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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 <div>2009</div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ASPIRUS CLINICS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 425 PINE RIDGE BLVD City or town, state or country, and ZIP + 4 WAUSAU, WI 54401		D Employer identification number 39-1670223 E Telephone number (715) 847-2250 G Gross receipts \$ 59,100,116	
		F Name and address of principal officer DUANE L ERWIN 333 PINE RIDGE BLVD WAUSAU, WI 54401		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.ASPIRUS.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1990		M State of legal domicile WI			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO PROVIDE HEALTH CARE AND EDUCATION SERVICES TO PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY</u> 		
	2 Check this box <input type="checkbox"/> 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 <u>1</u>		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u></u>		
	5 Total number of employees (Part V, line 2a) 5 <u>76</u>		
	6 Total number of volunteers (estimate if necessary) 6 <u></u>		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a <u>320,95</u>		
	b Net unrelated business taxable income from Form 990-T, line 34 7b <u>-12,78</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,016,766	2,000,281
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,081,413	53,361,454
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,949	50,621
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,544,548	1,433,759
		77,790,676	56,846,115
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,169,826	932,369
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	51,065,300	39,928,468
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> <u>0</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	26,554,561	21,166,956
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	78,789,687	62,027,793
	19 Revenue less expenses Subtract line 18 from line 12	-999,011	-5,181,678
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	38,147,481	32,923,881
	21 Total liabilities (Part X, line 26)	18,169,445	18,223,691
	22 Net assets or fund balances Subtract line 21 from line 20	19,978,036	14,700,190

Part II		Signature Block			
Sign Here	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				
	***** Signature of officer		2010-11-04 Date		
	Sidney C Sczygelski CFO/SENIOR VP OF FINANCE Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		LARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402		EIN
					Phone no (612) 376-4500

1 Briefly describe the organization's mission

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

4a	(Code) (Expenses \$ 51,980,012 including grants of \$ 932,369) (Revenue \$ 54,474,255)
	TO PROVIDE HEALTH CARE AND EDUCATION SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE COMPANY PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS COMMUNITY CARE POLICY WITHOUT CHARGE FROM 7/1/09 TO 6/30/10, THE AMOUNT OF COMMUNITY CARE PROVIDED IN FOREGONE CHARGES WAS \$979,895 FROM 7/1/09 TO 6/30/10, THE CLINIC EMPLOYED 76 PHYSICIANS WHO HAD 211,033 VISITS FROM PATIENTS

[illegible][illegible]

4e	Total program service expenses	\$ 51,980,012
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Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	129	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	764	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 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?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	10	
b	Enter the number of voting members that are independent . . .	1b	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SIDNEY C SCZYGELSKI 333 PINE RIDGE BLVD WAUSAU, WI 54401 (715) 847-2250

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

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

Form **990** (2009)

1b Total	7,512,884	760,462	941,680
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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▶116

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ASPIRUS INC 333 PINE RIDGE BLVD WAUSAU, WI 54401	LAB SERVICES, MANAGEMENT FEES	2,291,670
MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449	HOSPITALIST PHYSICIAN SERVICES	1,089,278
ASSOCIATES IN PATHOLOGY 2800 WESTHILL DR 208 WAUSAU, WI 54401	LAB SERVICES	445,580
ASPIRUS WAUSAU HOSPITAL INC 333 PINE RIDGE BLVD WAUSAU, WI 54401	VARIOUS MEDICAL SVCS, MGMT FEES	305,632
PRIORITY MEDICAL PARTNERS PO BOX 693 RHINELANDER, WI 54501	PHYSICIAN SERVICES	175,188

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 ▶11

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,000,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	281				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			2,000,281			
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	621,110	42,164,694	42,164,694			
	b	NET PHARMACY REVENUE	621,990	5,472,048	5,472,048			
	c	OTHER PATIENT SERV REV	621,110	3,173,159	3,173,159			
	d	MANAGEMENT FEE REVENUE	561,000	2,009,344	2,009,344			
	e	MEDICAL DIRECTOR FEES	621,990	379,361	379,361			
	f	All other program service revenue		162,848	162,848			
	g	Total. Add lines 2a-2f			53,361,454			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			53,519		53,519	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
				1,452,001				
				1,452,001				
	d	Net rental income or (loss)		1,452,001	1,122,897	329,104		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				1,911,793				
				1,914,691				
				-2,898				
	d	Net gain or (loss)		-2,898			-2,898	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances						
					321,068			
					339,310			
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .			-18,242	-10,096	-8,146		
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			56,846,115	54,474,255	320,958	50,621	

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	932,369	932,369		
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	2,213,642	1,951,841	261,801	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,208,333	2,208,333		
7	Other salaries and wages	27,899,494	23,896,883	4,002,611	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,008,361	1,703,107	305,254	
9	Other employee benefits	3,916,962	3,053,891	863,071	
10	Payroll taxes	1,681,676	1,393,765	287,911	
11	Fees for services (non-employees)				
a	Management	946,248		946,248	
b	Legal	10,417		10,417	
c	Accounting	28,870		28,870	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,132,112	3,105,400	26,712	
12	Advertising and promotion	357,496		357,496	
13	Office expenses	1,701,232		1,701,232	
14	Information technology	76,778	76,778		
15	Royalties				
16	Occupancy	4,475,075	4,180,409	294,666	
17	Travel	270,379	239,495	30,884	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	55,689		55,689	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,572,457	1,518,704	53,753	
23	Insurance	435,770	377,101	58,669	
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	MEDICAL SUPPLIES	6,813,190	6,813,190		
b	DUES, LICENSES, FEES	504,449	492,319	12,130	
c	BAD DEBT EXPENSE	426,211		426,211	
d	COLLECTIONS EXPENSES	221,216		221,216	
e	RECRUITMENT	79,058		79,058	
f	All other expenses	60,309	36,427	23,882	
25	Total functional expenses. Add lines 1 through 24f	62,027,793	51,980,012	10,047,781	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,336,477	1	3,262,752
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			8,465,984	4	4,374,043
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			10,000	5	10,000
	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			133,206	7	68,033
	8	Inventories for sale or use			1,017,702	8	634,091
	9	Prepaid expenses and deferred charges			241,446	9	161,927
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	20,077,739			
	b	Less accumulated depreciation	10b	7,704,347	14,845,864	10c	12,373,392
	11	Investments—publicly traded securities			776,049	11	879,381
	12	Investments—other securities. See Part IV, line 11			1,774,684	12	1,617,054
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			75,452	14	57,575
	15	Other assets. See Part IV, line 11			5,470,617	15	9,485,633
	16	Total assets. Add lines 1 through 15 (must equal line 34)			38,147,481	16	32,923,881
Liabilities	17	Accounts payable and accrued expenses			6,341,420	17	4,924,728
	18	Grants payable				18	
	19	Deferred revenue			10,149	19	0
	20	Tax-exempt bond liabilities			7,700,000	20	7,600,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			4,117,876	25	5,698,963
	26	Total liabilities. Add lines 17 through 25			18,169,445	26	18,223,691
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			19,978,036	27	14,700,190
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			19,978,036	33	14,700,190
	34	Total liabilities and net assets/fund balances			38,147,481	34	32,923,881

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated 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? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ASPIRUS CLINICS INC	Employer identification number 39-1670223
-------------------------------------------------	----------------------------------------------

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,748,318	9,500,000	8,005,000	6,016,766	2,000,281	34,270,365
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54,927,156	59,933,909	64,335,289	70,461,288	53,534,680	303,192,322
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	63,675,474	69,433,909	72,340,289	76,478,054	55,534,961	337,462,687
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	8,748,318	9,500,000	8,000,000	6,000,010	2,000,000	34,248,328
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b	8,748,318	9,500,000	8,000,000	6,000,010	2,000,000	34,248,328
8Public Support (Subtract line 7c from line 6)						303,214,359

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	63,675,474	69,433,909	72,340,289	76,478,054	55,534,961	337,462,687
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	602,957	834,066	839,039	930,047	1,176,416	4,382,525
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	602,957	834,066	839,039	930,047	1,176,416	4,382,525
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	121,000	153,795	39,428			314,223
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,324					1,324
13Total support (Add lines 9, 10c, 11 and 12)	64,400,755	70,421,770	73,218,756	77,408,101	56,711,377	342,160,759
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	88.620 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	85.600 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.280 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.010 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

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

Explanation
Schedule A, Part II, Line 12, Explanation of Other Income MISCELLANEOUS INCOME

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ASPIRUS CLINICS INC	Employer identification number 39-1670223
-------------------------------------------------	----------------------------------------------

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div>YesNo</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____											
4	Number of states where property subject to conservation easement is located ▶_____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div>YesNo</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>											
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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		1,681,028		1,681,028
b Buildings		9,679,934	3,475,341	6,204,593
c Leasehold improvements		905,916	635,067	270,849
d Equipment		7,719,336	3,593,939	4,125,397
e Other		91,525	0	91,525
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				12,373,392

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	156,846,115
2	Total expenses (Form 990, Part IX, column (A), line 25)	262,027,793
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-5,181,678
4	Net unrealized gains (losses) on investments	461,451
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	711
8	Other (Describe in Part XIV)	8-157,630
9	Total adjustments (net) Add lines 4 - 8	9-96,168
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-5,277,846

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	153,706,583
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-1,088,630	
e	Add lines 2a through 2d	2e-1,088,630
3	Subtract line 2e from line 1	354,795,213
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 7b4a	
b	Other (Describe in Part XIV)4b2,050,902	
c	Add lines 4a and 4b	4c2,050,902
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	556,846,115

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	161,099,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d2,898	
e	Add lines 2a through 2d	2e2,898
3	Subtract line 2e from line 1	361,096,793
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 7b4a	
b	Other (Describe in Part XIV)4b931,000	
c	Add lines 4a and 4b	4c931,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	562,027,793

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		LOSS ON UNCONSOLIDATED AFFILIATE -1088630 EQUITY TRANSFER TO AFFILIATE 931000
Part XII, Line 2d - Other Adjustments		LOSS ON UNCONSOLIDATED AFFILIATE -1088630
Part XII, Line 4b - Other Adjustments		LOSS ON SALE OF FIXED ASSETS -2898 INTEREST AND DIVIDENDS 53519 EQUITY TRANSFER FROM ASPIRUS, INC 2000000 CONTRIBUTIONS REVENUE 281
Part XIII, Line 2d - Other Adjustments		LOSS ON SALE OF FIXED ASSETS 2898
Part XIII, Line 4b - Other Adjustments		EQUITY TRANSFER TO ASPIRUS GENERAL CLINICS, LLC 931000

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," to 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 CLINICS INC

Employer identification number
39-1670223

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPIRUS GENERAL CLINIC LLC110 E FIFTH STREET ANTIGO, WI 54409	383741338	501(C)(3)	931,000	0	N/A	N/A	CAPITAL CONTRIBUTION

2

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

1

3

Enter total number of other organizations

0

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 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.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
ASPIRUS CLINICS INC

Employer identification number
39-1670223

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>		
	<div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	Yes
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS - W HANNEMAN \$255 - INCLUDED IN INCOME HEALTH INSURANCE GROSS-UP PAYMENTS - S SCHNEIDER \$7,582, K RAHN \$6,020, B KNEELAND \$5,333, C LEE \$6,182, S SAEGER \$5,567, B SMITH \$7,888, T STOFFEL \$6,521, O ALVAREZ-JACINTO \$3,351, A BELL \$8,202, J CYGAN \$5,534, K SMITH \$5,536, R PERKINS \$954, W HANNEMEN \$7,888, R KAUPIE \$6,521, J MOERMOND \$5,121, D TANGE \$6,488, K LAHREN \$6,182, R REDING \$7,888 - INCLUDED IN INCOME HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - F DANNER \$1,032 - INCLUDED IN INCOME
	Part I, Line 4a	457F PLAN DISTRIBUTION ADMINISTERED BY A RELATED ORGANIZATION - F DANNER \$8,901 457B PLAN EMPLOYER CONTRIBUTIONS - S SCHNEIDER \$6,835, K RAHN \$7,293, B KNEELAND \$7,293, C LEE \$5,879, S SAEGER \$3,353, B SMITH \$7,293, F DANNER \$7,293, T STOFFEL \$7,293, O ALVAREZ-JACINTO \$7,293, A BELL \$7,293, J CYGAN \$7,293, K SMITH \$7,293, R PERKINS \$7,293, W HANNEMEN \$7,293, R KAUPIE \$7,293, J MOERMOND \$7,293, D TANGE \$7,293, K LAHREN \$7,293, R REDING \$7,293, E MADAGAME \$3,018
	Part I, Line 5	THE ORGANIZATION'S PHYSICIANS RECEIVE BONUS PAYMENTS BASED ON THE NUMBER OF PROFESSIONAL WRVU'S PER PROVIDER MULTIPLIED BY A CONVERSION FACTOR THAT IS DETERMINED QUARTERLY
Supplemental Information	Part III	PART I, LINE 3 FOR THE PURPOSES OF DETERMINING COMPENSATION, THE FILING ORGANIZATION, ASPIRUS CLINICS, 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.

Software ID:
Software Version:
EIN: 39-1670223
Name: ASPIRUS CLINICS INC

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DUANE L ERWIN	(i) 0 (ii) 471,138	0 0	0 14,513	0 20,934	0 99,148	0 605,733	0 0
SUSAN M SCHNEIDER	(i) 209,684 (ii) 0	0 0	7,666 0	22,785 0	16,807 0	256,942 0	0 0
KRISTEN RAHN	(i) 219,205 (ii) 0	0 0	6,906 0	23,854 0	16,573 0	266,538 0	0 0
BART KNEELAND	(i) 289,410 (ii) 0	0 0	5,410 0	23,854 0	16,573 0	335,247 0	0 0
CHRISTIAN LEE	(i) 190,213 (ii) 0	0 0	6,946 0	20,553 0	16,807 0	234,519 0	0 0
STEPHEN L SAEGER	(i) 155,662 (ii) 0	0 0	7,235 0	14,660 0	14,480 0	192,037 0	0 0
BRIAN D SMITH	(i) 305,588 (ii) 0	0 0	8,999 0	23,854 0	17,005 0	355,446 0	0 0
THOMAS G STOFFEL	(i) 220,095 (ii) 0	0 0	7,579 0	23,854 0	14,480 0	266,008 0	0 0
SIDNEY C SCZYGELSKI	(i) 0 (ii) 269,842	0 0	0 4,969	0 13,952	0 44,835	0 333,598	0 0
FORREST DEAN DANNER	(i) 212,649 (ii) 0	0 0	14,027 0	16,023 0	14,594 0	257,293 0	0 0
ORESTES ALVEREZ JACINTO	(i) 1,220,775 (ii) 0	0 0	5,739 0	23,854 0	13,172 0	1,263,540 0	0 0
ANTHONY BELL	(i) 809,179 (ii) 0	0 0	8,286 0	23,854 0	16,807 0	858,126 0	0 0
JAMES CYGAN	(i) 667,982 (ii) 0	0 0	5,618 0	23,854 0	16,807 0	714,261 0	0 0
RICK PERKINS	(i) 475,990 (ii) 0	20,000 0	5,185 0	23,854 0	14,480 0	539,509 0	0 0
KATRINA SMITH	(i) 509,277 (ii) 0	0 0	5,795 0	23,854 0	16,573 0	555,499 0	0 0
WENDY L HANNEMEN	(i) 457,140 (ii) 0	0 0	8,337 0	23,854 0	17,005 0	506,336 0	0 0
ROBERT KAUPIE	(i) 234,448 (ii) 0	0 0	12,770 0	23,854 0	14,480 0	285,552 0	0 0
KRIS LAHREN	(i) 295,899 (ii) 0	0 0	6,308 0	23,854 0	16,807 0	342,868 0	0 0
ELISABETH MADAGAME	(i) 136,167 (ii) 0	0 0	655 0	13,879 0	15,161 0	165,862 0	0 0
JAMES MOERMOND	(i) 210,827 (ii) 0	0 0	13,928 0	23,854 0	14,480 0	263,089 0	0 0
RICK R REDING	(i) 280,981 (ii) 0	0 0	10,829 0	23,854 0	17,005 0	332,669 0	0 0
DAVID TANGE	(i) 232,186 (ii) 0	0 0	11,309 0	23,854 0	17,005 0	284,354 0	0 0

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization ASPIRUS CLINICS INC	Employer identification number 39-1670223
-------------------------------------------------	----------------------------------------------

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			YesNo
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
ANTHONY BELL LOAN		X	120,000	10,000		No	Yes		Yes	
Total ▶	\$		10,000							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
-------------------------------	-----------------------------------------------------------------	-------------------------------------------

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				YesNo

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASPIRUS CLINICS INC

Employer identification number
39-1670223

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	THE ORGANIZATION TRANSFERRED SIXTEEN PROVIDER-BASED CLINICS TO ASPIRUS WAUSAU HOSPITAL, INC AND THE AHME RENTAL AND SALES SEGMENT TO ASPIRUS VNA HOME HEALTH, INC
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 BY LAWS, 2) CHANGE THE MISSION, PURPOSE OR SCOPE OF THE CORPORATION, 3) RATIFICATION OR REMOVAL OF DIRECTORS OR OFFICERS, 4) CHANGE THE FORMULA OR METHODOLOGY FOR DETERMINING PHYSICIAN COMPENSATION, 5) 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 THE FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING
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 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 15		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 UNDERTAKEN IN 2009 FOR THE COO, F DANNER AND THE PHYSICIAN BOARD MEMBERS, S SCHNEIDER AND K RAHN
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 FOLLOWS ASPIRUS, INC 40 HOURS ASPIRUS SUPPORTED TAX EXEMPT ENTITIES 1 HOUR PER ORGANIZATION FORREST DEAN DANNER DEVOTES APPROXIMATELY 43 HOURS PER WEEK AS FOLLOWS ASPIRUS CLINICS, INC 40 HOURS ASPIRUS SPECIALISTS, INC 1 HOUR ASPIRUS GENERAL CLINIC, LLC 1 HOUR ASPIRUS DOCTORS CLINIC, INC 1 HOUR DEAN R DIETRICH DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC 1 HOUR ASPIURS CLINICS, INC 1 HOUR SUSAN M SCHNEIDER DEVOTES APPROXIMATELY 37 HOURS PER WEEK AS FOLLOWS ASPIRUS CLINICS, INC 36 HOURS ASPIRUS BUILDINGS, INC 1 HOUR BRIAN D SMITH DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS ASPIURS CLINICS, INC 40 HOURS ASPIRUS, INC 1 HOUR ALAN VERPLOEGH DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC 1 HOUR ASPIURS CLINICS, INC 1 HOUR ASPIRUS BUILDINGS, INC 1 HOUR

Identifier	Return Reference	Explanation
		SCHEDULE L, PART II EXPLANATION FOR LOANS TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES THE LOAN BETWEEN THE PHYSICIAN AND THE ORGANIZATION IS EVIDENCED BY A LINE OF CREDIT NOTE IN THE EVENT THAT THE PHYSICIAN COMPLIES WITH ALL OF THE REQUIREMENTS IN THE AGREEMENT, THE PRINCIPAL BALANCE WILL BE FORGIVEN OVER THE TIME FRAME INDICATED IN EACH INDIVIDUAL CONTRACT IN THE EVENT THAT THE PHYSICIAN DOES NOT COMPLY WITH ALL OF THE REQUIREMENTS IN THE AGREEMENT, THE OUTSTANDING PRINCIPAL BALANCE OF THE NOTE WILL NOT BE FORGIVEN AND THE NOTE WILL BE IMMEDIATELY DUE AND PAYABLE

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

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

39-1670223

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

(f)
Direct controlling
entity

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

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ASPIRUS NETWORK INC 3000 WESTHILL DR 202 WAUSAU, WI54401 39-1931679	HEALTH CARE NETWORK	WI	N/A	C			

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

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

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 39-1670223

Name: ASPIRUS CLINICS INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ASPIRUS INC 333 PINE RIDGE BLVD WAUSAU, WI54401 39-1328331	HEALTH CARE SYSTEM MANAGEMENT	WI	501(C)(3)	Line 11b, II	N/A
ASPIRUS WAUSAU HOSPITAL INC 333 PINE RIDGE BLVD WAUSAU, WI54401 39-1138241	HOSPITAL	WI	501(C)(3)	Line 3	N/A
ASPIRUS BUILDINGS INC 333 PINE RIDGE BLVD WAUSAU, WI54401 39-1406537	PROPERTY LEASING	WI	501(C)(3)	Line 9	N/A
ASPIRUS SPECIALISTS INC 333 PINE RIDGE BLVD WAUSAU, WI54401 39-1945080	MEDICAL SPECIALIST SERVICES	WI	501(C)(3)	Line 9	N/A
ASPIRUS EXTENDED SERVICES INC 425 PINE RIDGE BLVD WAUSAU, WI54401 39-0782130	NURSING HOME SERVICES	WI	501(C)(3)	Line 9	N/A
ASPIRUS ONTONAGON HOSPITAL INC 601 SEVENTH STREET ONTONAGON, MI49953 26-0806477	HOSPITAL	MI	501(C)(3)	Line 3	N/A
ASPIRUS VNA HOME HEALTH INC 520 N 32ND AVENUE WAUSAU, WI54401 39-0808511	HOME HEALTHCARE SERVICES	WI	501(C)(3)	Line 9	N/A
ASPIRUS VNA EXTENDED CARE INC 520 N 32ND AVENUE WAUSAU, WI54401 39-1597350	PERSONAL CARE SERVICES	WI	501(C)(3)	Line 9	ASPIRUS VNA HOME HEALTH INC
ASPIRUS DOCTOR'S CLINIC INC 420 DEWEY STREET WISCONSIN RAPIDS, WI54495 39-1972671	MEDICAL SERVICES	WI	501(C)(3)	Line 9	N/A
ASPIRUS HEALTH FOUNDATION INC 425 PINE RIDGE BLVD WAUSAU, WI54401 39-1256656	CHARITABLE FOUNDATION	WI	501(C)(3)	Line 7	N/A
ASPIRUS GENERAL CLINIC LLC 110 E FIFTH STREET ANTIGO, WI54409 38-3741338	MEDICAL SERVICES	WI	501(C)(3)	Line 9	N/A

Additional Data

Software ID:
Software Version:
EIN: 39-1670223
Name: ASPIRUS CLINICS INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DUANE L ERWIN CEO AI/BOARD MEMBER	40 00	X		X				0	485,651	120,082
SUSAN M SCHNEIDER PHYSICIAN/BOARD CHAIR	36 00	X		X				217,350	0	39,592
KRISTEN RAHN PHYS/BOARD VICE CHAIR	40 00	X		X				226,111	0	40,427
DEAN R DIETRICH BOARD SECRETARY/TREAS	1 00	X		X				0	0	0
BART KNEELAND PHYSICIAN/BOARD MEMBER	40 00	X						294,820	0	40,427
CHRISTIAN LEE PHYSICIAN/BOARD MEMBER	40 00	X						197,159	0	37,360
STEPHEN L SAEGER PHYSICIAN/BOARD MEMBER	40 00	X						162,897	0	29,140
BRIAN D SMITH PHYSICIAN/BOARD MEMBER	40 00	X						314,587	0	40,859
THOMAS G STOFFEL PHYSICIAN/BOARD MEMBER	40 00	X						227,674	0	38,334
ALAN VERPLOEGH BOARD MEMBER	1 00	X						0	0	0
SIDNEY C SCZYGELSKI CFO AI	40 00			X				0	274,811	58,787
FORREST DEAN DANNER COO ACI	40 00			X				226,676	0	30,617
ORESTES ALVEREZ JACINTO PHYSICIAN	40 00					X		1,226,514	0	37,026
ANTHONY BELL PHYSICIAN	40 00					X		817,465	0	40,661
JAMES CYGAN PHYSICIAN	40 00					X		673,600	0	40,661
RICK PERKINS PHYSICIAN	40 00					X		501,175	0	38,334
KATRINA SMITH PHYSICIAN	40 00					X		515,072	0	40,427
WENDY L HANNEMEN PHYSICIAN	40 00						X	465,477	0	40,859
ROBERT KAUPIE PHYSICIAN	40 00						X	247,218	0	38,334
KRIS LAHREN PHYSICIAN	40 00						X	302,207	0	40,661
ELISABETH MADAGAME PHYSICIAN	24 00						X	136,822	0	29,040
JAMES MOERMOND PHYSICIAN	40 00						X	224,755	0	38,334
RICK R REDING PHYSICIAN	40 00						X	291,810	0	40,859
DAVID TANGE PHYSICIAN	40 00						X	243,495	0	40,859

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE	621,110	42,164,694	42,164,694		
NET PHARMACY REVENUE	621,990	5,472,048	5,472,048		
OTHER PATIENT SERV REV	621,110	3,173,159	3,173,159		
MANAGEMENT FEE REVENUE	561,000	2,009,344	2,009,344		
MEDICAL DIRECTOR FEES	621,990	379,361	379,361		

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	6,813,190	6,813,190		
DUES, LICENSES, FEES	504,449	492,319	12,130	
BAD DEBT EXPENSE	426,211		426,211	
COLLECTIONS EXPENSES	221,216		221,216	
RECRUITMENT	79,058		79,058	