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Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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

C Name of organization
WAUKESHA MEMORIAL HOSPITAL INC

Doing business as
PROHEALTH WAUKESHA MEMORIAL HOSPITAL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
725 AMERICAN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
WAUKESHA, WI 53188

D Employer identification number
39-0910727

E Telephone number
(262) 928-2496

G Gross receipts $ 481,990,170

F Name and address of principal officer
SUSAN EDWARDS
725 AMERICAN AVENUE
WAUKESHA, WI 53188

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW PROHEALTHCARE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1956 | M State of legal domicile WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDER OF INPATIENT AND OUTPATIENT HOSPITAL SERVICES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,916
6	Total number of volunteers (estimate if necessary)	6	390
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,001,414
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,290,220

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,033,154	1,436,910
	9	Program service revenue (Part VIII, line 2g)	453,992,483	475,812,598
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,938,438	2,293,397
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,463,457	1,975,128
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	448,500,618	481,518,033
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,355,604	25,020,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	140,805,351	147,659,131
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	269,643,641	290,990,936
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	424,804,596	463,670,067
	19	Revenue less expenses Subtract line 18 from line 12	23,696,022	17,847,966

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	545,957,012	502,796,777
	21	Total liabilities (Part X, line 26)	443,452,554	395,025,015
	22	Net assets or fund balances Subtract line 21 from line 20	102,504,458	107,771,762

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

****** | 2017-08-01
Signature of officer | Date

RONALD J FARR CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID LOWENTHAL	DAVID LOWENTHAL	2017-07-31		P00378651

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951

Firm's address ▶ 27400 Northwestern Highway
Southfield, MI 48034 | Phone no (248) 352-2500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

CONTINUOUSLY IMPROVING THE HEALTH OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 446,080,241 including grants of $ 25,020,000) (Revenue $ 473,853,387)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 446,080,241

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	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *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		No
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		No
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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	262			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,916			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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	**1a** 12			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶RONALD FARR N17 W24100 RIVERWOOD DRIVE SUITE WAUKESHA, WI 531881131 (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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SUSAN EDWARDS CEO - PHC	2 00 50 00	X		X				0	1,212,762	807,495
(2) JIM GANNON CHAIRPERSON	2 00 8 00	X		X				0	0	0
(3) MARK MOHR VICE CHAIRPERSON	2 00 8 00	X		X				0	0	0
(4) BETTY ARNDT SECRETARY	2 00 8 00	X		X				0	0	0
(5) JULIE SCHROEDER TREASURER	2 00 8 00	X		X				0	0	0
(6) DAVID ROELKE DIRECTOR	2 00 8 00	X						0	0	0
(7) DOUG HASTAD DIRECTOR	2 00 8 00	X						0	0	0
(8) E JOHN RAASCH DIRECTOR	2 00 8 00	X						0	0	0
(9) MIKE ERWIN DIRECTOR	2 00 8 00	X						0	0	0
(10) RALPH RAMIREZ DIRECTOR	2 00 8 00	X						0	0	0
(11) SUE BELLEHUMER DIRECTOR	2 00 8 00	X						0	0	0
(12) KEN RIESCH DIRECTOR	2 00 8 00	X						0	0	0
(13) RONALD FARR CFO - PHC	2 00 50 00			X				0	600,262	106,210
(14) JOHN ROBERTSTAD PRES PHC HOSPITAL DIV	32 00 16 00				X			677,443	0	68,774

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KENNETH PRICE CHIEF ADMINISTRATIVE OFFICER	2 00 50 00				X			0	380,475	121,056
(16) KARIN KULTGEN VP MEDICAL AFFAIRS	40 00 0 00				X			338,691	0	43,337
(17) JAMES GARDNER PRESIDENT - PHC HOSPITAL DIVISION	40 00 0 00				X			102,643	154,368	38,941
(18) CHRISTOPHER WILLIAMS VP SUPPORT & DIAGNOSTICS	40 00 0 00					X		267,034	0	28,084
(19) ERIC HENDEE CHIEF PHYSICIST	40 00 0 00					X		206,410	0	43,683
(20) JOHN MAY VP - AMBULATORY	40 00 0 00					X		328,199	0	37,683
(21) VERNA SEITZ VP & CHIEF NURSING EXECUTIVE	40 00 0 00					X		274,398	0	14,726
(22) JULIET UGARTE HOPKINS VP MEDICAL AFFAIRS	22 00 18 00					X		215,364	52,167	35,783

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	2,410,182	2,400,034	1,345,772

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 ▶ 79

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**		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) Name and business address	(B) Description of services	(C) Compensation
GILBANE BUILDING CO 5301-99TH AVE KENOSHA, WI 53144	CONSTRUCTION SERVICES	23,862,400
MORTENSON CONSTRUCTION 17975 WEST SARAH LANE BROOKFIELD, WI 53045	CONSTRUCTION SERVICES	14,212,711
FINDORFF INC PO BOX 575 MADISON, WI 53701	CONSTRUCTION SERVICES	6,113,544
MORTENSON DIRECT INC 17975 W SARAH LANE BROOKFIELD, WI 53045	CONSTRUCTION SERVICES	5,436,541
INDIANA UNIVERSITY HEALTH 2227 RELIABLE PARKWAY CHICAGO, IL 60686	PROVIDER SERVICES	3,238,205

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 ▶ 119

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a**	Federated campaigns . .	**1a**				
	b	Membership dues	**1b**				
	c	Fundraising events	**1c**				
	d	Related organizations . . .	**1d** 1,300,561				
	e	Government grants (contributions)	**1e**				
	f	All other contributions, gifts, grants, and similar amounts not included above	**1f** 136,349				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		1,436,910			
Program Service Revenue			Business Code				
	2a	NET PATIENT REV	622110	461,091,376	461,091,376		
	b	MEDICAL SERVICE LAB	621500	6,383,228	4,424,017	1,959,211	
	c	HOSPITAL JOINT VENTURE	622310	3,472,808	3,472,808		
	d	ORTHO SURGERY CENTER	621400	2,044,365	2,044,365		
	e	SURGERY CENTER	621400	889,921	889,921		
	f	All other program service revenue		1,930,900	1,930,900		
	g	**Total.** Add lines 2a–2f . . . . ▶		475,812,598			
Other Revenue	**3**	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		2,324,371			2,324,371
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) / (ii) 112,755				
	b	Less rental expenses	(i) / (ii) 70,552				
	c	Rental income or (loss)	(i) / (ii) 42,203				
	d	Net rental income or (loss) . . . . ▶		42,203		42,203	
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) / (ii) 370,611				
	b	Less cost or other basis and sales expenses	(i) / (ii) 401,585				
	c	Gain or (loss)	(i) / (ii) -30,974				
	d	Net gain or (loss) . . . . ▶		-30,974			-30,974
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . .	**a**				
	b	Less direct expenses . . .	**b**				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	**a**				
	b	Less direct expenses . . .	**b**				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	**a**				
	b	Less cost of goods sold . .	**b**				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	1,898,448			1,898,448
	b	GIFT SHOP	453220	34,477			34,477
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		1,932,925			
	12	**Total revenue.** See Instructions . . . . . ▶		481,518,033	473,853,387	2,001,414	4,226,322

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	25,020,000	25,020,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	822,648		822,648	
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	111,910,994	107,598,919	4,312,075	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,825,508	5,560,171	265,337	
9	Other employee benefits	21,259,002	20,290,710	968,292	
10	Payroll taxes	7,840,979	7,632,146	208,833	
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)	124,385,779	115,213,508	9,172,271	
12	Advertising and promotion				
13	Office expenses	14,084,049	14,075,932	8,117	
14	Information technology				
15	Royalties . .				
16	Occupancy	5,332,417	4,794,930	537,487	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,342,351	10,342,351		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,210,443	44,210,443		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	33,059,206	33,059,206		
b	DRUGS & PHARMACEUTICALS	32,319,785	32,319,785		
c	MEDICAID PROVIDER TAXES	12,572,933	12,572,933		
d	BAD DEBTS	9,618,062	9,618,062		
e	All other expenses	5,065,911	3,771,145	1,294,766	
25	**Total functional expenses.** Add lines 1 through 24e	463,670,067	446,080,241	17,589,826	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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 . . . . ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			822,860	1	3,474,154
Assets	2	Savings and temporary cash investments			8,375,189	2	628,170
Assets	3	Pledges and grants receivable, net				3	
Assets	4	Accounts receivable, net			52,165,325	4	54,227,587
Assets	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	
Assets	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	
Assets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,879,955	8	6,499,127
Assets	9	Prepaid expenses and deferred charges			6,729,249	9	8,283,018
Assets	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	906,209,556			
Assets	b	Less accumulated depreciation	10b	521,544,836	407,982,242	10c	384,664,720
Assets	11	Investments—publicly traded securities			26,683,494	11	14,012,276
Assets	12	Investments—other securities See Part IV, line 11			11,738,120	12	12,265,416
Assets	13	Investments—program-related See Part IV, line 11				13	
Assets	14	Intangible assets				14	
Assets	15	Other assets See Part IV, line 11			24,580,578	15	18,742,309
Assets	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			545,957,012	16	502,796,777
Liabilities	17	Accounts payable and accrued expenses			82,542,336	17	52,038,762
Liabilities	18	Grants payable				18	
Liabilities	19	Deferred revenue			2,500	19	102,610
Liabilities	20	Tax-exempt bond liabilities			12,573,550	20	9,054,661
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
Liabilities	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	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties				23	
Liabilities	24	Unsecured notes and loans payable to unrelated third parties				24	
Liabilities	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			348,334,168	25	333,828,982
Liabilities	26	**Total liabilities.** Add lines 17 through 25			443,452,554	26	395,025,015
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
Net Assets or Fund Balances	27	Unrestricted net assets			101,629,025	27	106,740,182
Net Assets or Fund Balances	28	Temporarily restricted net assets			875,433	28	1,031,580
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		**Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.**					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds				32	
Net Assets or Fund Balances	33	Total net assets or fund balances			102,504,458	33	107,771,762
Net Assets or Fund Balances	34	Total liabilities and net assets/fund balances			545,957,012	34	502,796,777

Part XI Reconcilliation 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	481,518,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	463,670,067
3	Revenue less expenses Subtract line 2 from line 1	3	17,847,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,504,458
5	Net unrealized gains (losses) on investments	5	-1,899,231
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	-10,681,431
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	107,771,762

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 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 39-0910727
Name: WAUKESHA MEMORIAL HOSPITAL INC

Form 990, Part III, Line 4a

4a (Code) (Expenses $ 446,080,241 including grants of $ 25,020,000) (Revenue $ 473,853,387)

WAUKESHA MEMORIAL HOSPITAL FULFILLS ITS EXEMPT PURPOSE BY PROVIDING CARE AND SERVICES TO ALL PATIENTS REGARDLESS OF INSURANCE OR ABILITY TO PAY WAUKESHA MEMORIAL HOSPITAL ALSO USES ITS RESOURCES TO ADDRESS VARIOUS COMMUNITY NEEDS WAUKESHA MEMORIAL HOSPITAL PROVIDED APPROXIMATELY 50,510 DAYS OF INPATIENT CARE AND APPROXIMATELY 330,676 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 SEE SCHEDULE H FOR ILLUSTRATION OF ITS PROGRAM SERVICE ACCOMPLISHMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493221010937

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

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 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ________

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in Part VI) ______			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . ____________			
e From 2014. . . . . ____________			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ____________________			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . ____________			
d From 2014. . . . . ____________			
e From 2015. . . . . ____________			

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $ ______________

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

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

a ☐ Public exhibition
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0			6,710,388	6,625,195
b	Contributions					88,002
c	Net investment earnings, gains, and losses					-2,809
d	Grants or scholarships					
e	Other expenditures for facilities and programs				6,710,388	
f	Administrative expenses					
g	End of year balance					6,710,388

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 0 %

c Temporarily restricted endowment ▶ 0 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		22,844,241		22,844,241
b Buildings		454,039,895	194,449,215	259,590,680
c Leasehold improvements		2,711,381	2,619,135	92,246
d Equipment		408,274,955	324,476,486	83,798,469
e Other		18,339,084		18,339,084
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . . . ▶				384,664,720

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	**(b)** Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

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

1. **(a)** Description of liability	**(b)** Book value
Federal income taxes	
ACCRUED POSTRETIREMENT MEDICAL	106,449
FAIR VALUE-INTEREST RATE SWAP	24,297,316
ASSET RETIREMENT OBLIGATION	33,627
ACCUMULATED MIN PENSION LIABILITY	26,062,047
INTERCOMPANY NOTES PAYABLE	272,761,692
OTHER LONG TERM LIABILITY	378,826
LEASES PAYABLE	10,189,025
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	333,828,982

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____________ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____________ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			1,422,882		1,422,882	0 310 %
b	Medicaid (from Worksheet 3, column a)			45,962,743	21,327,039	24,635,704	5 430 %
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total** Financial Assistance and Means-Tested Government Programs			47,385,625	21,327,039	26,058,586	5 740 %
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)	26	133,740	2,559,809	3,803	2,556,006	0 560 %
f	Health professions education (from Worksheet 5)	9	1,380	3,085,481	1,913,534	1,171,947	0 260 %
g	Subsidized health services (from Worksheet 6)			6,994,894	1,844,139	5,150,755	1 130 %
h	Research (from Worksheet 7)	0	0				
i	Cash and in-kind contributions for community benefit (from Worksheet 8)	8	23,409	1,223,090		1,223,090	0 270 %
j	**Total.** Other Benefits	43	158,529	13,863,274	3,761,476	10,101,798	2 220 %
k	**Total.** Add lines 7d and 7j	43	158,529	61,248,899	25,088,515	36,160,384	7 960 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	2	164	18,758		18,758	0 %
2	Economic development						
3	Community support	3	690	146,661		146,661	0 030 %
4	Environmental improvements						
5	Leadership development and training for community members	1	12	8,719		8,719	0 %
6	Coalition building						
7	Community health improvement advocacy	2	94	44,173		44,173	0 010 %
8	Workforce development	1	10	142,634		142,634	0 030 %
9	Other						
10	**Total**	9	970	360,945		360,945	0 070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 9,768,525			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 893,693			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	85,807,823
6	Enter Medicare allowable costs of care relating to payments on line 5	6	113,132,489
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-27,324,666

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures
(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 PROHEALTH ALIGNED LLC	AMBULATORY SURGERY CENTER	51 000 %		49 000 %
2 2 THE ORTHOPEDIC SURGERY CENTER LLC	ORTHOPEDIC SURGICAL SERVICES	49 000 %		49 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WAUKESHA MEMORIAL HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Line	Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) FULL WEBSITE LISTED IN PART V SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION B, LINE 7D DISCLOSURE			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: WAUKESHA MEMORIAL HOSPITAL INC

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW PROHEALTHCARE ORG/PATIENT-GUEST-SERVICES-BILLING-AND-INSURANCE ASPX			
b	☑ The FAP application form was widely available on a website (list url) WWW PROHEALTHCARE ORG/PATIENT-GUEST-SERVICES-BILLING-AND-INSURANCE ASPX			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW PROHEALTHCARE ORG/PATIENT-GUEST-SERVICES-BILLING-AND-INSURANCE ASPX			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group WAUKESHA MEMORIAL HOSPITAL INC

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
	Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
	Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF WISCONSIN LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . .	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . .	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . .	3		No
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☐ A definition of the community served by the hospital facility			
	b ☐ Demographics of the community			
	c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☐ How data was obtained			
	e ☐ The significant health needs of the community			
	f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☐ The process for consulting with persons representing the community's interests			
	i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . .	5		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . .	6a		
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C . . .	6b		
7	Did the hospital facility make its CHNA report widely available to the public? . . .	7		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☐ Hospital facility's website (list url) ________			
	b ☐ Other website (list url) ________			
	c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . .	8		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . .	10		
a	If "Yes" (list url) ________			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . .	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . .	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . .	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $________			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF WISCONSIN LLC

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group REHABILITATION HOSPITAL OF WISCONSIN LLC

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
	Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
	Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 3

	Name and address	Type of Facility (describe)
1	1 - REHAB HOSPITAL OF WI OUTPATIENT CLINIC 1625 COLDWATER CREEK DRIVE WAUKESHA, WI 53188	OUTPATIENT REHABILATION CLINIC
2	2 - PROHEALTH ALIGNED LLC 1111 DELAFIELD ST SUITE 100 WAUKESHA, WI 53188	AMBULATORY SURGERY CENTER
3	3 - THE ORTHOPEDIC SURGERY CENTER LLC W238 N 1610 BUSSE ROAD SUITE 100 WAUKESHA, WI 53188	ORTHOPEDIC SURGERY CENTER
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	N/A

Form and Line Reference	Explanation
Part I, Line 6a	A COMMUNITY BENEFIT REPORT IS COMPLETED BY PROHEALTH CARE, INC (EIN 39-1486873), THE SOLE CORPORATE MEMBER OF THE ORGANIZATION

Form and Line Reference	Explanation
Part I, Line 7	THE COST-TO-CHARGE RATIO WAS USED TO CALCULATE AMOUNTS ON LINES 7A-7D THIS WAS CALCULATED BY USING WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS THE HOSPITAL'S FINANCIAL COST REPORTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS ON LINES 7E-7I

Form and Line Reference	Explanation
Part I, Line 7g	N/A

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	$9,618,062 OF BAD DEBT EXPENSES FROM WAUKESHA MEMORIAL HOSPITAL, INC WAS INCLUDED ON FORM 990, PART, IX, LINE 25 ADDITIONALLY, THERE WAS BAD DEBT EXPENSE OF $150,463 RELATED TO REHABILITATION HOSPITAL OF WISCONSIN, LLC BOTH AMOUNTS WERE SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE

Form and Line Reference	Explanation
Part II, Community Building Activities	WAUKESHA MEMORIAL HOSPITAL HAS FOSTERED A WIDE VARIETY OF PARTNERSHIPS WITH NUMEROUS AGENCIES AND INITIATIVES THAT BENEFIT OUR ENTIRE COMMUNITY BEYOND THOSE THAT ARE DIRECTLY ASSOCIATED WITH HEALTH OUR EFFORTS TO HELP BUILD A SAFE AND VIBRANT COMMUNITY ARE IN SOME WAYS, JUST AS IMPORTANT AS OUR TREMENDOUS EFFORTS TO IMPROVE COMMUNITY HEALTH WE BELIEVE COMMUNITY BUILDING IS ABOUT NEIGHBORHOODS AND ONE EXAMPLE OF THAT IS OUR SUPPORT OF LOCAL NEIGHBORHOOD GROUPS THAT ADDRESS SAFETY, PROPERTY APPEARANCE AND CONNECTIVITY OF RESIDENTS WE PROVIDE FUNDING FOR BEAUTIFICATION AND THE CLEANUP OF COMMON PROPERTIES AND STREETS, AS WELL AS THE LAND, EXPERTISE AND RESOURCES FOR COMMUNITY RAIN AND CROP GARDENS AS PART OF OUR LEADERSHIP VOLUNTEERISM PROGRAM, WE PROVIDE ASSISTANCE AT LOCAL LIBRARIES AND LITERACY PROGRAMS, AND HAVE A STRONG PRESENCE FOR NEIGHBORHOOD SAFETY INITIATIVES INVOLVEMENT WITH YOUTH IS A YEAR-ROUND FOCUS AS WE ASSEMBLE AND DISTRIBUTE BACK-PACKS TO LOW INCOME CHILDREN, MAKING SURE THEIR SCHOOL YEAR GETS OFF TO A GOOD START AND WE VOLUNTEER AT LOCAL HIGH SCHOOLS FOR HEALTH CAREER AWARENESS AND "SAFE PROM/GRADUATION" EVENTS WE ARE THE MAJOR SPONSOR OF "LEADERSHIP WAUKESHA", A PROGRAM THAT FOCUSES ON THE DEVELOPMENT OF EMERGING LEADERS IN OUR COUNTY WE SUPPORT HOMELESS SHELTERS, ARE ACTIVE MEMBERS OF THE HOUSING ACTION COALITION/CONTINUUM OF CARE AND THE COUNTY'S HISPANIC COLLABORATIVE NETWORK WE ARE TREMENDOUSLY PROUD OF OUR WORK WITH EASTER SEALS AND THE WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT, SERVING AS WAUKESHA COUNTY'S ONLY SITE FOR PROJECT SEARCH, A WORKFORCE TRAINING PROGRAM FOR DEVELOPMENTALLY/PHYSICALLY DISABLED INDIVIDUALS

Form and Line Reference	Explanation
Part III, Line 4	BAD DEBT EXPENSE FOOTNOTE FOR WAUKESHA MEMORIAL HOSPITAL, INC AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING LOSS RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ARE ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING AMOUNTS UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED TO BE UNCOLLECTIBLE THE BAD DEBT COST WAS REVIEWED BY THE HOSPITAL'S REVENUE CYCLE TEAM AND THE AMOUNT OF BAD DEBT ESTIMATED TO BE ATTRIBUTABLE TO PATIENTS WHO WOULD HAVE QUALIFIED UNDER OUR FINANCIAL ASSISTANCE PROGRAM IS 30% OF TOTAL BAD DEBTS THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON PART III LINE 2 IS THE BAD DEBT EXPENSE REPORTED ON FORM 990 PART IX FOR WAUKESHA MEMORIAL HOSPITAL PLUS ITS SHARE OF THE BAD DEBT EXPENSE OF REHABILITATION HOSPITAL OF WISCONSIN LLC BAD DEBT EXPENSE FOOTNOTE FOR REHABILITATION HOSPITAL OF WISCONSIN LLC ACCOUNTS RECEIVABLE PRIMARILY CONSIST OF AMOUNTS DUE FROM THIRD-PARTY PAYORS AND PATIENTS THE HOSPITAL'S ABILITY TO COLLECT OUTSTANDING RECEIVABLES IS CRITICAL TO ITS RESULTS OF OPERATIONS AND CASH FLOWS TO PROVIDE FOR ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE, THE HOSPITAL ESTABLISHES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THE PRIMARY UNCERTAINTY OF SUCH ALLOWANCES LIES WITH UNINSURED PATIENT RECEIVABLES AND DEDUCTIBLES, CO-PAYMENTS OR OTHER AMOUNTS DUE FROM INDIVIDUAL PATIENTS THE HOSPITAL'S POLICY TO RECORD AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON A PERCENTAGE OF NET RECEIVABLES BY AGE OF BALANCE AFTER DISCHARGE DATE THE HOSPITAL HAS AN ESTABLISHED PROCESS TO DETERMINE THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THAT RELIES ON A NUMBER OF ANALYTICAL TOOLS AND BENCHMARKS TO ARRIVE AT A REASONABLE ALLOWANCE NO SINGLE STATISTIC OR MEASUREMENT DETERMINES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS SOME OF THE ANALYTICAL TOOLS THAT THE HOSPITAL UTILIZES INCLUDE, BUT ARE NOT LIMITED TO, HISTORICAL CASH COLLECTION EXPERIENCE, REVENUE TRENDS BY PAYOR CLASSIFICATION AND REVENUE DAYS IN ACCOUNTS RECEIVABLE INDIVIDUAL PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HOSPITAL'S POLICIES BAD DEBT EXPENSE IS RECORDED FOR FINANCIAL STATEMENT PURPOSES BASED ON UNCOLLECTED REVENUE, BUT THE RELATED COST COULD BE DETERMINED BY APPLYING COST TO CHARGE RATIOS FROM THE MEDICARE COST REPORT DISCOUNTS ARE RECORDED TO AN APPROPRIATE CONTRA REVENUE ACCOUNT INCLUDING CHARITY CARE WHEN APPLICABLE, PAYMENTS RECEIVED AFTER AN ACCOUNT HAS BEEN WRITTEN OFF WOULD DECREASE BAD DEBT EXPENSE MOST OF THE PATIENTS FOR WHICH BAD DEBT EXPENSE IS RECORDED WOULD PROBABLY QUALIFY FOR SOME LEVEL OF FINANCIAL ASSISTANCE ACCORDING TO HOSPITAL POLICIES, BUT MANY CHOOSE NOT TO COMPLETE THE NECESSARY FINANCIAL ASSISTANCE APPLICATION SO THAT THIS CAN BE PROPERLY DETERMINED

Form and Line Reference	Explanation
Part III, Line 8	THE SHORTFALL ON LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT COSTING METHODOLOGY USED IS THE COST TO CHARGE RATIO AS REPORTED ON THE MEDICARE COST REPORT

Form and Line Reference	Explanation
Part III, Line 9b	PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE WILL HAVE A CHARITY DISCOUNT APPLIED TO THEIR BALANCES AT THE TIME OF BILLING IF THIS RESULTS IN NO BALANCE DUE FORM THE PATIENT, THEN THE PATIENT WILL NOT RECEIVE A STATEMENT IF A BALANCE REMAINS AFTER THE DISCOUNT PERCENTAGE IS APPLIED, THE PATIENT WILL RECEIVE A STATEMENT FOR THE BALANCE DUE THE STATEMENT CYCLE IS CONSISTENT FOR ALL PATIENTS

Form and Line Reference	Explanation
Part VI, Line 2	COMMUNITY NEEDS ARE IDENTIFIED BASED UPON A REVIEW OF STATE, COUNTY AND COMMUNITY HEALTH DATA AND ASSESSMENTS THIS INCLUDES SUCH DOCUMENTS AS THE STATE HEALTH PLAN, THE COUNTY HEALTH REPORT CARD, THE WAUKESHA COMMUNITY HEALTH SURVEY, THE HEALTHY PEOPLE 2020 PLAN AND VARIOUS OTHER ASSESSMENTS, SUCH AS THE YOUTH BEHAVIORAL RISK SURVEYS, UNITED WAY/UNIVERSITY OF WISCONSIN SURVEY OF WAUKESHA COUNTY WE ANALYZE THE DATA, IDENTIFY THE PRESSING NEEDS, AND PROACTIVELY PLAN AND IMPLEMENT COMMUNITY BENEFIT INITIATIVES TO ADDRESS THESE NEEDS ADDITIONALLY, WE HAVE ACTIVELY PARTNERED WITH OUR COUNTY HEALTH DEPARTMENT IN THEIR COMMUNITY HEALTH IMPROVEMENT PLAN AND PROCESS (CHIPP) ASSESSMENT AND SPEARHEADED A NUMBER OF COUNTY-WIDE IMPLEMENTATION STRATEGIES THE MOST RECENT NEEDS ASSESSMENT WAS COMPLETED IN MAY 2016 AND THE IMPLEMENTATION PLAN WAS ADOPTED IN JUNE 2016 WE ALSO SHARE IN PARTNERSHIP WITH THE CHNA IMPLEMENTATION PLANS FOR THE REHABILITATION HOSPITAL OF WISCONSIN THROUGH DATA ANALYSIS AND COMMUNITY DISCUSSION, WE SAW A NUMBER OF OVER-ARCHING THEMES THAT PROMPTED US TO CHOOSE THE FOLLOWING PRIORITY AREAS PRIORITY AREA NEEDS OF THE ELDERLYCORRELATED COMMUNITY HEALTH NEED -MENTAL HEALTH ISSUES INCLUDING DEPRESSION, DEMENTIA AND ALZHEIMER'S DISEASE-AODA ISSUES (ALCOHOL AND OTHER DRUGS) ADVERSE EFFECTS FROM POLYPHARMACY-PREVALENCE OF CHRONIC CONDITIONS-ACCIDENTAL INJURY-SOCIAL VULNERABILITY AND ISOLATION-OBESITY-ACCESS SCARCITY OF PROVIDERS SPECIALIZING IN GERONTOLOGYPRIORITY AREA ALCOHOL AND OTHER DRUGSCORRELATED COMMUNITY HEALTH NEED -BINGE DRINKING-PRESCRIPTION DRUG OVERDOSE/MISUSE-HEROIN AND OPIOID DEATHS/HOSPITALIZATIONS-ACCESS SCARCITY OF PROVIDERSPRIORITY AREA MENTAL HEALTHCORRELATED COMMUNITY HEALTH NEED -SUICIDE RATE-ALZHEIMER'S DISEASE-DEPRESSION-ACCESS SCARCITY OF PROVIDERSPRIORITY AREA CHRONIC DISEASECORRELATED COMMUNITY HEALTH NEED -CARDIOVASCULAR DISEASE-CANCER-DIABETES-OBESITY-ALZHEIMER'S DISEASE-OTHERSFOR MORE INFORMATION, PLEASE GO TO HTTP //WWW PROHEALTHCARE ORG/ABOUT-US-COMMUNITY-BENEFIT ASPX

Form and Line Reference	Explanation
Part VI, Line 3	EVERY PATIENT WITH A SELF PAY BALANCE RECEIVES A STATEMENT WHICH CONVEYS THE AVAILABILITY OF COMMUNITY (CHARITY) CARE AND A CONTACT NUMBER FOR FURTHER INFORMATION PATIENTS THAT ARE UNINSURED RECEIVE AN UNINSURED DISCOUNT WHICH IS LISTED ON THE FIRST STATEMENT THAT THEY RECEIVE PATIENTS RECEIVE A TOTAL OF FOUR STATEMENTS EACH STATEMENT CONTAINS VERBIAGE REFERENCING THE HOSPITAL'S COMMUNITY CARE PROGRAM AND A CONTACT NUMBER FOR FURTHER INFORMATION IF SOMEONE HAS BEEN FOUND ELIGIBLE FOR SOME LEVEL OF CHARITY CARE, THE ELIGIBILITY PERIOD IS THREE MONTHS SO ANY SUBSEQUENT ACCOUNTS DURING THAT TIMEFRAME WOULD BE DISCOUNTED AT WHATEVER LEVEL OF CHARITY CARE THE PATIENT IS DEEMED ELIGIBLE PATIENTS MAY REAPPLY FOR COMMUNITY CARE WHEN THEIR ELIGIBILITY PERIOD HAS EXPIRED SELF PAY PATIENTS MAY ALSO BE INFORMED OF THE HOSPITAL'S COMMUNITY CARE PROGRAM WHILE THEY ARE INPATIENTS SOCIAL WORK AND/OR THE BUSINESS OFFICE MAY MAKE CONTACT WITH THESE PATIENTS DURING THEIR STAY TO INFORM THEM OF THE COMMUNITY CARE PROGRAM AND ASSIST THEM WITH COMPLETION OF THE APPLICATION INFORMATION IS AVAILABLE AT REGISTRATION AREAS RELATED TO OUR COMMUNITY CARE PROGRAM THIS INFORMATION CONTAINS CONTACT INFORMATION FOR THE HOSPITAL'S CENTRAL BUSINESS OFFICE WHERE PATIENTS CAN RECEIVE ASSISTANCE IN OBTAINING AND COMPLETING APPLICATIONS

Form and Line Reference	Explanation
Part VI, Line 4	PROHEALTH CARE SERVES ABOUT 285,000 PEOPLE EACH YEAR IN WAUKESHA COUNTY AND PORTIONS OF SURROUNDING COUNTIES IN EVERY FEDERAL POPULATION CENSUS, WAUKESHA COUNTY HAS RECORDED AN INCREASE IN POPULATION SINCE 1950, THE POPULATION GREW FROM 85,901 TO OVER 390,000 WAUKESHA COUNTY HAS AN AGING POPULATION WITH 15 9% OVER THE AGE OF 65 AND A MEDIAN AGE OF 43 1 YEARS WHICH FAR SURPASSES STATE AVERAGES AND IS THE HIGHEST MEDIAN AGE OF PEER COUNTIES THE RATE OF RETIREMENT IS LIKELY TO SURPASS THE RATE OF ENTRY INTO THE WORKFORCE BETWEEN 2015 AND 2020 THE RACIAL MAKEUP OF THE WAUKESHA COUNTY COMMUNITY IS AS FOLLOWS WHITE 93 9%, HISPANIC OR LATINO 4 5%, ASIAN 3 1%, BLACK 1 4% MEDIAN HOUSEHOLD INCOME IS $75850, WITH 5 8% OF PEOPLE LIVING BELOW THE POVERTY LEVEL THE LARGEST POCKET OF THOSE LIVING IN POVERTY IS IN THE URBAN ENVIRONMENT OF THE CITY OF WAUKESHA WITH A RATE OF 11 70% UNEMPLOYMENT IN WAUKESHA COUNTY STOOD AT 3 1% IN OCTOBER, 2015 WAUKESHA COUNTY IS LARGE (580 SQUARE MILES) AND DIVERSE, INCLUDING URBAN, SUBURBAN AND RURAL AREAS THE PRESENCE OF SOME HIGH INCOME COMMUNITIES IN WAUKESHA COUNTY OFTEN GIVES A MISTAKEN IMPRESSION OF OVERALL WEALTH OFTEN OVERLOOKED IS A GROWING POPULATION OF LOW INCOME, NON-ENGLISH SPEAKING, VULNERABLE AND MARGINALIZED CITIZENS WHO FACE ENORMOUS ODDS IN ACCESSING HEALTH CARE THE WAUKESHA COUNTY MEDICAID POPULATION HAS NEARLY TRIPLED IN 10 YEARS, AND NOW REPRESENTS 8 33% OF THE POPULATION BETWEEN 2000 AND 2010, THE LATINO/A POPULATION IN WAUKESHA COUNTY GREW BY 6,620 RESIDENTS DOWNTOWN WAUKESHA WAS DECLARED A "MEDICALLY UNDERSERVED" AREA AND A "HEALTH-PROFESSIONAL SHORTAGE AREA" BY THE FEDERAL GOVERNMENT IN 2008 AS AN UNDERSERVED AREA, MEDICAL OPTIONS FOR INDIVIDUALS, PARTICULARLY THOSE WITHOUT HEALTH INSURANCE OR WITH PUBLIC INSURANCE, ARE SEVERELY LIMITED BECAUSE PRIVATE SERVICE PROVIDERS OFTEN REFUSE TO CARE FOR THESE INDIVIDUALS CONSEQUENTLY, PROHEALTH CARE EMBARKED ON A FUND-RAISING INITIATIVE TO SUPPORT THE FORMATION OF AN FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN DOWNTOWN WAUKESHA THAT HEALTH CENTER OPENED IN LATE 2012 AND IS FINANCIALLY SUPPORTED BY PROHEALTH CARE

Form and Line Reference	Explanation
Part VI, Line 5	WAUKESHA MEMORIAL HOSPITAL IS GOVERNED BY A COMMUNITY BOARD WE ARE PROUD OF THE NUMEROUS AND STRONG PARTNERSHIPS WE HAVE FORMED WITH A WIDE VARIETY OF NOT-FOR-PROFIT HEALTH AND HUMAN SERVICES AGENCIES AS WE WORK TOGETHER TO FORGE A STRONGER, HEALTHIER COMMUNITY WE ARE ACTIVELY INVOLVED WITH PROGRAMMING, BOARD OVERSIGHT AND ONGOING FINANCIAL SUPPORT OF THE WAUKESHA COMMUNITY HEALTH CENTER, THE ONLY FEDERALLY-QUALIFIED HEALTH CENTER IN OUR AREA WE ALSO PROVIDE FINANCIAL SUPPORT AS WELL AS IN-KIND SUPPORT TO TWO FREE CLINICS SERVING OUR AREA WE WERE INSTRUMENTAL IN FORMING SEVERAL KEY AGENCIES DESIGNED TO MEET AN URGENT COMMUNITY NEED FOR EXAMPLE, THROUGH OUR LEADERSHIP AND SUPPORT, THE WAUKESHA COUNTY COMMUNITY DENTAL CLINIC WAS FORMED AND WE HAVE PROVIDED ONGOING FINANCIAL SUPPORT AND PROVIDED CLINICAL AND OFFICE SPACE SO THIS AGENCY CAN CARRY OUT ITS MISSION THE SAME IS TRUE FOR SAFE BABIES HEALTHY FAMILIES (PROVIDING SERVICES FOR AT RISK PREGNANT WOMEN AND THEIR CHILDREN) AND STILLWATERS CANCER SUPPORT SERVICES WE PROVIDE SPACE AND CLINICAL EXPERTISE TO THE LOCAL 'MEALS ON WHEELS' PROGRAM, SERVING AT-RISK ELDERLY AND DISABLED INDIVIDUALS SEVERAL OF OUR STAFF ARE ACTIVELY INVOLVED WITH THE HEALTH DEPARTMENT'S CHIPP AND SERVE ON A VARIETY OF COMMITTEES FOR THE AREA'S DEPARTMENT OF HEALTH AND HUMAN SERVICES WE HOST COMMUNITY-WIDE HEALTH FAIRS OFFERING A WIDE VARIETY OF FREE SCREENINGS AND OFFER AN ONGOING AND IMPRESSIVE MENU OF FREE COMMUNITY EDUCATION CLASSES (INCLUDING EVIDENCE-BASED SELF-HELP WORKSHOPS) PROHEALTH CARE REACHES OUT INTO OUR COMMUNITY TO MEET THE NEEDS OF ITS RESIDENTS FROM THE ALZHEIMER'S ASSOCIATION TO WAUKESHA DRUG FREE COMMUNITIES, AND DOZENS OF AGENCIES IN BETWEEN, PROHEALTH CARE IS THERE, PROVIDING VOLUNTEERS, FINANCIAL SUPPORT AND PARTNERSHIPS THAT HELP TO IMPROVE THE HEALTH OF OUR COMMUNITY

Form and Line Reference	Explanation
Part VI, Line 6	OUR HOSPITAL IS A MEMBER OF THE PROHEALTH CARE HEALTH SYSTEM WHICH SERVES AS OUR PARENT COMPANY WHILE COMMUNITY BENEFIT RESPONSIBILITIES RESIDE WITH OUR HOSPITAL BOARD, THE PARENT COMPANY PLAYS A KEY ROLE IN COORDINATING COMMUNITY NEEDS ASSESSMENTS, COMMUNITY BENEFIT PROGRAM PLANNING, AND EVALUATION A DESCRIPTION OF EACH AFFILIATES ROLE IN PROMOTING HEALTH WITHIN THE COMMUNITIES SERVED IS AS FOLLOWS PROHEALTH CARE, INC - HELPS TO MANAGE THE HOSPITALS TO ENSURE THEY CAN PROMOTE HEALTH AND WELLNESS WITHIN THE COMMUNITY NATIONAL REGENCY OF NEW BERLIN, INC - OWNS AND OPERATES SENIOR LIVING CENTERS AS A MEANS TO PROMOTE HEALTH WITHIN THE COMMUNITY PROHEALTH HOME CARE, INC - PROVIDES HOSPICE AND HOME HEALTH CARE SERVICES AS A MEANS TO PROMOTE HEALTH WITHIN THE COMMUNITY PROHEALTH CARE FOUNDATION, INC - SUPPORTS THE CHARITABLE MISSION OF WAUKESHA MEMORIAL HOSPITAL AND OCONOMOWOC MEMORIAL HOSPITAL SO THAT IT MAY PROVIDE HEALTH SERVICES WITHIN THE COMMUNITY PROHEALTH CARE MEDICAL ASSOCIATES, INC - 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 448,425 CLINIC VISITS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 OCONOMOWOC MEMORIAL HOSPITAL, INC - PROVIDES CARE AND SERVICES TO ALL PATIENTS REGARDLESS OF INSURANCE OR ABILITY TO PAY OCONOMOWOC MEMORIAL HOSPITAL ALSO USES ITS RESOURCES TO ADDRESS VARIOUS COMMUNITY NEEDS OCONOMOWOC MEMORIAL HOSPITAL PROVIDED APPROXIMATELY 8,453 DAYS OF INPATIENT CARE AND APPROXIMATELY 69,192 OUTPATIENT VISITS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	WI

Additional Data

Software ID:
Software Version:
EIN: 39-0910727
Name: WAUKESHA MEMORIAL HOSPITAL INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WAUKESHA MEMORIAL HOSPITAL INC 725 AMERICAN AVENUE WAUKESHA, WI 53188 WWW PROHEALTHCARE ORG #41	X	X		X				X		
2	REHABILITATION HOSPITAL OF WISCONSIN LLC 1625 COLDWATER CREEK DRIVE WAUKESHA, WI 53188	X								INPATIENT REHABILITATION	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PROHEALTH CARE INC N17 W24100 RIVERWOOD DR STE 200 WAUKESHA, WI 531881131	39-1486873	501(C)(3)	25,020,000		N/A	N/A	TO ASSIST PROHEALTH CARE, INC IN ITS CHARITABLE MISSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	ALL GRANTS ARE APPROVED AND PROCESSED BY THE ORGANIZATION'S MANAGEMENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**	Yes	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 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, Line 4b	PROHEALTH CARE INC (PHC) MAINTAINS TWO SUPPLEMENTAL RETIREMENT PLANS (SERPS) FOR A SELECT GROUP OF EXECUTIVES OF PHC AND ITS AFFILIATED ENTITIES THESE SERPS ARE UNFUNDED, NONQUALIFIED DEFERRED COMPENSATION PLANS THAT ARE INTENDED TO COMPLY WITH SECTION 457(F) OF THE INTERNAL REVENUE CODE BENEFITS UNDER THESE SERPS 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: 39-0910727
Name: WAUKESHA MEMORIAL HOSPITAL INC

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SUSAN EDWARDS CEO - PHC	(i)	0	0	0	0	0	0	0
	(ii)	834,529	378,233	0	785,033	22,462	2,020,257	0
1 RONALD FARR CFO - PHC	(i)	0	0	0	0	0	0	0
	(ii)	441,567	158,695	0	76,005	30,205	706,472	0
2 JOHN ROBERTSTAD PRES PHC HOSPITAL DIV	(i)	479,331	198,112	0	42,535	26,239	746,217	0
	(ii)	0	0	0	0	0	0	0
3 KENNETH PRICE CHIEF ADMINISTRATIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	278,772	101,703	0	91,105	29,951	501,531	0
4 KARIN KULTGEN VP MEDICAL AFFAIRS	(i)	264,364	74,327	0	22,519	20,818	382,028	0
	(ii)	0	0	0	0	0	0	0
5 JAMES GARDNER PRESIDENT - PHC HOSPITAL DIVISION	(i)	102,643	0	0	5,202	33,739	141,584	0
	(ii)	95,700	58,668	0	0	0	154,368	0
6 CHRISTOPHER WILLIAMS VP SUPPORT & DIAGNOSTICS	(i)	201,106	65,928	0	5,381	22,703	295,118	0
	(ii)	0	0	0	0	0	0	0
7 ERIC HENDEE CHIEF PHYSICIST	(i)	205,699	711	0	14,429	29,254	250,093	0
	(ii)	0	0	0	0	0	0	0
8 JOHN MAY VP - AMBULATORY	(i)	247,569	80,630	0	12,000	25,683	365,882	0
	(ii)	0	0	0	0	0	0	0
9 VERNA SEITZ VP & CHIEF NURSING EXECUTIVE	(i)	207,525	66,873	0	10,024	4,702	289,124	0
	(ii)	0	0	0	0	0	0	0
10 JULIET UGARTE HOPKINS VP MEDICAL AFFAIRS	(i)	188,850	26,514	0	4,342	31,441	251,147	0
	(ii)	52,167	0	0	0	0	52,167	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	WISCONSIN HEALTH & EDUCATIONAL FACILITIES	39-1337855	97710BB50	02-16-2011	32,039,358	CURRENT REFUND BONDS ISSUED 11/14/95 & CURRENT REFUND BONDS ISSUED 5/13/99		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	22,984,696			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	32,039,358			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	597,186			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	31,442,172			
12	Other unspent proceeds				
13	Year of substantial completion	2001			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, A - COL C	THE CUSIP # OF 97710BB50 ON FORM 8038 WAS NOT THE NUMBER ON THE BOND OF THE LATEST MATURITY THE NUMBER FOR THE LATEST MATURITY IS CORRECTLY REPORTED ON SCHEDULE K

Return Reference	Explanation
PART I, A - COL E	THE TOTAL ISSUE PRICE ON FORM 8038 IS $35,678,572 65 THE AMOUNT REPORTED ON SCHEDULE K IS ONLY THE AMOUNT OF THE ISSUE BENEFITING THE REPORTING ORGANIZATION

Return Reference	Explanation
PART II, A - LINE 3	SALE PROCEEDS OF ISSUE IN AMOUNT OF $32,039,358 PLUS ZERO INVESTMENT PROCEEDS

Return Reference	Explanation
PART II, A - LINE 6	PROCEEDS IN THE AMOUNT OF $31,442,172 63 ALLOCABLE TO REPORTING ORGANIZATION DEPOSITED IN REFUNDING ESCROWS ON 2/16/11, BALANCE ON 9/30/16 IS ZERO

Return Reference	Explanation
PART II, A - LINE 13	YEAR OF SUBSTANTIAL COMPLETION OF PROJECTS FINANCED WITH REFUNDED PRIOR BONDS ISSUED 11/14/95 WAS 1995 AND YEAR OF SUBSTANTIAL COMPLETION OF PROJECTS FINANCED WITH REFUNDED PRIOR BONDS ISSUED 5/13/99 WAS 2001

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
WAUKESHA MEMORIAL HOSPITAL INC	39-0910727

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	PROHEALTH CARE, INC IS THE SOLE CORPORATE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	ACCORDING TO THE GOVERNING DOCUMENTS, THE BOARD OF THE FILING ORGANIZATION IS THE SAME AS THE BOARD OF THE SOLE CORPORATE MEMBER, PROHEALTH CARE, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	PROHEALTH CARE, INC HOLDS CERTAIN RESERVED POWERS OVER THE (NON-STOCK) CORPORATION, INCLU DING APPROVAL OF STRATEGIC PLANNING, ANNUAL OPERATING AND CAPITAL BUDGETS, BORROWING, TRAN SFER, LEASE, PLEDGE OR SALE OF ASSETS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 E FORM 990, SELECT EXECUTIVE MEMBERS OF THE ORGANIZATION AND THE AUDIT & COMPLIANCE COMMIT TEE PERFORMED A REVIEW THEN THE ORGANIZATION'S TAX PREPARERS MADE A PRESENTATION TO THE A UDIT COMMITTEE, AND THE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE RETURN, WHICH WAS SU BSEQUENTLY FILED BY THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	ALL OFFICERS, VICE-PRESIDENTS, MANAGERS AND ABOVE, AS WELL AS BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM ALL REPORTED POTENTIAL CONFLICTS OF INTEREST ARE TRACKED IN THE CORPORATE COMPLIANCE DEPARTMENT THEY ARE REVIEWED AND ANY PERSON IDENTIFIED AS HAVING A POTENTIAL CONFLICT OF INTEREST IS GIVEN DIRECTION AS TO WHAT STEPS SHOULD BE TAKEN TO MITIGATE THE CONCERN ALL EMPLOYEES ARE EDUCATED ANNUALLY THE STEPS TAKEN WHEN A CONFLICT ARISES ARE AS FOLLOWS FOR THE BOARD OF DIRECTORS, THE RESTRICTION IS NOT BEING ALLOWED TO PARTICIPATE IN DISCUSSION OR VOTING RELATED TO ANY DECISION WHERE THE BOARD MEMBER HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST FOR LEADERS, RESEARCHERS, AND EMPLOYEES, RECOMMENDATIONS ARE MADE FROM COMPLIANCE MANAGER TO LEADERSHIP AND/OR HUMAN RESOURCES RESTRICTIONS CAN RANGE FROM ANY OF THE FOLLOWING DISCLOSING POTENTIAL CONFLICTS OF INTEREST TO PATIENTS, NOT BEING ABLE TO BE INVOLVED IN DISCUSSION OR DECISION MAKING ON SPECIFIC TOPICS, AND NOT BEING ABLE TO WORK AT PROHEALTH IN THE SPECIFIC ROLE WHERE THE REPORTED CONFLICT EXISTS IF THE RECOMMENDATION IS CHALLENGED, THE MATTER GOES TO THE SENIOR EXECUTIVE TEAM FOR A DECISION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	AN INDEPENDENT, EXTERNAL COMPENSATION REVIEW IS CONDUCTED FOR THE POSITIONS OF CEO/PRESIDENT, EXECUTIVE DIRECTOR, VICE-PRESIDENT, SENIOR VICE-PRESIDENT AND ABOVE THE RESULTS OF THE COMPENSATION REVIEW ARE PRESENTED TO THE BOARD'S EXECUTIVE COMMITTEE FOR APPROVAL ANY MEMBER OF THE EXECUTIVE COMMITTEE WHOSE SALARY IS INCLUDED IN THE SALARY REVIEW IS RECUSED FROM THE APPROVAL PROCESS FOR HIS/HER SALARY APPROVAL THIS PROCESS WAS LAST DONE IN 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	THE PROCESS IS TO HAVE ALL JOINT VENTURE ARRANGEMENTS REVIEWED BY THE LEGAL DEPARTMENT TO ENSURE IT MEETS ALL LEGAL REQUIREMENTS AND TO ENSURE THAT WAUKESHA MEMORIAL HOSPITAL, INC MAY RETAIN ITS EXEMPT STATUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	PHYSICIAN FEES Program service expenses 6,442,635 Management and general expenses 160,303 Fundraising expenses 0 Total expenses 6,602,938 PHMG PHYSICIAN SUBSIDY Program service expenses 8,035,517 Management and general expenses 0 Fundraising expenses 0 Total expenses 8,035,517 LINEN SERVICES Program service expenses 1,574,652 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,574,652 OUTSIDE SERVICES Program service expenses 8,093,364 Management and general expenses 897,571 Fundraising expenses 0 Total expenses 8,990,935 PHC SERVICES Program service expenses 77,425,155 Management and general expenses 8,114,397 Fundraising expenses 0 Total expenses 85,539,552 MAINTENANCE CONTRACTS Program service expenses 12,885,021 Management and general expenses 0 Fundraising expenses 0 Total expenses 12,885,021 OUTSIDE PATIENT SERVICES Program service expenses 756,791 Management and general expenses 0 Fundraising expenses 0 Total expenses 756,791 OUTSIDE SERVICES STRATEGIC Program service expenses 373 Management and general expenses 0 Fundraising expenses 0 Total expenses 373

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS -2,339,460 CHANGE IN MINIMUM PENSION LIABILITY 9,845,726 INVESTMENT FUNDING TO RELATED ORGANIZATIONS -23,467,191 EQUITY TRANSFER FROM RELATED ORGANIZATIONS 8,763,000 OTHER CHANGES 155,750 TRANSFER TO PHC-PARENT -3,639,256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAUKESHA MEMORIAL HOSPITAL INC

Employer identification number
39-0910727

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

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

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)OCONOMOWOC MEMORIAL HOSPITAL INC 791 SUMMIT AVENUE OCONOMOWOC, WI 53066 39-0794174	HOSPITAL	WI	501(c)(3)	Line 3	PROHEALTH CARE INC	Yes	
(2)PROHEALTH CARE FOUNDATION INC 725 AMERICAN AVENUE WAUKESHA, WI 53188 39-1314542	CHARITABLE SUPPORT	WI	501(c)(3)	Line 7	PROHEALTH CARE INC	Yes	
(3)PROHEALTH HOME CARE INC N17 W24100 RIVERWOOD DR SUITE 200 WAUKESHA, WI 53188 20-0067392	HEALTHCARE	WI	501(c)(3)	Line 3	PROHEALTH CARE INC	Yes	
(4)NATIONAL REGENCY OF NEW BERLIN INC N17 W24100 RIVERWOOD DR SUITE 200 WAUKESHA, WI 53188 39-1077992	HEALTHCARE	WI	501(c)(3)	Line 9	PROHEALTH CARE INC	Yes	
(5)PROHEALTH CARE INC N17 W24100 RIVERWOOD DR SUITE 200 WAUKESHA, WI 53188 39-1486873	MANAGEMENT	WI	501(c)(3)	Line 11b, II	N/A		No
(6)PROHEALTH CARE MEDICAL ASSOCIATES INC n17 W24100 RIVERWOOD DR SUITE 200 wAUKESHA, WI 53188 39-1083015	HEALTHCARE	WI	501(c)(3)	Line 3	PROHEALTH CARE INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PROHEALTH ALIGNED LLC (DBA PROHEALTH CARE MORELAND SURGERY CENTER) 1111 DELAFIELD STREET STE 100 WAUKESHA, WI 53188 26-3324572	SURGERY CENTER	WI	WAUKESHA MEMORIAL HOSPITAL INC	RELATED	1,090,532	3,047,512		No		Yes		50 000 %
(2) REHABILITATION HOSPITAL OF WISCONSIN LLC 1625 COLDWATER CREEK DRIVE WAUKESHA, WI 53188 26-2332250	INPATIENT REHABILITATION	WI	WAUKESHA MEMORIAL HOSPITAL INC	RELATED	1,663,577	3,980,723		No		Yes		49 000 %
(3) THE ORTHOPEDIC SURGERY CENTER LLC W238 N1610 BUSSE ROAD WAUKESHA, WI 53188 20-8356016	ORTHOPEDIC SURGICAL SERVICES	WI	WAUKESHA MEMORIAL HOSPITAL INC	RELATED	1,767,951	2,485,438		No		Yes		49 000 %
(4) PROHEALTH SOLUTIONS LLC 2000 PEWAUKEE RD SUITE C WAUKESHA, WI 53188 27-3863494	ACCOUNTABLE CARE ORGANIZATION	WI	N/A									
(5) LAKE COUNTRY ENDOSCOPY CENTER 1185 CORPORATE CENTER DR OCONOMOWOC, WI 53066 26-1572986	ENDOSCOPY SERVICES	WI	N/A									
(6) WAUKESHA IMAGING LLC N17 W24100 RIVERWOOD DR STE 200 WAUKESHA, WI 53188 39-2036860	RADIOLOGY SERVICES	WI	N/A									
(7) PHCOAW CO-MANAGEMENT COMPANY LLC N17 W24100 RIVERWOOD DR STE 200 WAUKESHA, WI 53188 81-1823911	MANAGEMENT SERVICES	WI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) WAUKESHA HEALTH SYSTEM INC N17 W24100 RIVERWOOD DRIVE SUITE 20 WAUKESHA, WI 53188 39-1507910	HEALTHCARE	WI	N/A	C					No
(2) EMPATHIA PACIFIC INC 31416 AGOURA RD STE 180 WESTLAKE VILLAGE, CA 91361 95-3070501	HEALTHCARE	CA	N/A	C					No
(3) NATIONAL AVENUE DEVELOPMENT CORPORATION N17 W24100 RIVERWOOD DRIVE SUITE 20 WAUKESHA, WI 53188 39-1417226	HEALTHCARE	WI	N/A	C					No
(4) EMPATHIA INC N17 W24100 RIVERWOOD DRIVE SUITE 20 WAUKESHA, WI 53188 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		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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: 39-0910727
Name: WAUKESHA MEMORIAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
OCONOMOWOC MEMORIAL HOSPITAL INC 791 SUMMIT AVENUE OCONOMOWOC, WI 53066 39-0794174	HOSPITAL	WI	501(c)(3)	Line 3	PROHEALTH CARE INC	Yes	
PROHEALTH CARE FOUNDATION INC 725 AMERICAN AVENUE WAUKESHA, WI 53188 39-1314542	CHARITABLE SUPPORT	WI	501(c)(3)	Line 7	PROHEALTH CARE INC	Yes	
PROHEALTH HOME CARE INC N17 W24100 RIVERWOOD DR SUITE 200 WAUKESHA, WI 53188 20-0067392	HEALTHCARE	WI	501(c)(3)	Line 3	PROHEALTH CARE INC	Yes	
NATIONAL REGENCY OF NEW BERLIN INC N17 W24100 RIVERWOOD DR SUITE 200 WAUKESHA, WI 53188 39-1077992	HEALTHCARE	WI	501(c)(3)	Line 9	PROHEALTH CARE INC	Yes	
PROHEALTH CARE INC N17 W24100 RIVERWOOD DR SUITE 200 WAUKESHA, WI 53188 39-1486873	MANAGEMENT	WI	501(c)(3)	Line 11b, II	N/A		No
PROHEALTH CARE MEDICAL ASSOCIATES INC n17 W24100 RIVERWOOD DR SUITE 200 wAUKESHA, WI 53188 39-1083015	HEALTHCARE	WI	501(c)(3)	Line 3	PROHEALTH CARE INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
PROHEALTH ALIGNED LLC (DBA PROHEALTH CARE MORELAND SURGERY CENTER) 1111 DELAFIELD STREET STE 100 WAUKESHA, WI 53188 26-3324572	SURGERY CENTER	WI	WAUKESHA MEMORIAL HOSPITAL INC	RELATED	1,090,532	3,047,512		No		Yes		50 000 %
REHABILITATION HOSPITAL OF WISCONSIN LLC 1625 COLDWATER CREEK DRIVE WAUKESHA, WI 53188 26-2332250	INPATIENT REHABILITATION	WI	WAUKESHA MEMORIAL HOSPITAL INC	RELATED	1,663,577	3,980,723		No		Yes		49 000 %
THE ORTHOPEDIC SURGERY CENTER LLC W238 N1610 BUSSE ROAD WAUKESHA, WI 53188 20-8356016	ORTHOPEDIC SURGICAL SERVICES	WI	WAUKESHA MEMORIAL HOSPITAL INC	RELATED	1,767,951	2,485,438		No		Yes		49 000 %
PROHEALTH SOLUTIONS LLC 2000 PEWAUKEE RD SUITE C WAUKESHA, WI 53188 27-3863494	ACCOUNTABLE CARE ORGANIZATION	WI	N/A									
LAKE COUNTRY ENDOSCOPY CENTER 1185 CORPORATE CENTER DR OCONOMOWOC, WI 53066 26-1572986	ENDOSCOPY SERVICES	WI	N/A									

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WAUKESHA IMAGING LLC N17 W24100 RIVERWOOD DR STE 200 WAUKESHA, WI 53188 39-2036860	RADIOLOGY SERVICES	WI	N/A									
PHCOAW CO-MANAGEMENT COMPANY LLC N17 W24100 RIVERWOOD DR STE 200 WAUKESHA, WI 53188 81-1823911	MANAGEMENT SERVICES	WI	N/A									

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PROHEALTH CARE MEDICAL ASSOCIATES INC	A	1,979,819	Actual Amount Received
(1)	REHABILITATION HOSPITAL OF WISCONSIN LLC	A	1,193,570	Actual Amount Received
(2)	PROHEALTH CARE INC	B	23,425,604	Actual Amount Incurred
(3)	PROHEALTH CARE FOUNDATION INC	C	1,300,561	Actual Amount Received
(4)	WAUKESHA HEALTH SYSTEM INC	K	66,597	Actual Amount Incurred
(5)	PROHEALTH CARE MEDICAL ASSOCIATES INC	K	559,363	Actual Amount Incurred
(6)	NATIONAL REGENCY OF NEW BERLIN INC	K	269,505	Actual Amount Incurred
(7)	REHABILITATION HOSPITAL OF WISCONSIN LLC	L	203,838	Actual Amount Received
(8)	PROHEALTH CARE INC	M	85,539,551	Actual Amount Incurred
(9)	WAUKESHA HEALTH SYSTEM INC	M	606,230	Actual Amount Incurred
(10)	PROHEALTH SOLUTIONS LLC	M	694,260	Actual Amount Incurred
(11)	PROHEALTH CARE MEDICAL ASSOCIATES INC	P	8,293,041	Actual Amount Incurred
(12)	OCONOMOWOC MEMORIAL HOSPITAL INC	Q	2,806,154	Actual Amount Received
(13)	WAUKESHA HEALTH SYSTEM INC	Q	237,269	Actual Amount Received
(14)	PROHEALTH CARE MEDICAL ASSOCIATES INC	Q	4,139,622	Actual Amount Received
(15)	PROHEALTH HOME CARE INC	Q	119,917	Actual Amount Received
(16)	PROHEALTH CARE INC	R	27,106,447	Actual Amount Incurred
(17)	WAUKESHA HEALTH SYSTEM INC	R	797,396	Actual Amount Incurred
(18)	REHABILITATION HOSPITAL OF WISCONSIN LLC	S	1,943,591	Actual Amount Received
(19)	OCONOMOWOC MEMORIAL HOSPITAL INC	S	780,000	Actual Amount Received
(20)	PROHEALTH CARE INC	S	7,983,000	Actual Amount Received
(21)	PROHEALTH ALIGNED LLC (DBA MSC)	S	729,250	Actual Amount Received
(22)	THE ORTHOPEDIC SURGERY CENTER LLC	S	2,013,386	Actual Amount Received
(23)	WAUKESHA HEALTH SYSTEM INC	A	90,485	Actual Amount Received
(24)	PROHEALTH SOLUTIONS LLC	L	912,000	Actual Amount Received