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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organization**ASPIRUS HEALTH FOUNDATION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
425 PINE RIDGE BLVDCity or town, state or country, and ZIP + 4
WAUSAU, WI 54401**F** Name and address of principal officer **DUANE L. ERWIN**
333 PINE RIDGE BLVD, WAUSAU, WI 54401**D** Employer identification number**39-1256656****E** Telephone number
715-847-2470**G** Gross receipts \$ **2,226,665.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.ASPIRUS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1976** **M** State of legal domicile: **WI****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DEVELOP RESOURCES TO ADVANCE THE HEALTH OF OUR COMMUNITIES AND INCREASE REGIONAL HEALTH SERVICES.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	27,074.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,861.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,724,957.	1,131,251.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,607.	25,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,303.	71,669.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,866,867.	1,228,452.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,274,331.	867,622.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	256,127.	245,739.
	16a Professional fundraising fees (Part IX, column (A), line 11a)	10,860.	6,870.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,549.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	187,016.	157,926.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,728,334.	1,278,157.
19 Revenue less expenses. Subtract line 18 from line 12	138,533.	-49,705.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,469,785.	7,473,753.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,191,607.	3,884,870.
		3,278,178.	3,588,883.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date **11/10/10****SIDNEY C. SCZYGELSKI, CFO/SENIOR VP OF FINANCE**
Type or print name and title**Paid Preparer's Use Only**

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

000279655**LARSONALLEN LLP**
220 SOUTH SIXTH STREET, SUITE 300
MINNEAPOLIS, MN 55402EIN ▶ **41-0746749**Phone no. ▶ **612-376-4500**

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

☒ Yes ☐ No

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 \$ 643,839. including grants of \$ 643,839.) (Revenue \$ 0.)
DONOR DESIGNATED CONTRIBUTIONS ACTIVITY:

THROUGH ITS PHILANTHROPIC ACTIVITIES THE FOUNDATION ADVANCES EXTRAORDINARY HEALTH CARE BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, INFORMATION, PROGRAMS, SERVICES AND SCREENINGS. DONOR DESIGNATED CONTRIBUTIONS PROVIDE SUPPORT FOR THE DESIGNATED FUNDS OF ASPIRUS WAUSAU HOSPITAL; SEE SCHEDULE I FOR ADDITIONAL DETAIL.

4b (Code:) (Expenses \$ 334,238. including grants of \$ 223,783.) (Revenue \$ 37,742.)
UNRESTRICTED CONTRIBUTIONS ACTIVITY:

THROUGH ITS PHILANTHROPIC ACTIVITIES THE FOUNDATION ADVANCES EXTRAORDINARY HEALTH CARE BY PROVIDING FUNDS FOR RESEARCH, EDUCATION, INFORMATION, PROGRAMS, SERVICES AND SCREENINGS. UNRESTRICTED GIFTS SUPPORT SCHOLARSHIPS TO INCREASE THE HEALTH CARE WORKFORCE, PROVIDE FUNDING FOR PEDIATRICS AND NICU PATIENTS, FUND EDUCATIONAL PROGRAMS AND PROJECTS ON PRENATAL CARE, SUICIDE PREVENTION, FALLS PREVENTION, NUTRITION FOR THE ELDERLY, SOCIAL NORMS PROGRAMS ON ALCOHOL AND DRUG ABUSE, AND INITIATIVES TO SUPPORT HEALTHY EATING-ACTIVE LIVING PROGRAMS FOR CHILDREN.

4c (Code:) (Expenses \$ 25. including grants of \$ 0.) (Revenue \$ 0.)
KOHL'S CARES FOR KIDS COMMUNITY ACTIVITY:

THE KOHL'S CARES FOR KIDS PARTNERSHIP PROVIDES ANNUAL SUPPORT TO SPECIAL INITIATIVES THAT PROTECT AND ADVANCE THE HEALTH OF CHILDREN. IN 2009, THIS GIFT WAS DIRECTED TO OPENING FOUR REGIONAL SAFETY CENTERS: STEVENS POINT, WAUSAU, RHINELANDER AND MEDFORD PROVIDING EDUCATION AND EQUIPMENT INCLUDING SAFE SLEEP INFORMATION, HOME SAFETY EQUIPMENT, AND TRAINING ON THE PROPER SAFETY NEEDS THAT KEEP CHILDREN SAFE. OVER THE LAST FOUR YEARS, OUR PARTNERSHIP WITH KOHL'S HAS DIRECTED MORE THAN \$180,000 TO SAFETY AND INJURY PREVENTION PROGRAMMING IN THE REGION.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 978,102.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Part I</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part II</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		X
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>		X
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>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	17	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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		
b Enter the number of voting members that are independent		
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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 Forms 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
☐ Own website ☐ Another's website ☒ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SIDNEY C. SCZYGELSKI - 715-847-2250**
333 PINE RIDGE BLVD, WAUSAU, WI 54401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(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			
DUANE L. ERWIN CEO AI/BOARD CHAIR	1.00	X		X				0.	485,651.	120,082.
G. LANE WARE VICE CHAIR	1.00	X		X				0.	0.	0.
A. BRENDA DAVIS BOARD SECR/TREAS	1.00	X		X				0.	0.	0.
JOHN L. BAKER BOARD MEMBER	1.00	X						0.	0.	0.
BILL BECKER BOARD MEMBER	1.00	X						0.	0.	0.
GARY W. FREELS BOARD MEMBER	1.00	X						0.	0.	0.
JENNIFER GUSTAFSON BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. JOHNSKOSKI BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA JUEDES BOARD MEMBER	1.00	X						0.	0.	0.
NANCY LEWIS BOARD MEMBER	1.00	X						0.	0.	0.
PEGGIE P. MALLERY BOARD MEMBER	1.00	X						0.	0.	0.
JAN MOLASKA BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN WEILAND, MD BOARD MEMBER	1.00	X						0.	0.	0.
ROGER V. LUCAS VP HR AI/ASST SECR	1.00			X				0.	212,434.	36,997.
SIDNEY C. SCZYGELSKI CFO AI/ASST TREAS	1.00			X				0.	274,811.	58,787.
BLANCHE CARRIER-DIEMER EXEC DIR - THRU 6/28/10	40.00			X				78,920.	0.	7,934.
KALYNN PEMPEK EXEC DIR - BEG 6/28/10	40.00			X				0.	0.	0.

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

(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			
1b Total								78,920.	972,896.	223,800.

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 **0**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
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		0

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	111,808.			
	d	Related organizations	1d	376,779.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	642,664.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1131251.			
Program Service Revenue				Business Code			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			83,758.		83,758.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real		(ii) Personal			
	b						
	c						
	d						
	7 a	(i) Securities		(ii) Other			
		800000.					
b							
	858226.						
c							
	-58226.						
d							
8 a	Gross income from fundraising events (not including \$ 111,808. of contributions reported on line 1c) See Part IV, line 18			146840.			
	b Less: direct expenses			111052.			
	c Net income or (loss) from fundraising events			35,788.		35,788.	
9 a	Gross income from gaming activities. See Part IV, line 19			27,074.			
	b Less: direct expenses			28,935.			
	c Net income or (loss) from gaming activities			-1,861.		-1,861.	
10 a	Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a	ADMINISTRATIVE FEE			561000	37,742.	37,742.	
	b						
	c						
	d All other revenue						
e	Total. Add lines 11a-11d			37,742.			
	12 Total revenue. See instructions.			1228452.	37,742.	-1,861.	61,320.

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	867,622.	867,622.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,433.	34,833.	28,549.	85,051.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	42,904.	4,290.	32,178.	6,436.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	54,402.	25,979.	16,224.	12,199.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	49,852.		49,852.	
b Legal				
c Accounting	9,093.		9,093.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,870.			6,870.
f Investment management fees	13,438.		13,438.	
g Other				
12 Advertising and promotion				
13 Office expenses	16,861.	4,811.	1,460.	10,590.
14 Information technology				
15 Royalties				
16 Occupancy	32,402.	17,074.	8,148.	7,180.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,775.	6,313.	226.	7,236.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,219.	2,219.		
23 Insurance	338.		338.	
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 ANNUAL EDUCATION FORUM	19,948.	14,961.		4,987.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,278,157.	978,102.	159,506.	140,549.
26 Joint costs. Check here ☐ 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	381,780.	1	238,553.
	2 Savings and temporary cash investments	16,814.	2	9,059.
	3 Pledges and grants receivable, net	107,571.	3	98,114.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		8	
	9 Prepaid expenses and deferred charges	10,759.	9	10,222.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,865.		
	b Less accumulated depreciation	10b 17,749.	10c 9,335.	7,116.
	11 Investments - publicly traded securities	5,881,846.	11	6,497,002.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,061,680.	15	613,687.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,469,785.	16	7,473,753.	
Liabilities	17 Accounts payable and accrued expenses	76,213.	17	56,667.
	18 Grants payable		18	
	19 Deferred revenue	2,151.	19	0.
	20 Tax-exempt bond liabilities		20	
	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		24	
	25 Other liabilities. Complete Part X of Schedule D	4,113,243.	25	3,828,203.
	26 Total liabilities. Add lines 17 through 25	4,191,607.	26	3,884,870.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,036,765.	27	3,339,744.
	28 Temporarily restricted net assets	135,364.	28	133,020.
	29 Permanently restricted net assets	106,049.	29	116,119.
	Organizations that do not follow SFAS 117, check here ☐ 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	3,278,178.	33	3,588,883.
34 Total liabilities and net assets/fund balances	7,469,785.	34	7,473,753.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d 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.

☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

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 HEALTH FOUNDATION, INC.

Employer identification number

39-1256656

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 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 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									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")	652,688.	657,911.	655,755.	1,724,956.	1,131,251.	4,822,561.
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	652,688.	657,911.	655,755.	1,724,956.	1,131,251.	4,822,561.
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)						129,602.
6 Public support. Subtract line 5 from line 4						4,692,959.

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	652,688.	657,911.	655,755.	1,724,956.	1,131,251.	4,822,561.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,641.	124,650.	165,606.	100,607.	83,758.	563,262.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	24,322.	29,232.	45,455.	39,951.	37,742.	176,702.
11 Total support. Add lines 7 through 10						5,562,525.
12 Gross receipts from related activities, etc. (see instructions)					12	273,164.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.37 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	84.16 %
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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 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 ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 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 ▶ ☐		
b 33 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 ▶ ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ADMINISTRATIVE FEE ON FUNDS HELD

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number

39-1256656

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? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part 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	▶ \$ _____

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

	Amount
1c	
1d	
1e	
1f	

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

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	106,049.	60,049.			
b Contributions	10,070.	46,000.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	116,119.	106,049.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ .00 %
 b Permanent endowment ▶ 100.00 %
 c Term endowment ▶ .00 %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment		24,865.	17,749.	7,116.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,116.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ACCRUED INTEREST	6,188.
ASSETS LIMITED TO USE	607,499.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

613,687.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1 Federal income taxes	
DONOR IMPOSED LIABILITIES	3,828,203.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

3,828,203.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,228,452.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,278,157.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-49,705.
4	Net unrealized gains (losses) on investments	4	360,410.
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 through 8	9	360,410.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	310,705.

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	945,023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	360,410.
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	360,410.
3	Subtract line 2e from line 1	3	584,613.
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	643,839.
c	Add lines 4a and 4b	4c	643,839.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,228,452.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	634,318.
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	0.
3	Subtract line 2e from line 1	3	634,318.
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	643,839.
c	Add lines 4a and 4b	4c	643,839.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,278,157.

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, line 2, 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.

PART V, LINE 4: THE ENDOWMENT IS MAINTAINED TO SUPPORT QUALITY OF LIFE

PROGRAMS FOR HOSPICE AND PALLIATIVE CARE PATIENTS AND FAMILIES, CANCER

PATIENTS, AND HEART PATIENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED CONTRIBUTIONS RAISED FOR OTHERS: 643839.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DESIGNATED CONTRIBUTIONS RAISED FOR OTHERS: 643839.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **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 HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FESTIVAL OF TREES	WOMEN'S HEALTH GOLF	3		
		(event type)	(event type)	(total number)		
1	Gross receipts	125,101.	70,142.	63,405.	258,648.	
2	Less: Charitable contributions	27,483.	45,944.	38,381.	111,808.	
3	Gross income (line 1 minus line 2)	97,618.	24,198.	25,024.	146,840.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	195.	13,368.	1,017.	14,580.
	7	Food and beverages	14,989.	9,284.	10,471.	34,744.
	8	Entertainment	2,925.		2,701.	5,626.
	9	Other direct expenses	28,959.	12,940.	14,203.	56,102.
	10	Direct expense summary. Add lines 4 through 9 in column (d)	▶			(111,052)
	11	Net income summary. Combine line 3, column (d), and line 10	▶			35,788.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		27,074.	27,074.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		5,911.	5,911.
	4	Rent/facility costs		902.	902.
	5	Other direct expenses		22,122.	22,122.
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100.00 % ☐ No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(28,935)
	8	Net gaming income summary. Combine line 1, column (d), and line 7			<1,861.>

9 Enter the state(s) in which the organization operates gaming activities: WI

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility
b An outside facility

13a	.00 %
13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ **DORIS BEISNER**Address ▶ **425 PINE RIDGE BLVD - WAUSAU, WI 54401****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

- c** If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager informationName ▶ **JEFF ANDERSON**Gaming manager compensation ▶ \$ **66,210.**Description of services provided ▶ **RESP. FOR SPECIAL EVENT FUNDRAISERS AND ANNUAL GIVING PROGRAMS INCLUDING COORDINATING RAFFLES AS AN INTEGRAL COMPONENT OF EVENTS AND CHARITABLE GIVING PROGRAMS.**☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Yes No

15a**X****17a****X**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

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. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE FOUNDATION 500 WIND RIDGE DRIVE, #100 WAUSAU, WI 54401	39-1858393	501(C)(3)	65,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NORTHCENTRAL TECHNICAL COLLEGE FOUNDATION, INC. - 1000 WEST CAMPUS DRIVE - WAUSAU, WI 54401	39-1266481	501(C)(3)	10,000.	0.	N/A	N/A	SCHOLARSHIPS
COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN - 500 FIRST ST, #2600 - WAUSAU, WI 54403	39-1577472	501(C)(3)	5,629.	0.	N/A	N/A	PROGRAM AND RESEARCH NEEDS
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	74,360.	0.	N/A	N/A	CANCER PROGRAM
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	5,500.	0.	N/A	N/A	CANCER EDUCATION
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	73,386.	0.	N/A	N/A	WOMEN'S HEALTH SPECIAL EVENT: GOLF OUTING

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

4.

3 Enter total number of other organizations

0.

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

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL PAYMENTS ARE MONITORED BY GRANT ADMINISTRATOR TO ENSURE ADHERENCE TO STATED GRANT PURPOSE. ANY UNUSED OR UNSPENT FUNDS ARE RETURNED TO THE GRANTOR.

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	76,279.	0.N/A			RESTRICTED FOR WOMEN'S HEALTH FUND FOR BREAST CANCER SCREENING		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	37,950.	0.N/A			SPECIAL EVENT: HEART OF WINTER CELEBRATION		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	100,686.	0.N/A			HOSPICE PROGRAM: HOUSE/CHARITY		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	5,029.	0.N/A			HOSPICE TREE OF LOVE		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	25,607.	0.N/A			SPECIAL EVENT: HOSPICE ARTS ALIVE		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	145,013.	0.N/A			SPECIAL EVENT: FESTIVAL OF TREES		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	42,349.	0.N/A			AMEC CAPITAL CAMPAIGN		
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	40,182.	0.N/A			NICU CAPITAL CAMPAIGN		

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

Schedule I-1 (Form 990) 2009

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	9,000.	0. N/A.		N/A	WORKFORCE DEVELOPMENT FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	17,370.	0. N/A.		N/A	HEART RESEARCH
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	2,460.	0. N/A.		N/A	CANCER THIRD PARTY SPECIAL EVENTS
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	3,766.	0. N/A.		N/A	CANCER SPECIAL EVENT: BE A FRIEND FOR LIFE
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	1,610.	0. N/A.		N/A	WOMEN'S HEALTH CENTER
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	2,231.	0. N/A.		N/A	WOMEN'S HEALTH SPECIAL EVENT DONOR CLUB
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	445.	0. N/A.		N/A	REGIONAL HEART PROGRAM
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	250.	0. N/A.		N/A	HOSPICE GRIEF CENTER

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

Schedule I-1 (Form 990) 2009

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	800.	0.	N/A	N/A	HOSPICE RESPITE GARDEN
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	981.	0.	N/A	N/A	HOSPITAL DENTAL FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	989.	0.	N/A	N/A	HOSPITAL DIABETES FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	684.	0.	N/A	N/A	HOSPITAL VOLUNTEERS FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	684.	0.	N/A	N/A	VOLUNTEER SCHOLARSHIP FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	4,902.	0.	N/A	N/A	OTHER RESTRICTED FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	1,010.	0.	N/A	N/A	CARE FOUNDATION FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	250.	0.	N/A	N/A	ANA HOME HEALTH FUND

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number

39-1256656

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	11,108.	0.N/A.		N/A	INJURY PREVENTION FUND
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	7,525.	0.N/A.		N/A	RAINBOW'S END
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	59,674.	0.N/A.		N/A	KOHL'S CARES FOR KIDS
ASPIRUS WAUSAU HOSPITAL, INC. 333 PINE RIDGE BLVD WAUSAU, WI 54401	39-1138241	501(C)(3)	10,070.	0.N/A.		N/A	PERMANENT ENDOWMENT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number

39-1256656

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2009

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

PART I, LINE 4B: 457F PLAN DISTRIBUTION ADMINISTERED BY A RELATED

ORGANIZATION - R. LUCAS \$36,454

PART I, LINE 3: FOR THE PURPOSES OF DETERMINING

COMPENSATION, THE FILING ORGANIZATION, ASPIRUS HEALTH FOUNDATION, INC.

RELIED ON RELATED ORGANIZATIONS TO ESTABLISH COMPENSATION OF THE CEO, OTHER

OFFICERS, AND KEY EMPLOYEES. THE RELATED ORGANIZATIONS USED THE FOLLOWING

PRACTICES FOR ESTABLISHING COMPENSATION FOR SUCH INDIVIDUALS: COMPENSATION

COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT

CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE.

SCHEDULE O
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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.

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2009

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Inspection

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INJURY PREVENTION RESTRICTED FUND ACTIVITY:

DONOR GIFTS OF TIME AND RESOURCES PROVIDE SAFETY EQUIPMENT FOR CHILDREN
THROUGH THE FOUNDATION'S SAFE KIDS PROGRAM. THIS INJURY PREVENTION
PROGRAM IN COLLABORATION WITH THE ASPIRUS WAUSAU HOSPITAL INJURY
PREVENTION AND TRAUMA UNIT OFFER BIKE HELMETS, CAR SEATS AND OTHER
SAFETY EQUIPMENT AT NO-COST OR AT REDUCED RATES TO SUPPORT INJURY
PREVENTION FOR CHILDREN IN NORTH AND CENTRAL WISCONSIN.

FORM 990, PART VI, SECTION A, LINE 4: THE FOUNDATION APPROVED THE
FOLLOWING AMENDMENTS TO THE BYLAWS:

TO DEFINE THE MEMBERSHIP OF THE BOARD OF DIRECTORS TO INCLUDE THE
FOLLOWING: 1) THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE MEMBER SHALL
SERVE AS AN EX OFFICIO DIRECTOR OF THE CORPORATION WITH VOTING RIGHTS, AND
SHALL NOT BE COUNTED IN DETERMINING THE TOTAL NUMBER OF DIRECTORS; 2) THE
EXECUTIVE DIRECTOR OF THE CORPORATION SHALL SERVE AS AN EX OFFICIO DIRECTOR
OF THE CORPORATION WITHOUT VOTE, AND SHALL NOT BE COUNTED IN DETERMINING
THE TOTAL NUMBER OF DIRECTORS; AND 3) THE PRESIDENT OF THE ASPIRUS
VOLUNTEERS SHALL SERVE AS AN EX-OFFICIO DIRECTOR OF THE CORPORATION WITH
VOTING RIGHTS. THE OTHER DIRECTORS SHALL BE ELECTED BY THE BOARD AT ITS
ANNUAL MEETING AND RATIFIED SUBSEQUENTLY BY THE MEMBER. THE NOMINATING
COMMITTEE SHALL PRESENT TO THE BOARD A SLATE OF INDIVIDUALS FROM WHICH A
DIRECTOR MAY BE ELECTED BY THE BOARD AND RATIFIED BY THE MEMBER.

ANY ACTION TAKEN BY WITHOUT A MEETING MUST BE DONE WITH THE UNANIMOUS

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39-1256656

CONSENT OF ALL DIRECTORS.

OFFICERS OF THE FOUNDATION MUST BE MEMBERS OF THE BOARD, ASSISTANT

DIRECTORS NEED NOT BE MEMBERS OF THE BOARD.

THE EXECUTIVE DIRECTOR IS A NON-VOTING MEMBER OF ALL STANDING AND SPECIAL
COMMITTEES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6: THE PARENT ORGANIZATION, ASPIRUS,
INC. IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE FOLLOWING ACTIONS MUST BE
APPROVED BY THE SOLE MEMBER OF THE ORGANIZATION, ASPIRUS, INC.: 1) CHANGE
OR AMEND THE ARTICLES OF INCORPORATION OR BYLAWS; 2) CHANGE THE MISSION,
PURPOSE OR SCOPE OF THE CORPORATION; 3) RATIFICATION OR REMOVAL OF
DIRECTORS OR OFFICERS; AND 4) APPROVAL OF ANNUAL OPERATING AND CAPITAL
EXPENDITURE BUDGETS, STRATEGIC AND LONG RANGE PLANS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN
INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND KEY EMPLOYEES
ARE REQUIRED TO SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS AND ALL
MANAGERS ARE REQUIRED TO SIGN BIENNIAL 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

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Employer identification number
39-1256656

ACTIONS REQUIRED. INDIVIDUALS ARE NOT PERMITTED TO VOTE ON ANY TRANSACTION
WHERE A CONFLICT HAS BEEN DETERMINED TO EXIST. ALL CONFLICTS AND
PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A: 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.

THIS PROCESS WAS LAST CONDUCTED IN 2009 FOR THE EXECUTIVE DIRECTOR, BLANCHE
CARRIER-DIEMER.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, NOR ITS FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, LINE 1A

EXPLANATION FOR HOURS WORKED

DUANE L. ERWIN DEVOTES APPROXIMATELY 52 HOURS PER WEEK AS FOLLOWS:

ASPIRUS, INC. 40 HOURS

ASPIRUS SUPPORTED TAX EXEMPT ENTITIES 1 HOUR PER ORGANIZATION

SIDNEY C. SCZYGELSKI DEVOTES APPROXIMATELY 52 HOURS PER WEEK AS

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Schedule O (Form 990) 2009

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SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

Employer identification number
39-1256656

FOLLOWS:

ASPIRUS, INC. 40 HOURS

ASPIRUS SUPPORTED TAX EXEMPT ENTITIES 1 HOUR PER ORGANIZATION

GARY W. FREELS DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS:

ASPIRUS, INC. 1 HOUR

ASPIRUS HEALTH FOUNDATION, INC. 1 HOUR

ASPIRUS BUILDINGS, INC. 1 HOUR

ROGER V. LUCAS DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS:

ASPIRUS, INC. 40 HOURS

ASPIRUS HEALTH FOUNDATION, INC. 1 HOUR

Name of the organization

ASPIRUS HEALTH FOUNDATION, INC.

employer identification number
39-1256656

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

[illegible]

Part III Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
ASPIRUS, INC. - 39-1328331					
333 PINE RIDGE BLVD					
WAUSAU, WI 54401	HEALTH CARE SYSTEM MANAGEMENT	WISCONSIN	501(C)(3)	LINE 11B, II	N/A
ASPIRUS WAUSAU HOSPITAL, INC. - 39-1138241					
333 PINE RIDGE BLVD					
WAUSAU, WI 54401	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	N/A
ASPIRUS BUILDINGS, INC. - 39-1406537					
333 PINE RIDGE BLVD					
WAUSAU, WI 54401	PROPERTY LEASING	WISCONSIN	501(C)(3)	LINE 9	N/A
ASPIRUS SPECIALISTS, INC. - 39-1945080					
333 PINE RIDGE BLVD					
WAUSAU, WI 54401	MEDICAL SPECIALIST SERVICES	WISCONSIN	501(C)(3)	LINE 9	N/A

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Schedule R (Form 990) 2009

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (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)**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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part II

[illegible]