reconciliation of Net Assets

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

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 120,166,331 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 134,207,496 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | -14,041,165 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 33,180,216  |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  |             |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |             |
| 7  | Investment expenses . . . . .                                                                                 | 7  |             |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | 11,899,314  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 31,038,365  |

Part XII Financial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 |     | No |
| 3b | 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                                                                                                                                                                                                     |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ 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

2013

Open to Public Inspection

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>PROHEALTH CARE MEDICAL ASSOCIATES INC | Employer identification number<br>39-1083015 |
|-------------------------------------------------------------------|----------------------------------------------|

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 11, check only one box )

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3  | <input checked="" type="checkbox"/> | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 7  | <input type="checkbox"/>            | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9  | <input type="checkbox"/>            | 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 <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                               |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | <input type="checkbox"/>            | 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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                          |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization?<br><b>(ii)</b> A family member of a person described in <b>(i)</b> above?<br><b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?                                                                                                          |
| h  | <input type="checkbox"/>            | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                                  |

Part II

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

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                             |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                        | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                                |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                     |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                 |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                    |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                                            |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                    |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                           |  |    |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--|--|--|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                     |  | 14 |  |  |  |  |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                            |  | 15 |  |  |  |  |
| 16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶    |  |    |  |  |  |  |
| b 10%-facts-and-circumstances test—2012. 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 IV 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. 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—2012. 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  

2013

Open to Public Inspection

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>PROHEALTH CARE MEDICAL ASSOCIATES INC | Employer identification number<br>39-1083015 |
|-------------------------------------------------------------------|----------------------------------------------|

Part I

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

|   |                                                                                                                                                                                                                                                                                                                                         |                              |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                                |                              |
| 3 | Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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

Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21? 

☐ 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" to Form 990, Part IV, line 10.

- |                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

| Description of property                                                                                      | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                            |                                      | 6,186,626                      |                              | 6,186,626      |
| b Buildings . . . . .                                                                                        |                                      | 46,617,157                     | 13,439,123                   | 33,178,034     |
| c Leasehold improvements . . . . .                                                                           |                                      | 5,504,657                      | 1,012,977                    | 4,491,680      |
| d Equipment . . . . .                                                                                        |                                      | 12,011,437                     | 7,431,535                    | 4,579,902      |
| e Other . . . . .                                                                                            |                                      | 3,681,940                      | 1,111,125                    | 2,570,815      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 51,007,057     |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2   | FIN48 DISCLOSURE PHC, WMH, OMH, NATIONAL REGENCY, PHCMA, PHCF, AND PHHC ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND ARE EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. ALL OF THESE ENTITIES ARE, HOWEVER, SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 511 OF THE CODE. WHS IS A FOR-PROFIT CORPORATION THAT ACCOUNTS FOR INCOME TAXES UNDER THE ASSET AND LIABILITY METHOD OF ACCOUNTING. A CURRENT TAX LIABILITY OR ASSET IS RECOGNIZED FOR THE ESTIMATED TAXES PAYABLE OR REFUNDABLE ON TAX RETURNS FOR THE YEAR. DEFERRED TAX LIABILITIES OR ASSETS ARE RECOGNIZED FOR THE ESTIMATED FUTURE TAX EFFECTS OF TEMPORARY DIFFERENCES BETWEEN FINANCIAL REPORTING AND TAX ACCOUNTING. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY IF THE CORPORATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CORPORATION AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE CORPORATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS AND IS CURRENTLY BEING AUDITED FOR THE 2012 TAX PERIOD FOR WAUKESHA MEMORIAL HOSPITAL, INC. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO SEPTEMBER 30, 2011. |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PROHEALTH CARE MEDICAL ASSOCIATES INC

Employer identification number  
39-1083015

Part I

Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

| Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 3     | THIS ENTITY RELIED ON A RELATED ORGANIZATION THAT USED THE FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR OFFICERS AND DIRECTORS 1 COMPENSATION COMMITTEE 2 COMPENSATION STUDY 3 APPROVAL OF THE BOARD ANNUALLY APPROVING COMPENSATION AMOUNTS 4 INDEPENDENT COMPENSATION CONSULTANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PART I, LINES 4A-B | LINE 4A NANINE NELSON RECEIVED SEVERANCE PAYMENTS TOTALING \$82,929 DURING THE 2013 CALENDAR YEAR. PAYMENTS ARE MADE IN BIWEEKLY INSTALLMENTS OVER AN 18 MONTH PERIOD PER THE AGREEMENT BETWEEN NANINE NELSON AND PROHEALTH CARE, INC. PETER GEISS RECEIVED SEVERANCE PAYMENTS TOTALING \$229,301 DURING THE TAX YEAR. PAYMENTS ARE MADE IN BIWEEKLY INSTALLMENTS OVER AN 18 MONTH PERIOD PER THE AGREEMENT SIGNED BY THE PARTIES ON 6/26/13. LINE 4B NAME CURRENT FISCAL YEAR PAYOUT PETER GEISS \$1,507,987 NANINE NELSON \$186,460 SUSAN EDWARDS IMAD KATIB PAUL LEMARBRE DAVID NIENHUIS PETER JOHNSON PROHEALTH CARE MEDICAL ASSOCIATES INC (PHCMA) MAINTAINS A SUPPLEMENTAL RETIREMENT PLAN (SERP) FOR A SELECT GROUP OF EXECUTIVES OF PHC AND ITS AFFILIATED ENTITIES. THE SERP IS AN UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION PLAN THAT IS INTENDED TO COMPLY WITH SECTION 457(F) OF THE INTERNAL REVENUE CODE. BENEFITS UNDER THE SERP ARE TAXABLE TO THE PARTICIPATING EXECUTIVES WHEN SUCH AMOUNTS ARE VESTED. |
| PART I, LINE 6     | PRO HEALTH CARE HAS A LEADERSHIP INCENTIVE PROGRAM FOR LEADERS OF THE CORPORATION AND RELATED ORGANIZATIONS (COLLECTIVELY THE "SYSTEM"). THE PLAN RELATES FINANCIAL REWARD TO THE SYSTEM'S ACHIEVEMENT OF CERTAIN FINANCIAL AND NON-FINANCIAL OBJECTIVES. THE PRIMARY PURPOSE OF THE PLAN IS TO SUPPORT THE SYSTEM'S MISSION TO ACHIEVE CONTINUED GROWTH AND DEMONSTRATE VALUE THROUGH (1) A SEAMLESS CONTINUUM OF PATIENT CENTERED CARE, (2) NATIONALLY RECOGNIZED OUTCOMES, (3) RESPONSIBLE AND EFFICIENT USE OF HEALTH CARE RESOURCES, AND (4) A FOCUS ON THE HEALTH OF OUR COMMUNITY.                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Additional Data

Software ID:  
Software Version:  
EIN: 39-1083015  
Name: PROHEALTH CARE MEDICAL ASSOCIATES INC

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

| (A) Name                                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------------------------------|------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                                                  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| SUSAN EDWARDS<br>CHAIRPERSON                     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                  | (ii) | 775,024                                            | 185,382                             | 0                        | 750,007                   | 18,570                  | 1,728,983                       | 185,382                                                    |
| NANINE NELSON CFO<br>- PHC BOARD - PART<br>YEAR  | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                  | (ii) | 327,182                                            | 0                                   | 82,929                   | 11,214                    | 12,131                  | 433,456                         | 275,124                                                    |
| PETER GEISS CLINIC<br>PRESIDENT - PART<br>YEAR   | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                  | (ii) | 1,646,625                                          | 0                                   | 233,712                  | 10,860                    | 10,509                  | 1,901,706                       | 1,530,118                                                  |
| JOHN DYER MEDICAL<br>DIRECTOR                    | (i)  | 279,306                                            | 16,303                              | 0                        | 22,742                    | 24,760                  | 343,111                         | 0                                                          |
|                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| PAUL JASINSKI VICE<br>PRESIDENT OF<br>OPERATIONS | (i)  | 205,539                                            | 35,480                              | 7,300                    | 18,618                    | 21,668                  | 288,605                         | 0                                                          |
|                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| IMAD KHATIB<br>PHYSICIAN                         | (i)  | 579,604                                            | 154,444                             | 0                        | 18,360                    | 29,219                  | 781,627                         | 0                                                          |
|                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| PAUL LEMARBRE<br>PHYSICIAN                       | (i)  | 584,308                                            | 17,500                              | 0                        | 12,551                    | 26,739                  | 641,098                         | 0                                                          |
|                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| DAVID NIENHUIS<br>PHYSICIAN                      | (i)  | 527,078                                            | 202,887                             | 0                        | 18,360                    | 22,986                  | 771,311                         | 0                                                          |
|                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| PETER JOHNSON<br>PHYSICIAN                       | (i)  | 533,959                                            | 17,500                              | 0                        | 12,236                    | 27,261                  | 590,956                         | 0                                                          |
|                                                  | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| DANIEL CHENG<br>PHYSICIAN                        | (i)  | 451,693                                            | 98,975                              | 0                        | 37,218                    | 10,515                  | 598,401                         | 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. ▶ See separate instructions.  
▶ 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  
**2013**  
Open to Public Inspection

Name of the organization  
PROHEALTH CARE MEDICAL ASSOCIATES INC

Employer identification number  
39-1083015

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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 |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |
| Total ▶ \$                    |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |

Part III Grants or Assistance Benefitting 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) PROHEALTH CARE INC        | SEVERAL BOARD MEMBERS ARE ON THE BOARD OF BOTH PHC AND PHCMA    | 20,551,906                | PHC PERFORMS SERVICES AND REIMBURSES EXPENSES FOR PHCMA |                                         | No |
|                               |                                                                 |                           |                                                         |                                         |    |
|                               |                                                                 |                           |                                                         |                                         |    |
|                               |                                                                 |                           |                                                         |                                         |    |
|                               |                                                                 |                           |                                                         |                                         |    |
|                               |                                                                 |                           |                                                         |                                         |    |

**Part V Supplemental Information**

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

| Return Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | (A) NAME OF PERSON PROHEALTH CARE MEDICAL ASSOCIATES, INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION NELSON, EDWARDS, GEISS, ARNDT, BENZ, FARR, FORSTER, EBEL, GANNON, HASTAD, MOHR, MURPHY, PACKEE, RAMIREZ, ROELKE, RAASCH, SCHROEDER AND SWANDBY WERE ON THE BOARDS OF BOTH PHC AND PHCMA (D) DESCRIPTION OF TRANSACTION PHC PERFORMS SERVICES AND REIMBURSES EXPENSES FOR PHCMA |

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As Filed Data -

DLN: 93493219007095

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2013

Open to Public Inspection

Name of the organization  
PROHEALTH CARE MEDICAL ASSOCIATES INC

Employer identification number  
39-1083015

990 Schedule O, Supplemental Information

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 3   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, PART VI, SECTION A, LINE 6   | PROHEALTH CARE, INC IS THE SOLE CORPROATE MEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM 990, PART VI, SECTION A, LINE 7B  | PROHEALTH CARE, INC HOLDS CERTAIN RESERVED POWERS OVER THE (NON-STOCK) CORPORATION INCLUD<br>ING APPROVAL OF STRATEGIC PLANNING, ANNUAL OPERATING CAPITAL BUDGETS, BORROWING, TRANSFER,<br>LEASE, PLEDGE OR SALE OF ASSETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FORM 990, PART VI, SECTION B, LINE 11  | AFTER THE FORM 990 WAS PREPARED BY THE ORGANIZATION'S TAX PREPARERS AND PRIOR TO FILING TH<br>E FORM 990, SELECT EXECUTIVE MEMBERS OF THE ORGANIZATION AND THE AUDIT & COMPLIANCE COMMIT<br>TEE PERFORMED A REVIEW THEN THE ORGANIZATION'S TAX PREPARERS MADE A PRESENTATION TO THE A<br>UDIT COMMITTEE, AND THE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE RETURN, WHICH WAS SU<br>BSEQUENTLY FILED BY THE ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FORM 990, PART VI, SECTION B, LINE 12C | ALL OFFICERS, VICE-PRESIDENTS, MANAGERS AND ABOVE, AS WELL AS BOARD MEMBERS ARE REQUIRED T<br>O ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM ALL REPORTED POTENTIAL CONFLICTS OF INTER<br>EST ARE TRACKED IN THE CORPORATE COMPLIANCE DEPARTMENT THEY ARE REVIEWED AND ANY PERSON I<br>DENTIFIED AS HAVING A POTENTIAL CONFLICT OF INTEREST IS GIVEN DIRECTION AS TO WHAT STEPS S<br>HOULD BE TAKEN TO MITIGATE THE CONCERN ALL EMPLOYEES ARE EDUCATED ANNUALLY THE STEPS TAK<br>EN WHEN A CONFLICT ARISES ARE AS FOLLOWS FOR THE BOARD OF DIRECTORS, THE RESTRICTION IS N<br>OT BEING ALLOWED TO PARTICIPATE IN DISCUSSION OR VOTING RELATED TO ANY DECISION WHERE THE<br>BOARD MEMBER HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST FOR LEADERS, RESEARCHERS,<br>AND EMPLOYEES, RECOMMENDATIONS ARE MADE FROM COMPLIANCE MANAGER TO LEADERSHIP AND/OR HUMA<br>N RESOURCES RESTRICTIONS CAN RANGE FROM ANY OF THE FOLLOWING DISCLOSING POTENTIAL CONFLI<br>CTS OF INTEREST TO PATIENTS, NOT BEING ABLE TO BE INVOLVED IN DISCUSSION OR DECISION MAKIN<br>G ON SPECIFIC TOPICS, AND NOT BEING ABLE TO WORK AT PROHEALTH IN THE SPECIFIC ROLE WHERE T<br>HE REPORTED CONFLICT EXISTS IF THE RECOMMENDATION IS CHALLENGED, THE MATTER GOES TO THE S<br>ENIOR EXECUTIVE TEAM FOR A DECISION |
| FORM 990, PART VI, SECTION B, LINE 15  | AN INDEPENDENT, EXTERNAL COMPENSATION REVIEW IS CONDUCTED FOR THE POSITIONS OF CEO/PRESIDE<br>NT, EXECUTIVE DIRECTOR, VICE-PRESIDENT, SENIOR VICE-PRESIDENT AND ABOVE THE RESULTS OF TH<br>E COMPENSATION REVIEW ARE PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR APPROVAL ANY M<br>EMBER OF THE EXECUTIVE COMMITTEE WHOSE SALARY IS INCLUDED IN THE SALARY REVIEW IS RECUSED<br>FROM THE APPROVAL PROCESS FOR HIS/HER SALARY APPROVAL THIS PROCESS WAS LAST DONE IN 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PART VI, SECTION C, LINE 19  | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FORM 990, PART VI, SECTION B, LINE 16B | THE PROCESS IS TO HAVE ALL JOINT VENTURE ARRANGEMENTS REVIEWED BY THE LEGAL DEPARTMENT TO<br>ENSURE IT MEETS ALL LEGAL REQUIREMENTS AND TO ENSURE THAT PHCMA MAY RETAIN ITS EXEMPT STAT<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FORM 990, PART XI, LINE 9              | LOSS ON DISPOSAL OF ASSET HELD FOR SALE -1,135,768 EQUITY TRANSFER FROM AFFILIATES 17,160<br>,000 CHANGE IN MINIMUM PENSION LIABILITY -3,339,334 FORGIVENESS OF INTERCOMPANY LOAN -78<br>5,584                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FORM 990, PART XII, LINE 2C            | THE AUDIT PROCESS HAS NOT CHANGED IN THE CURRENT YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PROHEALTH CARE MEDICAL ASSOCIATES INC

Employer identification number  
39-1083015

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                         |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) OCONOMOWOC MEMORIAL HOSPITAL INC<br><br>791 SUMMIT AVENUE<br><br>OCONOMOWOC, WI 53066<br>39-0794174                 | HOSPITAL                | WI                                               | 501(C)(3)                  | LINE 3                                              | PROHEALTH CARE INC               | Yes                                          |    |
| (2) PROHEALTH HOME CARE INC<br><br>N17 W24100 RIVERWOOD DR SUITE 200<br><br>WAUKESHA, WI 53188<br>20-0067392            | HEALTHCARE              | WI                                               | 501(C)(3)                  | LINE 3                                              | PROHEALTH CARE INC               | Yes                                          |    |
| (3) NATIONAL REGENCY OF NEW BERLIN INC<br><br>N17 W24100 RIVERWOOD DR SUITE 200<br><br>WAUKESHA, WI 53188<br>39-1077992 | HEALTHCARE              | WI                                               | 501(C)(3)                  | LINE 9                                              | PROHEALTH CARE INC               | Yes                                          |    |
| (4) WAUKESHA MEMORIAL HOSPITAL INC<br><br>725 AMERICAN AVENUE<br><br>WAUKESHA, WI 53188<br>39-0910727                   | HOSPITAL                | WI                                               | 501(C)(3)                  | LINE 3                                              | PROHEALTH CARE INC               | Yes                                          |    |
| (5) PROHEALTH CARE FOUNDATION INC<br><br>725 AMERICAN AVENUE<br><br>WAUKESHA, WI 53188<br>39-1314542                    | CHARITABLE SUPPORT      | WI                                               | 501(C)(3)                  | LINE 7                                              | PROHEALTH CARE INC               | Yes                                          |    |
| (6) PROHEALTH CARE INC<br><br>N17 W24100 RIVERWOOD DR SUITE 200<br><br>WAUKESHA, WI 53188<br>39-1786873                 | MANAGEMENT              | WI                                               | 501(C)(3)                  | LINE 11C, 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)<br>Name, address, and EIN of<br>related organization                                                              | (b)<br>Primary activity          | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-<br>year<br>assets | (h)<br>Disproprrtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                       |                                  |                                                              |                                        |                                                                                                            |                                 |                                              | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| (1) PROHEALTH ALIGNED LLC (DBA MSC)<br><br>1111 DELAFIELD STREET STE 1<br>WAUKESHA, WI 53188<br>26-3324572            | SURGERY CENTER                   | WI                                                           | N/A                                    |                                                                                                            |                                 |                                              |                                         |    |                                                                            |                                           |    |                                |
| (2) REHABILITATION HOSPITAL OF<br>WISCONSIN LLC<br><br>1625 COLDWATER CREEK DRIVE<br>WAUKESHA, WI 53188<br>26-2332250 | INPATIENT<br>REHABILITATION      | WI                                                           | N/A                                    |                                                                                                            |                                 |                                              |                                         |    |                                                                            |                                           |    |                                |
| (3) THE ORTHOPEDIC SURGERY CENTER<br>LLC<br><br>W238 N1610 BUSSE ROAD<br>WAUKESHA, WI 53188<br>20-8356016             | ORTHOPEDIC<br>SURGICAL SERVICES  | WI                                                           | N/A                                    |                                                                                                            |                                 |                                              |                                         |    |                                                                            |                                           |    |                                |
| (4) PROHEALTH SOLUTIONS LLC<br><br>2000 PEWAUKEE RD SUITE C<br>WAUKESHA, WI 53188<br>27-3863494                       | ACCOUNTABLE CARE<br>ORGANIZATION | WI                                                           | N/A                                    |                                                                                                            |                                 |                                              |                                         |    |                                                                            |                                           |    |                                |
| (5) LAKE COUNTRY ENDOSCOPY CENTER<br><br>1185 CORPORATE CENTER DR<br>OCONOMOWOC, WI 53066<br>26-1572986               | ENDOSCOPY<br>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)<br>Name, address, and EIN of<br>related organization                                                                           | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                                    |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) WAUKESHA HEALTH<br>SYSTEM INC<br><br>N17 W24100 RIVERWOOD<br>DRIVE STE 200<br>WAUKESHA, WI 53188<br>39-1507910                 | HEALTHCARE              | WI                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| (2) EMPATHIA PACIFIC INC<br><br>31416 AGOURA RD STE 180<br>WESTLAKE VILLAGE, CA<br>91361<br>95-3070501                             | HEALTHCARE              | CA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| (3) NATIONAL AVENUE<br>DEVELOPMENT<br>CORPORATION<br><br>N17 W24100 RIVERWOOD<br>DRIVE STE 200<br>WAUKESHA, WI 53188<br>39-1417226 | HEALTHCARE              | WI                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| (4) EMPATHIA INC<br><br>N17 W24100 RIVERWOOD<br>DRIVE STE 200<br>WAUKESHA, WI 53188<br>39-1567366                                  | HEALTHCARE              | WI                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
|                                                                                                                                    |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                                    |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                                    |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

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

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

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

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table           |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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

[illegible]

Part VII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 39-1083015

Name: PROHEALTH CARE MEDICAL ASSOCIATES INC

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

| (a)<br>Name, address, and EIN of related organization                                                               | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                     |                         |                                                           |                               |                                                               |                                     | Yes                                                    | No |
| (1) OCONOMOWOC MEMORIAL HOSPITAL INC<br><br>791 SUMMIT AVENUE<br>OCONOMOWOC, WI 53066<br>39-0794174                 | HOSPITAL                | WI                                                        | 501(C)(3)                     | LINE 3                                                        | PROHEALTH CARE<br>INC               | Yes                                                    |    |
| (1) PROHEALTH HOME CARE INC<br><br>N17 W24100 RIVERWOOD DR SUITE 200<br>WAUKESHA, WI 53188<br>20-0067392            | HEALTHCARE              | WI                                                        | 501(C)(3)                     | LINE 3                                                        | PROHEALTH CARE<br>INC               | Yes                                                    |    |
| (2) NATIONAL REGENCY OF NEW BERLIN INC<br><br>N17 W24100 RIVERWOOD DR SUITE 200<br>WAUKESHA, WI 53188<br>39-1077992 | HEALTHCARE              | WI                                                        | 501(C)(3)                     | LINE 9                                                        | PROHEALTH CARE<br>INC               | Yes                                                    |    |
| (3) WAUKESHA MEMORIAL HOSPITAL INC<br><br>725 AMERICAN AVENUE<br>WAUKESHA, WI 53188<br>39-0910727                   | HOSPITAL                | WI                                                        | 501(C)(3)                     | LINE 3                                                        | PROHEALTH CARE<br>INC               | Yes                                                    |    |
| (4) PROHEALTH CARE FOUNDATION INC<br><br>725 AMERICAN AVENUE<br>WAUKESHA, WI 53188<br>39-1314542                    | CHARITABLE SUPPORT      | WI                                                        | 501(C)(3)                     | LINE 7                                                        | PROHEALTH CARE<br>INC               | Yes                                                    |    |
| (5) PROHEALTH CARE INC<br><br>N17 W24100 RIVERWOOD DR SUITE 200<br>WAUKESHA, WI 53188<br>39-1786873                 | MANAGEMENT              | WI                                                        | 501(C)(3)                     | LINE 11C, III-FI                                              | N/A                                 |                                                        | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a)<br>Name of other organization  | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining<br>amount involved |
|------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| WAUKESHA MEMORIAL HOSPITAL INC     | A                               | 515,137                | ACTUAL AMOUNT<br>RECEIVED                       |
| WAUKESHA HEALTH SYSTEM INC         | A                               | 107,402                | ACTUAL AMOUNT<br>RECEIVED                       |
| WAUKESHA MEMORIAL HOSPITAL INC     | K                               | 1,009,336              | ACTUAL COSTS<br>INCURRED                        |
| OCONOMOWOC MEMORIAL HOSPITAL INC   | K                               | 168,978                | ACTUAL COSTS<br>INCURRED                        |
| WAUKESHA HEALTH SYSTEM INC         | K                               | 199,517                | ACTUAL COSTS<br>INCURRED                        |
| NATIONAL REGENCY OF NEW BERLIN INC | K                               | 140,619                | ACTUAL COSTS<br>INCURRED                        |
| PROHEALTH CARE INC                 | M                               | 10,686,954             | ACTUAL COSTS<br>INCURRED                        |
| PROHEALTH SOLUTIONS LLC            | M                               | 397,705                | ACTUAL COSTS<br>INCURRED                        |
| WAUKESHA MEMORIAL HOSPITAL INC     | P                               | 28,097,877             | ACTUAL COSTS<br>INCURRED                        |
| WAUKESHA MEMORIAL HOSPITAL INC     | Q                               | 397,159                | ACTUAL COSTS<br>INCURRED                        |
| OCONOMOWOC MEMORIAL HOSPITAL INC   | Q                               | 3,910,109              | ACTUAL COSTS<br>INCURRED                        |
| PROHEALTH CARE INC                 | Q                               | 9,864,952              | ACTUAL COSTS<br>INCURRED                        |
| WAUKESHA HEALTH SYSTEM INC         | Q                               | 1,841,314              | ACTUAL COSTS<br>INCURRED                        |
| PROHEALTH CARE INC                 | B                               | 785,584                | ACTUAL COSTS<br>INCURRED                        |
| PROHEALTH CARE INC                 | C                               | 17,160,000             | ACTUAL AMOUNT<br>RECEIVED                       |