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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010					
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ASPIRUS WAUSAU HOSPITAL INC		<b>D</b> Employer identification number 39-1138241	
		Doing Business As		<b>E</b> Telephone number (715) 847-2250	
		Number and street (or P.O. box if mail is not delivered to street address) 333 Pine Ridge Blvd	Room/suite	<b>G</b> Gross receipts \$ 336,250,759	
		City or town, state or country, and ZIP + 4 Wausau, WI 54401			
	<b>F</b> Name and address of principal officer DIANE POSTLER-SLATTERY 333 Pine Ridge Blvd Wausau, WI 54401		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
<b>J</b> Website: <a href="http://www.aspirus.org">www.aspirus.org</a>		<b>H(c)</b> Group exemption number			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation 1970		<b>M</b> State of legal domicile WI

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities See Attachment 2		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	2
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	1
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	2,64
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	66
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,402,64
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	133,41
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	954,389	613,805
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	292,115,618	318,563,395
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-445,981	3,020,147
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	3,153,831	1,246,680
		295,777,857	323,444,027
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	788,666	169,467
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	118,668,921	127,567,119
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	154,240,325	167,892,712
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	273,697,912	295,629,298
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	22,079,945	27,814,729
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	327,652,802	351,052,128
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	147,477,194	149,916,016
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	180,175,608	201,136,112

<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div>2011-05-13</div> <div>Date</div> </div>
	<div> <div></div> <div>Sidney Sczygelski Assistant Treasurer</div> </div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div></div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>ERNST &amp; YOUNG US LLP</div> <div>111 MONUMENT CIRCLE SUITE 2380</div> <div>INDIANAPOLIS, IN 46204</div> </div> </div> <div> <div>EIN</div> <div></div> </div>
	<div>Phone no</div> <div></div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

ASPIRUS IS AN INTEGRATED, COMMUNITY-GOVERNED HEALTHCARE SYSTEM WHICH LEADS BY ADVANCING INITIATIVES DEDICATED TO IMPROVING THE HEALTH OF ALL WE SERVE WE WORK COLLABORATIVELY WITH OTHERS WHO SHARE OUR PASSION FOR EXCELLENCE AND COMPASSION FOR PEOPLE

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 191,783,228 including grants of \$ 169,467 ) (Revenue \$ 318,407,430 )

ASPIRUS WAUSAU HOSPITAL, INC PROVIDES HOSPITAL SERVICES FOR RESIDENTS OF WAUSAU AND THE SURROUNDING COMMUNITIES REGARDLESS OF ABILITY TO PAY

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 \$ 191,783,228

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? 	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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
14b	• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a306		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a2,645		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	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? . . . . .	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	21	
b	Enter the number of voting members that are independent . . . . .	1b	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	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	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does 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 a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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 make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SIDNEY C SCZYGELSKI 333 PINE RIDGE BLVD Wausau, WI 54401 (715) 847-2250

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)



1b	Total . . . . .	4,160,884	2,044,933	978,015
----	-----------------	-----------	-----------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶53

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

(A) Name and business address	(B) Description of services	(C) Compensation
WISCONSIN EMERGENCY MEDICAL SERVICE 333 pine rdge blvd WAUSAU, WI 54401	ER Physicians	5,588,605
GE Medical Systems PO Box 96483 CHICAGO, IL 60693	Equip Maintenance	2,559,295
The Board of Regents of UW Madison Dawer 538 MILWAUKEE, WI 53278	Family Physician	1,862,000
Judges Inc 2150 Maple Drive PLOVER, WI 54467	Laundry	1,855,878
Fitzgerald Clayton James and Kasten 10335 N Port Washington Rd MEGUON, WI 53092	Insurance	1,843,532

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶197

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	613,056				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	749				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			613,805			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 621,400	275,367,537	275,367,537			
	b	LAB REVENUE	621,400	34,259,783	34,106,956	152,827		
	c	RENTAL REVENUE	532,000	3,493,775	3,493,775			
	d	CONTRACT SERVICE REVENUE	621,400	2,615,398	2,615,398			
	e	MOBILE UNIT REVENUE	621,400	517,684	517,684			
	f	All other program service revenue		2,309,218	2,306,080	3,138		
	g	Total. Add lines 2a-2f . . . . .			318,563,395			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		3,255,056			3,255,056
4		Income from investment of tax-exempt bond proceeds . . .		0				
5		Royalties . . . . .		0				
6a		Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss) . . . . .		-234,909			-234,909
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 . . .		0			
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 . . .		0			
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 . . .		0			
	Miscellaneous Revenue	Business Code						
11a	INVESTMENT IN NORTHWOODS WESTWOOD	523,000	588,263		588,263			
	b	CAFETERIA AND VENDING	722,210	87,229		87,229		
	c	PHONE RENTAL	561,439	251,388		251,388		
	d	All other revenue . . . . .		319,800		319,800		
	e	Total. Add lines 11a-11d . . . . .			1,246,680			
12	Total revenue. See Instructions . . . . .			323,444,027	318,407,430	1,402,645	3,020,147	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	168,051	168,051		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,416	1,416		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,294,995		4,294,995	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	94,567,243	63,878,281	30,688,962	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,599,509	3,066,355	1,533,154	
9	Other employee benefits . . . . .	17,040,929	11,360,676	5,680,253	
10	Payroll taxes . . . . .	7,064,443	4,709,652	2,354,791	
11	Fees for services (non-employees)				
a	Management . . . . .	911,973		911,973	
b	Legal . . . . .	380,874		380,874	
c	Accounting . . . . .	265,130		265,130	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	201,736		201,736	
g	Other . . . . .	27,541,394	18,361,847	9,179,547	
12	Advertising and promotion . . . . .	2,131,848	1,421,303	710,545	
13	Office expenses . . . . .	62,284,884	41,525,332	20,759,552	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	8,025,026	5,350,285	2,674,741	
17	Travel . . . . .	306,509	204,350	102,159	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	548,537	365,710	182,827	
20	Interest . . . . .	3,371,324	2,247,662	1,123,662	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	16,588,767	11,059,731	5,529,036	
23	Insurance . . . . .	107,507	71,675	35,832	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	HOSPITAL TAX	7,642,440	5,095,215	2,547,225	
b	BAD DEBT	3,125,730		3,125,730	
c	EQUIPMENT RENTAL & MAINTENANCE	3,133,096	2,089,775	1,043,321	
d	RESIDENCY PROGRAM	1,862,000	1,241,395	620,605	
e	AMORTIZATION	117,921		117,921	
f	All other expenses	29,346,016	19,564,517	9,781,499	
25	Total functional expenses. Add lines 1 through 24f	295,629,298	191,783,228	103,846,070	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			32,750,783	1	41,139,903
	2	Savings and temporary cash investments . . . . .			3,086,383	2	4,474,938
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			36,734,092	4	43,696,866
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			41,049	5	22,667
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			4,268,191	8	5,693,768
	9	Prepaid expenses and deferred charges . . . . .			2,383,703	9	1,223,060
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	277,916,152			
	b	Less accumulated depreciation . . . . .	10b	151,481,285	149,558,883	10c	126,434,867
	11	Investments—publicly traded securities . . . . .			90,652,121	11	120,253,189
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			2,744,390	13	3,090,070
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			5,433,207	15	5,022,800
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			327,652,802	16	351,052,128
Liabilities	17	Accounts payable and accrued expenses . . . . .			26,660,973	17	32,418,130
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			110,120,000	20	107,615,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			2,963,361	24	0
	25	Other liabilities. Complete Part X of Schedule D . . . . .			7,732,860	25	9,882,886
	26	Total liabilities. Add lines 17 through 25 . . . . .			147,477,194	26	149,916,016
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			180,175,608	27	201,136,112
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			180,175,608	33	201,136,112
	34	Total liabilities and net assets/fund balances . . . . .			327,652,802	34	351,052,128

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O    .    .    .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits    .    .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number  
39-1138241

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 **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU HOSPITAL INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Robert J Bernklau Board Member	1 0	X						0	0	0
Ronald Klimisch Board Member	1 0	X						0	0	0
Sally S Mattingly Board Member	1 0	X						0	0	0
Stephen B Stine Board Member	1 0	X						0	0	0
Timothy N Logemann Board Member	1 0	X						0	0	0
Thomas A Voelker Physician/Board Member	1 0	X						0	266,200	35,769
Todd R Nicklaus Board Member	1 0	X						0	0	0
Wendy Hanneman Physician/Board Member	1 0	X						0	472,770	33,565
Alan Verploegh Board Member	1 0	X						0	0	0
Fernando A Riveron Board Member	1 0	X						0	0	0
James E Wanserski Board Member	1 0	X						0	0	0
Jon G Krueger Board Member	1 0	X						0	0	0
R Mark Campbell Board Member	1 0	X						0	0	0
Kathy Kelsey Foley Board Member	1 0	X						0	0	0
Paul M Lapree Board Member	1 0	X						0	0	0
Kevin J O'Connell Board Member	1 0	X						0	0	0
Brian J Prunty Board Member	1 0	X						0	0	0
Matthew D Rowe Board Member	1 0	X						0	0	0
Brian D Smith Physician/Board Member	1 0	X						0	321,881	33,565
Kathy J Strasser Board Member	1 0	X						0	0	0
Mark A Voss Board Member	1 0	X						0	0	0
Duane Erwin CEO	40 0			X				485,651	0	120,082
Diane Postler-Slattery President/COO	40 0			X				260,639	0	53,089
Sidney Sczygelski sr v p of finance/CFO	40 0			X				274,811	0	58,787
Peter Hessert sr V P & general counsel	40 0				X			270,892	0	50,296

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Robert Erickson Regional COO	40 0				X			225,244	0	47,765
Rick Nevers V P Marketing	40 0				X			178,108	0	44,737
Gerald Mourey V P /CIO	40 0				X			178,914	0	38,054
Roger Lucas V P Human Resources	40 0				X			212,434	0	36,997
Jeanne Scinto v p corp quality/pat safety	40 0				X			153,830	0	38,968
Timothy Gengler Cheif Nursing O fficer	40 0				X			162,682	0	39,179
Kathryn Drenkler v p clinical services	40 0				X			147,033	0	24,425
Jean Burgener V P Extended Services	40 0				X			50,622	96,111	21,956
Jeanne Rowe sr v p medical affairs	40 0				X			284,002	0	43,892
Marita Hattem v p physician support serv	40 0				X			158,403	0	30,946
Thomas Rengel Physician	40 0					X		387,268	0	13,135
Jeffrey Limmer Chief Medical Physicist	40 0					X		174,160	0	28,194
Cari Logemann Assistant General Counsel	40 0					X		146,852	0	19,582
Raymond Wery Medical Physicist Consultant	40 0					X		134,800	0	24,431
Dan Rogalla Pharmacist Specialist	40 0					X		132,633	0	21,438
Rick R Reding Former Board Member	0 0						X	0	299,104	33,565
David Tange Former Board Member	0 0						X	0	250,789	33,565
Michael Gutsch Former ceo ontonagon hospital	0 0						X	0	115,228	18,790
Lee Olkowski Former Sr V P corp services	20 0						X	141,906	0	0
Robert J Millican Former Board Member	0 0						X	0	222,850	33,243

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE	621,400	275,367,537	275,367,537		
LAB REVENUE	621,400	34,259,783	34,106,956	152,827	
RENTAL REVENUE	532,000	3,493,775	3,493,775		
CONTRACT SERVICE REVENUE	621,400	2,615,398	2,615,398		
MOBILE UNIT REVENUE	621,400	517,684	517,684		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
HOSPITAL TAX	7,642,440	5,095,215	2,547,225	
BAD DEBT	3,125,730		3,125,730	
EQUIPMENT RENTAL & MAINTENANCE	3,133,096	2,089,775	1,043,321	
RESIDENCY PROGRAM	1,862,000	1,241,395	620,605	
AMORTIZATION	117,921		117,921	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?		No	
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		15,911
	<b>j</b> Total lines 1c through 1i			15,911
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.  
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule C, Part II-B 1(I)	Lobbying Activities	Wisconsin Hospital Association, Inc membership dues for - American Hospital Association dues of \$35,935 includes 24.42% of lobbying - WHA dues of \$78,414 includes 9.1% of lobbying



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
---	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

2

Complete lines 2a–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
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

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

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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 . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		8,867,823		8,867,823
b Buildings . . . . .		169,449,848	79,059,482	90,390,366
c Leasehold improvements . . . . .		176,601	22,633	153,968
d Equipment . . . . .		89,717,055	67,885,450	21,831,605
e Other . . . . .		9,704,825	4,513,720	5,191,105
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				126,434,867



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV) . . . . .	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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number  
39-1138241

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a Yes	
b	If "Yes," is it a written policy? . . . . .	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input checked="" type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input checked="" type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2) . . . .		0	12,571,980	0	12,571,980	4 300 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .		0	29,877,961	17,680,506	12,197,455	4 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .		0	2,077,690	0	2,077,690	0 710 %
d Total Charity Care and Means-Tested Government Programs . . . . .		0	44,527,631	17,680,506	26,847,125	9 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	76	13,760	4,240,510	3,179,448	1,061,062	0 360 %
f Health professions education (from Worksheet 5) . . . .	6	216	2,277,351	0	2,277,351	0 780 %
g Subsidized health services (from Worksheet 6) . . . .	4	15	4,988,514	3,527,054	1,461,460	0 500 %
h Research (from Worksheet 7)	1	0	100,000	0	100,000	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .	11	849	19,302	1,000	18,302	0 010 %
j Total Other Benefits . . . .	98	14,840	11,625,677	6,707,502	4,918,175	1 680 %
k Total. Add lines 7d and 7j . . . .	98	14,840	56,153,308	24,388,008	31,765,300	10 860 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing		0	0	0	0	0 %
2Economic development	4	0	2,645	0	2,645	0 %
3Community support	7	0	15,760	0	15,760	0 010 %
4Environmental improvements		0	0	0	0	0 %
5Leadership development and training for community members		0	0	0	0	0 %
6Coalition building	6	147	4,609	0	4,609	0 %
7Community health improvement advocacy	2	0	6,323	0	6,323	0 %
8Workforce development	5	235	5,727	0	5,727	0 %
9Other		0	0	0	0	0 %
10Total	24	382	35,064	0	35,064	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	1,179,338	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	11,793	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	68,382,658	
6Enter Medicare allowable costs of care relating to payments on line 5	6	73,467,058	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-5,084,400	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(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				
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[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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 charity care policy

Aspirus Wausau Hospital makes lists of available government assistance programs available to patients and families in the cashier's office, which is located off the main lobby In addition, all patients are made aware of Aspirus Wausau Hospital's financial aid programs through statements and follow-up letters Financial counselors seek to meet one-on-one with any patients who do not have insurance, so counselors can explain all options available

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

See additional data

- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

- 6 Provide any other information important to describing how the organization's hospitals 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 )

See additional data

- 7 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

See additional data

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

MI,WI



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-1138241  
**Name:** ASPIRUS WAUSAU HOSPITAL INC

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A
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**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

The costing methodology used was the cost-to-charge ratio which was derived from worksheet 2, the exception to this was the unreimbursed costs-means tested government programs which used Aspirus' cost accounting system average which addresses inpatient, outpatient and emergency room

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A
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**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

To calculate the percentage of total expense, bad debt expense of \$3,125,730 was removed from total expenses

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

The provision for bad debts is based on management's assessment of historical and expected net collection considering business and economic conditions, trends in healthcare coverage, and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon these trends. The results of this review are then used to make any modifications to the provision for bad debts to establish an estimated allowance for uncollectible accounts. Accounts receivable are written off after all collection efforts have been followed in accordance with Aspirus' policies. Bad Debt Policy and Procedure. I. Wausau Hospital's financial policy requires settlement of a patient bill in one of four manners: A. Payment in full in 45 days; B. 3-4 equal monthly payments; C. Placing the account on a medical note; D. Special arrangements made through the Financial Counselor. II. Failure to meet these requirements will result in the account being considered a bad debt once all collection efforts have been exhausted. The account will be removed from accounts receivable and turned over to an outside agency for collection. Prior to this happening, the following criteria must be met: A. Patient Financial Services staff will make reasonable collection efforts by way of: 1. Monthly statements; 2. Collection letters; 3. Collection phone calls. III. The number of statements (minimum of 3) and collection letters (minimum of 1) is determined by the parameters set to the financial codes. Collection calls are made Monday through Friday from 8:00 a.m. through 8:00 p.m. and on Saturday from 8:00 a.m. through 5:00 p.m. IV. All collection activity and patient contacts will be completely documented electronically on the individual accounts. V. A Medicare account must be over 120 days outstanding from the date of the initial bill to the patient before it can be considered a bad debt and placed with a collection agency. Commercial and Self-pay accounts that have received their final 10-day letter could then be considered a bad debt and placed with a collection agency. A default order with the state can be filed for Worker's Compensation accounts that are over \$5,000.00 with no response from the insurer after 60 days. The state will send a letter to the insurer requesting the review and will allow the insurer 20 days to respond. VI. All collection accounts are to be treated the same regardless of payor type: self-pay, general insurance, Medicare, or Medical Assistance. VII. Patient Financial Services staff will use sound business judgment when working with the account. At the discretion of the Financial Counselor, credit reports will be requested from the Credit Bureau and property verification obtained through the County Treasurer's Office. VIII. All individuals qualifying for Community Care under the Hospital's policy are considered indigent. These accounts are written to the Community Care allowance once eligibility is determined. There is no minimum waiting period.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

The costing methodology is CMS2552 as filed cost report Aspirus Wausau Hospital feels that the medicare shortfall should be treated as a community benefit Aspirus is there to treat the community and they have a large percentage of medicare benefit patients If those patients were to be refused, then they would not receive healthcare

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Aspirus Wausau Hospital uses reasonable efforts to determine if financial assistance should be offered before assigning a case to a collection agency. Aspirus informs patients and offers them charity care application forms at the time of registration, in emergency rooms, financial service offices, the billing office, and on statements and letters. Aspirus only pursues the applicants who complete the forms in their entirety.



Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A
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**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

In many ways, Aspirus Wausau Hospital is a leader in needs assessment. It has developed strong partnerships with the Marathon County Health Department and with the United Way of Marathon County. These two organizations have spearheaded initiatives to assess the community's health needs and other needs. In 1996, the United Way led a collaborative effort to perform a community health assessment that focused on data rather than perception. With support from Aspirus and other community partners, the United Way performed a community assessment and published in June 1997 the first issue of what was called the Marathon County LIFE Report. Since that time, Aspirus Wausau Hospital has maintained strong involvement in the community assessment process, from pledging cash support and in-kind donations to steering committee members. The seventh and most recent version of the needs assessment identified five Key Calls to Action: o Alcohol Use/Abuse o Basic Needs - Food and Housing/Jobs o Domestic Abuse/Child Abuse and Neglect o Early Childhood Success o Healthy Lifestyles - Obesity, Oral Health, Tobacco. In addition to the above-listed five health priorities, the 2009-2011 LIFE Report also identified "Elder Issues" as an issue to watch. As the largest local health care provider, Aspirus Wausau Hospital has a mission and ability to address Healthy Lifestyles. Here's what the report summary said about the issue: "Preventing behaviors that increase the risk of serious health issues and improving people's health and wellness can positively affect their productivity, lower their health care costs, and lengthen life expectancy." Here are some facts about Marathon County: o Of surveyed residents, 29 percent did not have health insurance for part or all of the previous year. That is up from 14 percent in 2007, 9 percent in 2005. o Of surveyed residents, 52 percent said they get physical activity three or more days per week, meaning that 48 percent don't exercise regularly. o In 2008, 18 percent of the adult population was reported as smokers. That number was unchanged from 2007, and down just 1 percent from 2006. o In 2009, the LIFE Report found that, based on Body Mass Index, 37 percent of the population was obese and another 27 percent of the population was overweight. In addition to the United Way's Marathon County LIFE Report, which is produced every two years, Aspirus also works closely with the Marathon County Health Department to produce a separate report called Healthy Marathon County. The first such report was completed in 2003, and a second report identified needs for 2006-2010. It was intended to: o Analyze health data to identify and prioritize health needs of Marathon County residents and monitor change over time. o Develop coordinated and collaborative action plans to address the priorities. o Engage community leaders to commit resources towards health improvement. o Help Marathon County residents improve their health. In certain ways, this report is a wonderful blueprint for Aspirus Wausau Hospital's community benefits activities, because it identified health priorities and created action teams to address them. Based on expert interviews and a household survey, Healthy Marathon County identified seven health priorities: o Alcohol Use and Misuse o Concerns About The Cost of Health Care o Health Care for the Elderly o Obesity and Related Disorders o Suicide and Mental Health o Tobacco Use and Exposure o Utilization of Prenatal Care. The following link provides wonderful context for the action teams that were created - often with leadership from Aspirus Wausau Hospital experts - to address the health priorities: [http://healthymarathoncounty.org/\\_support/doc/Marathon%20County%20Community%20Health%20Assessment%202006-2010.ppt#257,1,Marathon County Community Health Assessment 2006-2010](http://healthymarathoncounty.org/_support/doc/Marathon%20County%20Community%20Health%20Assessment%202006-2010.ppt#257,1,Marathon%20County%20Community%20Health%20Assessment%202006-2010)

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

According to the U.S. Census Bureau, Marathon County has a 2009 population estimate of 131,612. And while there are demographic and population numbers for the areas that Aspirus Wausau Hospital considers its primary and secondary market areas, Marathon County bears special attention, as it is the home of Aspirus Wausau Hospital and many of the system's corporate functions. In fact, Marathon County in many respects is the "home" of Aspirus and is the single largest source of patients among the counties Aspirus serves. About Marathon County: Persons per square mile (2000) 81.4; Persons under 5 years old (2009) 6.6%; Persons under 18 years old (2009) 24.1%; Persons 65 years and over (2009) 14.1%; White persons (2009) 92.9%; Asian persons (2009) 5.1%; Persons per household (2000) 2.60; Persons below poverty level (2008) 7.9%. Service Areas and Demographics: Aspirus Wausau Hospital monitors its market share relative to 13 counties in north and central Wisconsin. These counties represent its primary and secondary service areas and account for 95.9 percent of all admissions. The following table presents data on the demographics of these counties. AWH monitors its market share focusing on 13 counties located in north and central Wisconsin. These counties represent its primary and secondary service areas and account for 95.9% of all admissions. The following table presents data about the demographics of the counties that make up this area.

	2009	2009 % of
Median 11/20/10 2000 2010 Pop	Household	Unemploy-
Primary Area Pop	Pop	Incr
+65 Income	ment	Rate
Langlade Co	20,740	
21,868	5.4%	19.5%
\$39,858	8.5%	Lincoln Co
29,641	30,822	4.0%
17.0%	\$47,816	9.3%
Marathon Co	125,834	136,874
8.8%	13.7%	\$50,495
7.3%	Taylor Co	19,680
20,181	2.5%	15.7%
\$42,559	8.4%	Subtotal
195,895	209,745	7.1%
15.0%	7.8%	Secondary
Area Clark Co	33,557	34,950
4.2%	14.6%	\$42,518
7.9%	Forest Co	10,024
10,540	5.1%	20.8%
\$37,100	8.9%	Iron Co
6,861	7,093	3.4%
23.7%	\$34,201	10.0%
Oneida Co	36,776	39,282
6.8%	20.2%	\$46,126
8.8%	Portage Co	67,182
71,242	6.0%	12.1%
\$50,494	5.5%	Price Co
15,822	16,182	2.3%
19.3%	\$39,608	7.3%
Shawano Co	40,664	42,752
5.1%	17.0%	\$45,497
8.3%	Vilas Co	21,033
23,422	11.4%	24.0%
\$40,770	9.9%	Wood Co
75,555	77,123	2.1%
16.7%	\$45,309	7.0%
Subtotal	307,474	322,586
4.9%	16.8%	7.4%
Grand Total	503,369	532,331
5.8%	16.1%	7.6%
Wisconsin	5,363,715	5,695,950
6.2%	13.5%	\$49,994
7.1%		

Source: U.S. Department of Agriculture Economic Research Service, Wisconsin Department of Work Force Development, Wisconsin Department of Administration and Wisconsin Department of Health and Family Services. The largest employers in Marathon County include: # of Employer Employees: Aspirus Wausau Hospital 2,700; Kolbe and Kolbe Millworks 1,600; Greenheck Fan Corp 1,500; Wausau School District 1,300; Liberty Mutual 1,250; Footlocker.com/Eastbay 1,065; Wausau Papers 1,034; North Central Health Care 1,000; UMR/United Healthcare 820; Marathon Cheese 798. Source: Comprehensive Annual Financial Report Marathon County, Wisconsin for the Year Ended December 31, 2009. Much of north central and central Wisconsin and the Upper Peninsula of Michigan qualify as health professional shortage areas and medically underserved areas. According to the Health Resources and Services Administration, all or part of the following 16 counties are designated as health professional shortage areas: Clark, Florence, Forest, Iron (WI), Langlade, Marathon, Oneida, Price, Shawano, Taylor, Vilas, Wood, Gogebic, Iron (MI), Keweenaw, and Ontonagon. The following 14 counties are designated as health professional shortage areas for mental health: Clark, Florence, Forest, Iron (WI), Langlade, Marathon, Oneida, Price, Shawano, Taylor, Vilas, Wood, Gogebic, and Iron (MI). Similarly, all or part of the following 18 counties are designated as medically underserved areas: Clark, Florence, Forest, Iron (WI), Langlade, Marathon, Portage, Price, Shawano, Taylor, Vilas, Wood, Baraga, Gogebic, Houghton, Iron (MI), Keweenaw, and Ontonagon.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**  
**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**

As any good corporate citizen, Aspirus Wausau Hospital is involved in a wide range of community building activities. And while some of these are undertaken simply because there is a community need and Aspirus is in a position to help, others are undertaken for much more specific reasons. The goal of Aspirus Wausau Hospital's community benefits activities is to address key community health issues as identified by two community needs assessments. The Marathon County LIFE Report spearheaded by the United Way of Marathon County, and the Healthy Marathon County Report produced by the Marathon County Health Department. As explained in Question Two of this section, Aspirus Wausau Hospital collaborated with the United Way and the county health department in the design and production of these reports. The following is a list of "Community Building" activities reported in Part II and brief descriptions of them.

**Economic Development (F2)**

**o Centergy (Administration)** Centergy is an organization comprising business and civic leaders, working together to address the region's workforce, business and community development needs. It works to encourage business sector development, support local businesses, attract new businesses, achieve growth for higher education facilities, and improve life in general for all central Wisconsin residents.

**o Central Wausau Program (Administration)** This is another community development program that combines the vision, resources and efforts of many partners throughout the Wausau area.

**o City County IT Meeting (Administration)** This group collaborates to address information technology issues in Wausau and Marathon County. As the county's largest employer, Aspirus Wausau Hospital plays a significant role.

**o McDEVCO (Administration)** Marathon County Economic Development Corporation, in private and public partnership with Marathon County Government and The Wausau Region Chamber of Commerce, provides leadership for reviewing and recommending all initiatives related to education and economic development. McDEVCO is committed to business growth, as well as providing a high quality of life and building strong communities in the Marathon County Region.

**Community Support (F3)**

**o Boy Scouts of America (Administration)** BSA has a thriving council, the Samoset, located in Wausau. This organization encourages the physical, civic, social and educational development of boys and Aspirus Wausau Hospital supports its efforts. BSA activities help address two of the Marathon County LIFE Report's Key Calls to Action: Early Childhood Success, and Healthy Lifestyles.

**o Boys and Girls Club (Administration)** The Boys and Girls Club of the Wausau Area seeks to inspire and enable youth of all backgrounds to develop the self-esteem, character and skills necessary to become caring, productive community members and leaders. The Club serves about 10,500 kids through membership and outreach activities each year, and helps Aspirus Wausau Hospital and other community partners address two of the Marathon County LIFE Report's Key Calls to Action: Early Childhood Success, and Healthy Lifestyles.

**o Rotary (Administration)** Rotary is a worldwide organization of business and professional leaders that provides humanitarian service, encourages high ethical standards in all vocations, and helps build goodwill and peace in the world. The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise. The local club has about 85 members and truly benefits the community.

**o United Way (Administration)** Aspirus Wausau Hospital has deep and longstanding involvement with the local United Way. As a pacesetter organization, Aspirus demonstrates leadership in its internal support campaign to benefit the United Way, which has restructured to follow a road map to community success that directs its support to organizations that improve Education, Health and Income in the community.

**o Wausau Child Care (Administration)** Aspirus Wausau Hospital supports this not-for-profit provider of child care services. This helps address the Marathon County LIFE Report's Key Call to Action: Early Childhood Success.

**o YMCA Foundation (Administration)** The YMCA provides family-centered, values-focused programs that build healthy spirits, minds and bodies. This helps address the Marathon County LIFE Report's Key Call to Action of Early Childhood Success, and the Healthy Marathon County Report's Health Priority of Obesity and Related Disorders.

**o YWCA of Wausau (Administration)** The YWCA of Wausau is dedicated to eliminating racism, empowering women, and promoting peace, justice, dignity and freedom for all. The focus on women, girls and families addresses the Marathon County LIFE Report's Key Call to Action of Early Childhood Success.

**Coalition Building (F6)**

**o Footprints to Health (Heart and Vascular Institute)** This program was begun by an action team - Healthy Eating Active Living (HEAL) - that was created to address the Healthy

**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**

Marathon County Report's Health Priority of Obesity and Related Disorders. The program was designed to increase physical activity and the consumption of fruits and vegetables. o Healthy Eating Active Living (Heart and Vascular Institute). As mentioned above, this action team was established to address the Healthy Marathon County Report's Health Priority of Obesity and Related Disorders. Aspirus employees have had leadership roles in this action team's activities, and continue to participate in efforts to increase physical activity and health eating habits in Marathon County. o Healthy Babies for Marathon County (Women's Health Administration). This action team was established to address the Healthy Marathon County Report's Health Priority of Utilization of Prenatal Care and the Marathon County LIFE Report's Key Call to Action of Early Childhood Success. The group seeks to increase healthy activities in pregnant women, such as seeking regular and timely prenatal health care and quitting tobacco use. o Healthy Marathon County (Heart and Vascular Institute). Aspirus Wausau Hospital has been an active partner in the creation of this community health report, which is spearheaded by the Marathon County Health Department. o Tobacco Coalition (Heart and Vascular Institute). This is a collaborative group - including government agencies and not-for-profits such as Aspirus Wausau Hospital - that seeks to reduce the rate of smoking and tobacco use in Marathon County. This addresses the Marathon County LIFE Report's Key Call to Action of Healthy Lifestyles - Obesity, Oral Health, Tobacco. Community Health Improvement Advocacy (F7) o Wisconsin Hospital Association (Administration). Through involvement with this organization, Aspirus Wausau Hospital is able to address issues such as health care workforce shortages and health care quality. o Women's Community (Administration). Through its involvement with this organization, Aspirus Wausau Hospital demonstrates its commitment to helping women, children and men who are sexually assaulted or subjected to emotional, mental, physical, sexual and verbal abuse. Workforce Development (F8) o Career Fair (Business Development/Marketing). This initiative is designed to expose young people to health care related employment opportunities, which is important in creating the well-trained, dedicated workforce that will serve our community's health care needs in the future. o Junior Achievement (Administration). This is another opportunity for the leaders of Aspirus Wausau Hospital to give their time in the community, educating young people about careers in the health care industry and what it takes to pursue them. o NTC Foundation (Administration). Northcentral Technical College (NTC) is a thriving source of well-trained, dedicated health care workers that feeds Aspirus Wausau Hospital's workforce. Through work with the NTC Foundation, Aspirus Wausau Hospital maintains a strong relationship with NTC and intimate involvement with the school's operations. o Wausau School Foundation (Administration). Aspirus Wausau Hospital leaders understand that collaboration with local schools is vital to cultivating a robust health care workforce. This foundation allows for that collaboration. o Young Adult Medicine Class. Through innovative educational initiatives such as the Young Adult Medicine Class, Aspirus Wausau Hospital is supporting an elevated understanding of health care and planting the seeds for future health care workers.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

Aspirus Wausau Hospital is a true community organization. It was created three decades ago when community members came together and decided that the two local hospitals operating in that day could be more effective and more efficient if they merged into one larger facility. Today, that community leadership and vision is maintained. Aspirus Wausau Hospital is guided by a community board of directors, which the organization's bylaws state must consist of eight or nine physicians and 11 to 14 community members. This board helps ensure that strategic and operational decisions made at Aspirus Wausau Hospital are made with the community's best interest in mind. In addition, Aspirus Wausau Hospital maintains an open medical staff, meaning that it extends medical staff privileges to all qualified physicians in the community. As a not-for-profit organization, Aspirus Wausau Hospital reinvests surplus funds in health services for the community. For example, new technology that advances care and improved access to health services are areas these surplus funds are applied. Aspirus Wausau Hospital also works collaboratively with other health care and academic entities to offer professional health education opportunities that benefit the communities. For example, the University of Wisconsin Wausau Family Medicine Residency Program is based on the Aspirus Wausau Hospital medical campus, and produces skilled, dedicated family medicine physicians. The vast majority of residency graduates end up practicing in north central Wisconsin, making the residency program incredibly valuable to the ongoing easy access to high-quality primary health care. Aspirus Wausau Hospital is also the vehicle by which extensive volunteer efforts are organized. There are more than 1,000 Aspirus Volunteers who support the provision of excellent medical care at the hospital and in other venues. These volunteers also provide valuable community outreach through the Lifeline home health monitoring program, the HANDS program that teaches young children the importance of hand hygiene, and Meals on Wheels. Aspirus Wausau Hospital also supports valuable clinical research through the Cardiovascular Research and Education (CaRE) Foundation and through the Aspirus Regional Cancer Center. The CaRE Foundation has about 10 open trials at any given time, and seeks to advance the safe, effective and compassionate practice of cardiovascular medicine in north central Wisconsin. Through our research affiliation with the University of Wisconsin Comprehensive Cancer Center in Madison, we are a part of a satellite system called Wisconsin Oncology Network offering clinical trials to patients with advanced disease. In addition, we are also able to offer federally sponsored studies available through the Eastern Cooperative Oncology Group and the Radiologic Therapy Oncology Group.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

Aspirus Wausau Hospital is one of five hospitals under the Aspirus, Inc umbrella While each of the other four hospitals is a small, critical access facility, though, Aspirus Wausau Hospital is a regional tertiary care facility The Aspirus system is relatively young, especially in the Upper Peninsula of Michigan, where two of the critical access hospitals are located These facilities all operate as local sources of charity care and strong corporate citizens In fact, Aspirus Keweenaw Hospital received in January 2011 the Winks Gundlach Award for strong and consistent support of the Keweenaw Community Foundation This commitment to local community is reflected throughout the Aspirus service area In Wausau, Wis the Aspirus Health Foundation raises money for various health related initiatives in the community and within Aspirus In addition to raising money and receiving community gifts, the Foundation also determines the best way to utilize its resources to make the biggest impact on the community Throughout the Aspirus service area, affiliated foundations serve the needs of their respective communities o The Community Health Foundation serves Antigo, Wis and surrounding communities o Memorial Health Center Foundation serves Medford, Wis and surrounding communities o Aspirus Ontonagon Foundation serves Ontonagon, MI and surrounding communities While Aspirus has grown and expanded its service area rapidly in the past five years, system leaders are making a concerted effort to collaborate internally, to make the continuum of care as seamless as possible for customers This means providing high-quality, efficient service from primary care to specialty services and post-acute care such as rehabilitation and home care By integrating services, and communicating effectively among providers, Aspirus is better able to meet patient needs and improve outcomes This could be the most important community benefit of all

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASPIRUS WAUSAU HOSPITAL INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
39-1138241

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Wasau Area Mobile Meals 610 Scott Street Suite G Wausau, WI 54403	391238060	501(c)(3)	10,000				General Support
Woodson YMCA Foundation 707 third street wausau, WI 54403	396066206	501(c)(3)	25,000				General Support
Wausau Dance TheatrePO Box 18015 Merrifield, VA 22118	237367344	501(c)(3)	7,500				Sponsorship
Village of Weston5500 Schofield Avenue weston, WI 54476	391851996	170(c)(1)	5,500				Sponsorship - Weston Fest

2

Enter total number of section 501(c)(3) and government organizations

8

3

Enter total number of other organizations

2





Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number  
39-1138241

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Compensation Information	Schedule J, Part III, Line 1a	Housing allowance: Interim housing-Chuck Flood, Travel for companions: Retreat in which spouses attended, spousal portion taxed Companion Travel: Wendy Hannemann \$255, Brian Smith \$90, Thomas Voelker \$188, Diane Postler-Slaterry \$325, Robert Erickson \$255, Duane Erwin \$255, Sidney Sczygelski \$188, Timothy Logemann \$282, Roger Lucas \$175, Gerald Mourey \$175, Rick Nevers \$325, Jeanne Rowe \$255, Gross-Up Payments: Wendy Hannemann \$7,888, Robert Millican \$6,488, Brian Smith \$7,888, Thomas Rengel \$3,900, Rick Reding \$7,888, David Tange \$6,488, Club Dues: Robert Erickson \$1,284, Peter Hessert \$1,032, Duane Erwin \$780, Gerald Mourey \$972, Rick Nevers \$972, Jeanne Rowe \$546, Jean Burgener \$135, Kathryn Drenger \$1,032, Tomothy Gengler \$972, Marita Hattem \$546, Jeanne Scinto \$1,032.
Compensation Information	Schedule J, Part III, Lines 4a-c	4a) SEVERANCE- Wyman, Alan \$39,763, 20 & Lyle Burgett \$181,989, 60; 4b) Supplemental nonqualified retirement; 457f distribution- Slaterry, Diane \$26,287, 65, Sczygelski, Sidney- \$28,335, 77, Erickson, Robert-\$16,736, 51, Shabino, Charles \$2,281, 04, Spaude, Paul \$1,659, 17, Olkowski, Leland \$12,833, 59, Nevers, Rick \$7,684, 90, Gengler, Timothy \$12,547, 62, Wyman, Alan \$77, 85, Burgett, Lyle \$74, 41.
Severance Guidelines		In the event of an involuntary termination due to business reasons, Aspirus Wausau Hospital may, at its discretion, provide severance benefits for affected employees. Employees who accept severance benefits will be required to complete and sign a confidential release and separation agreement. Employees who do not complete and sign the confidential release and separation agreement will be ineligible to receive severance benefits. Severance benefits will not be offered to employees who are terminated for cause or refusal to be reassigned to an alternate position of like status and pay. The rate of severance is based upon length of service with Aspirus Wausau Hospital and the position's assigned pay grade classification at the time of termination. Employees with an employment status that is less than Full-Time will receive severance pay on a pro-rated basis in accordance with their budgeted hours. (Employees classified as occasional will have base severance pay based upon the previous 26 weeks earnings).
457(F) Retirement Plan Profile		Key employees of the company or a participating affiliate are eligible to participate in the plan. The plan year is January 1 to December 31st. Employer contributions: The contribution made by the employer is a three-tiered structure depending upon the executive's position, which are as follows: 9% for Vice President, 13% for Senior Leadership Council, and 15% for the CEO. If the participant terminates during the year, the participant's executive allowance is prorated based on the number of full calendar months from the beginning of the plan year to the beginning of the calendar month closest to the change or termination of employment, to 12. Distributions: Continuation of employment through the deferred vesting date, the date on which the participant's employment is terminated as a result of death or disability, the date on which the participant incurs an involuntary separation from service without reasonable cause, or the date that is 24 months following the participant's separation from service, but only if the participant's interest has not been forfeited for competition during such 24-month period and the participant has not engaged in competition after his or her separation from service and prior to his or her death, the participant shall be vested at his or her date of death.

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Duane Erwin	(i)	471,138	0	14,513	20,934	99,148	605,733	0
	(ii)	0	0	0	0	0	0	0
Diane Postler-Slattery	(i)	239,797	0	20,842	13,646	39,443	313,728	0
	(ii)	0	0	0	0	0	0	0
Sidney Sczygelski	(i)	269,842	0	4,969	13,952	44,835	333,598	0
	(ii)	0	0	0	0	0	0	0
Peter Hessert	(i)	262,683	0	8,209	15,173	35,123	321,188	0
	(ii)	0	0	0	0	0	0	0
Lee Olkowski	(i)	130,106	0	11,800	7,929	12,819	162,654	0
	(ii)	0	0	0	0	0	0	0
Robert Erickson	(i)	210,072	0	15,172	10,079	37,686	273,009	0
	(ii)	0	0	0	0	0	0	0
Rick Nevers	(i)	165,147	0	12,961	11,247	33,490	222,845	0
	(ii)	0	0	0	0	0	0	0
Gerald Mourey	(i)	177,007	0	1,907	7,666	30,388	216,968	0
	(ii)	0	0	0	0	0	0	0
Roger Lucas	(i)	170,893	0	41,541	8,357	28,640	249,431	0
	(ii)	0	0	0	0	0	0	0
Jeanne Scinto	(i)	150,455	0	3,375	6,763	32,205	192,798	0
	(ii)	0	0	0	0	0	0	0
Timothy Gengler	(i)	150,151	0	12,531	9,556	29,623	201,861	0
	(ii)	0	0	0	0	0	0	0
Kathryn Drengler	(i)	144,064	0	2,969	9,686	14,739	171,458	0
	(ii)	0	0	0	0	0	0	0
Jean Burgener	(i)	48,539	0	2,083	2,691	4,922	58,235	0
	(ii)	92,155	0	3,956	4,998	9,345	110,454	0
Michael Gutsch	(i)	0	0	0	0	0	0	0
	(ii)	60,260	0	54,968	1,611	17,179	134,018	0
Jeanne Rowe	(i)	276,752	0	7,250	11,603	32,289	327,894	0
	(ii)	0	0	0	0	0	0	0
Marita Hattem	(i)	152,916	0	5,487	6,623	24,323	189,349	0
	(ii)	0	0	0	0	0	0	0
Rick R Reding	(i)	0	0	0	0	0	0	0
	(ii)	280,981	0	18,123	16,560	17,005	332,669	0
Thomas A Voelker	(i)	0	0	0	0	0	0	0
	(ii)	258,305	0	7,895	16,560	19,209	301,969	0
Wendy Hanneman	(i)	0	0	0	0	0	0	0
	(ii)	457,140	0	15,630	16,560	17,005	506,335	0
David Tange	(i)	0	0	0	0	0	0	0
	(ii)	232,186	0	18,603	16,560	17,005	284,354	0
Robert J Millican	(i)	0	0	0	0	0	0	0
	(ii)	207,400	0	15,450	16,238	17,005	256,093	0
Brian D Smith	(i)	0	0	0	0	0	0	0
	(ii)	305,588	0	16,293	16,560	17,005	355,446	0
Thomas Rengel	(i)	333,986	37,945	15,337	4,900	8,235	400,403	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Limmer	(i)	165,645	0	8,515	10,412	17,782	202,354	0
	(ii)	0	0	0	0	0	0	0
Cari Logemann	(i)	146,352	0	500	5,922	13,660	166,434	0
	(ii)	0	0	0	0	0	0	0
Raymond Wery	(i)	131,888	0	2,912	8,380	16,051	159,231	0
	(ii)	0	0	0	0	0	0	0
Dan Rogalla	(i)	132,049	0	584	7,171	14,267	154,071	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Wisconsin Health & Educational Facilities Auth	39-1337855	97710BLY6	10-07-2009	23,000,000	Refund Bonds Issued 3/18/2009		X		X
B	Wisconsin Health & Educational Facilities Auth	39-1337855	97710BLW0	10-07-2009	44,750,000	Refund Bonds Issued 3/18/2009		X		X
C	Wisconsin Health & Educational Facilities Auth	39-1337855	97710BLV2	10-07-2009	20,000,000	Series 1998B-Var Rate Demand		X		X

Part II

Proceeds

1	Total proceeds of issue	A		B		C		D		E	
		23,000,000		44,750,000		20,000,000					
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion	2001		2006		2009		YesNoYesNo			
		Yes	No	Yes	No	Yes	No				
9	Were the bonds issued as part of a current refunding issue?	X		X		X					
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	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		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
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	1 500 %		1 000 %							
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										
6	Total of lines 4 and 5	1 500 %		1 000 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X	X		X					
2	Is the bond issue a variable rate issue?	X		X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		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?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X	X					

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU HOSPITAL INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133056091

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
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Identifier	Return Reference	Explanation
DELEGATION OF CONTROL OVER MANAGEMENT DUTIES	Form 990, Part VI, Question 3	ASPIRUS WAUSAU HOSPITAL, INC HAS AN AGREEMENT WITH NORTH CENTRAL HEALTH CARE TO MANAGE THE BEHAVIORAL HEALTH DEPARTMENT

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	ASPIRUS, INC IS THE SOLE CORPORATE MEMBER OF ASPIRUS WAUSAU HOSPITAL, INC

Identifier	Return Reference	Explanation
Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	THE FOLLOWING ACTIONS MUST BE APPROVED BY THE SOLE MEMBER OF THE ORGANIZATION, ASPIRUS WAUSAU HOSPITAL 1) CHANGE OR AMEND THE ARTICLES OF INCORPORATION OR BY LAWS, 2) CHANGE THE MISSION, PURPOSE OR SCOPE OF THE CORPORATION, 3) RATIFICATION OR REMOVAL OF DIRECTORS OR OFFICERS, 4) CHANGE THE FORMULA OR METHODOLOGY FOR DETERMINING PHY S I C I A N COMPENSATION, 5) APPROVAL OF ANNUAL OPERATING AND CAPITAL EXPENDITURE BUDGETS, STRATEGIC AND LONG RANGE PLANS

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11A	THE ORGANIZATION'S MANAGEMENT REVIEWS THE 990 REPORT AND THEN THE FORM IS PROVIDED TO THE BOARD MEMBERS FOR FINAL REVIEW AND APPROVAL PRIOR TO FILING

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	BOARD MEMEBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS AND ALL MANAGERS ARE REQUIRED TO SIGN BIANNUAL CONFLICT OF INTEREST STATEMENTS THE ORGANIZATION'S CEO AND BOARD CHAIR REVIEW THE STATEMENTS AND HIGHLIGHT POTENTIAL CONFLICTS THE BOARD DETERMINES ON A CASE BY CASE BASIS ANY ACTIONS REQUIRED INDIVIDUALS ARE NOT PERMITTED TO VOTE ON ANY TRANSACTION WHERE A CONFLICT HAS BEEN DETERMINED TO EXIST ALL CONFLICTS AND PROCEEDINGS ARE NOTED IN THE MEETING MINUTES

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, Question 15a & 15b	THE ORGANIZATION HAD AN INDEPENDENT AUDIT FOR EXECUTIVE COMPENSATION WHICH INCLUDED BASE SALARY, INCENTIVE PLANS, AND BENEFITS FOR ALL OFFICER AND EXECUTIVE POSITIONS THE REVIEW WAS COMMISSIONED BY THE COMPENSATION COMMITTEE OF THE BOARD AND WAS CONDUCTED BY AN INDEPENDENT CONSULTING FIRM THE MARKET ANALYSIS WAS COMPLETED IN JUNE AND JULY OF 2009 AND PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD IN AUGUST FOR FINAL COMPENSATION DETERMINATION

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt's to Gen Public	Form 990, Part VI, Question 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, NOR ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
Schedule K, Part I, Bond B		Aspirus Wausau Hospital is a member of an obligated group for this bond that includes Memorial Health Center, Inc Aspirus Wausau Hospital's share of the proceeds was \$27,200,000



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number  
39-1138241

Part I

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

(a) Name, address, and EIN 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
Stevens Point Surgery Center LLC 5409 Vern Holmes Drive Stevens Point, WI 54481 20-2259562	Medical Svcs	WI	-460,478	602,827	NA

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
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Aspirus Network Inc 3000 Westhill Drive Suite 300 Wasau, WI54401 39-1931679	Medical Contracts	WI	NA	C Corp			

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU 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 501(c)(3))	(f) Direct Controlling Entity
Aspirus Inc  425 Pine Ridge Blvd Wausau, WI54401 39-1328331	Healthcare	WI	501(C)(3)	11- Type II	NA
Aspirus Buildings Inc  333 Pine Ridge Blvd Wausau, WI54401 39-1406537	Leasing	WI	501(c)(3)	9	Aspirus Inc
Aspirus Specialists Inc  425 Pine Ridge Blvd Wausau, WI54401 39-1945080	Medical Svcs	WI	501(c)(3)	9	Aspirus Inc
Aspirus Extended Services  425 Pine Ridge Blvd Wausau, WI54401 39-0782130	Nursing Home	WI	501(C)(3)	9	Aspirus Inc
Aspirus Clinics Inc  425 Pine Ridge Blvd Wausau, WI54401 39-1670223	Medical Srvcs	WI	501(c)(3)	9	Aspirus Inc
Aspirus VNA Home Health Inc  520 N 32nd Avenue Wausau, WI54401 39-0808511	Home Health	WI	501(c)(3)	9	Aspirus Inc
Aspirus VNA Extended Care Inc  520 N 32nd Avenue Wausau, WI54401 39-1597350	Personal Care	WI	501(c)(3)	9	Aspirus Inc
Aspirus Ontonagon Hospital Inc  601 Seventh Street Ontonagon, MI49953 26-0806477	Hospital	WI	501(c)(3)	3	Aspirus Inc
Aspirus Health Foundation  425 Pine Ridge Blvd Wausau, WI54401 39-1256656	Public Fdn	WI	501(c)(3)	7	Aspirus Inc
Aspirus Doctor's Clinic Inc  420 Dewey Street Wisconsin Rapids, WI54495 39-1972671	Medical Serv	WI	501(c)(3)	9	Aspirus Inc

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Aspirus Buildings Inc	N	210,104
(2)	Aspirus Buildings Inc	J	327,941
(3)	Aspirus Clinics Inc	P	3,041,124
(4)	Aspirus Clinics Inc	O	9,087,997
(5)	Aspirus Clinics Inc	N	17,971,738
(6)	Aspirus Clinics Inc	L	263,742
(7)	Aspirus Clinics Inc	K	568,445
(8)	Aspirus Clinics Inc	J	3,236,021
(9)	Aspirus Clinics Inc	I	440,976
(10)	Aspirus Doctors Clinic Inc	P	721,209
(11)	Aspirus General Clinic LLC	p	1,119,658
(12)	Aspirus Health Foundation	p	133,632
(13)	Aspirus Health Foundation	N	198,647
(14)	Aspirus Network Inc	P	69,230
(15)	Aspirus Network Inc	N	116,071
(16)	Aspirus Ontonagon Hospital	P	240,906
(17)	Aspirus Ontonagon Hospital	N	523,524
(18)	Aspirus Pine Ridge Surgery Center	P	67,850
(19)	Aspirus Specialists Inc	P	851,115
(20)	Aspirus Specialists Inc	N	5,301,669
(21)	Aspirus VNA Home Health Inc	P	330,980
(22)	Aspirus VNA Home Health Inc	N	2,307,537
(23)	Aspirus VNA Home Health Inc	J	99,685
(24)	Aspirus VNA Home Health Inc	I	50,102