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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 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization ASPIRUS INC		D Employer identification number 39-1328331
	Doing Business As		E Telephone number (715) 847-2000
	Number and street (or P O box if mail is not delivered to street address) 333 PINE RIDGE BLVD	Room/suite	G Gross receipts \$ 23,809,564
	City 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		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) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.ASPIRUS.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1979	M State of legal domicile WI

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT ITS RELATED HEALTHCARE ORGANIZATIONS AND PROVIDE HEALTHCARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	278
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-9,923
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,551,222	16,328,335
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,613,564	7,048,582
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-473,544	398,186
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	34,461
		22,691,242	23,809,564
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,200,000	12,000,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	463,279	402,103
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,337,397	4,767,259
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,000,676	17,169,362
	19 Revenue less expenses Subtract line 18 from line 12	-309,434	6,640,202
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		124,130,129	138,596,443
21 Total liabilities (Part X, line 26)		10,919,596	10,287,538
22 Net assets or fund balances Subtract line 21 from line 20		113,210,533	128,308,905

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			2013-05-07 Date	
	SIDNEY C SCZYGELSKI CFO/SENIOR VP OF FINANCE Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KATHLEEN J LABRAKE CPA	Date 2013-05-07	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00164006
	Firm's name (or yours if self-employed), address, and ZIP + 4	WIPFLI LLP PO BOX 8010 WAUSAU, WI 544028010			EIN 39-0758449
					Phone no (715) 845-3111

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

ASPIRUS IS AN INTERGRATED, 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 COMASSION 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,630,429 including grants of \$) (Revenue \$ 6,956,941)

TO PROVIDE HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY ASPIRUS, INC PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS COMMUNITY CARE POLICY WITHOUT CHARGE FROM 7/1/11 TO 6/30/12 THE ESTIMATED COST OF PROVIDING CARE TO PATIENTS UNDER ASPIRUS, INC 'S COMMUNITY CARE POLICY AGGREGATED APPROXIMATELY \$11,876,000 IN 2012 (THIS COST INCLUDES ASPIRUS, INC AND ITS CONSOLIDATED AFFILIATES) THE COST WAS CALCULATED BY MULTIPLYING THE RATIO OF COST TO GROSS CHARGES FOR ASPIRUS, INC TIMES THE GROSS UNCOMPENSATED CHAGES ASSOCIATED WITH PROVIDING THE COMMUNITY CARE AS PART OF ITS PATIENT SERVICES, ASPIRUS, INC ALSO PROVIDES SERVICES TO BENEFICIARIES OF THE MEDICARE AND MEDICAID PROGRAMS WHICH OFTEN REIMBURSE THE ORGANIZATION BASED ON PREDETERMINED FEE SCHEDULES WHICH ARE OFTEN BELOW THE COST OF PROVIDING CARE TO THESE INDIVIDUALS THESE PROGRAMS PROVIDE HEALTH CARE SERVICES TO A LARGE PORTION OF THE ELDERLY, LOW INCOME, AND DISABLED MEMBERS OF THE COMMUNITY WHO NEED ACCESS TO HIGH QUALITY CARE

4b

(Code) (Expenses \$ 12,000,000 including grants of \$ 12,000,000) (Revenue \$)

ASPIRUS, INC IS PROVIDING CORPORATE FUNCTIONAL SUPPORT SERVICES TO THE AFFLIATED ENTITIES IN ORDER TO ALLOW THOSE ENTITIES TO FOCUS ON THEIR MISSIONS OF PROVIDING HEALTHCARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 13,630,429

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV	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 and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	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			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a67	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a278	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds 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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD R NICKLAUS CHAIR	1 00	X		X				0	0	0
(2) JON G KRUEGER VICE CHAIR	1 00	X		X				0	0	0
(3) MATTHEW D ROWE SECRETARY	1 00	X		X				0	0	0
(4) BRIAN J PRUNTY TREASURER	1 00	X		X				0	0	0
(5) ROBERT J BERNKLAU BOARD MEMBER	1 00	X						0	0	0
(6) KATHY KELSEY FOLEY BOARD MEMBER	1 00	X						0	0	0
(7) STEPHEN P FOX MD BOARD MEMBER	1 00	X						0	0	0
(8) WENDY L HANNEMAN MD BOARD MEMBER / PHYSICIAN	1 00	X						0	470,626	42,009
(9) DAVID M HECK BOARD MEMBER	1 00	X						0	0	0
(10) RONALD L KLIMISCH BOARD MEMBER	1 00	X						0	0	0
(11) JEFFREY M NEHRING DDS BOARD MEMBER	1 00	X						0	0	0
(12) CHRISTOPHER A REISING MD BOARD MEMBER	1 00	X						0	0	0
(13) THOMAS RENGEL MD BOARD MEMBER / PHYSICIAN	1 00	X						0	412,708	19,154
(14) FERNANDO A RIVERON MD BOARD MEMBER	1 00	X						0	0	0
(15) BRIAN D SMITH MD BOARD MEMBER / PHYSICIAN	1 00	X						0	317,551	45,114
(16) KATHY J STRASSER BOARD MEMBER	1 00	X						0	0	0
(17) THOMAS A VOELKER MD BOARD MEMBER / PHYSICIAN	1 00	X						0	270,100	43,594

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK A VOSS MD BOARD MEMBER	1 00	X						0	0	0
(19) STEPHEN B STINE MD BOARD MEMBER	1 00	X						0	0	0
(20) LISA WESTPHAL BOARD MEMBER	1 00	X						0	0	0
(21) DUANE L ERWIN CEO AI / EX-OFFICIO	40 00			X				750,625	0	126,367
(22) SIDNEY C SCZYGELSKI CFO AI / ASSIST TREASURER	40 00			X				377,724	0	76,760
(23) ROGER V LUCAS VP HUMAN RESOURCES	40 00					X		263,314	0	47,801
(24) PETER HESSERT GENERAL LEGAL COUNSEL	40 00					X		346,827	0	61,625
(25) DARRELL LENTZ VP OF FINANCE	40 00					X		267,549	0	38,347
(26) GERALD L MOUREY VP INFORMATION TECHNOLOGY	40 00					X		258,256	0	63,019
(27) RICK L NEVERS VP OF MARKETING & PLANNING	40 00					X		231,205	0	60,010
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,495,500	1,470,985	623,800

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶17

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
ASPIRUS WAUSAU HOSPITAL 333 PINE RIDGE BLVD WAUSAU, WI 54401	AFFILIATED ENTITY SERVICES	6,977,168
AHEAD LLC 150 SOUTH WACKER DRIVE CHICAGO, IL 60606	IT SERVICES	3,242,316
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	IT SERVICES	2,578,778
PARAGON DEVELOPMENT SYSTEMS INC PO BOX 88079 MILWAUKEE, WI 53288	IT SERVICES	1,930,312
CDW GOVERNMENT INC 75 REMITTANCE DRIVE SUITE 1515 CHICAGO, IL 60675	SOFTWARE & EQUIPMENT MAINTENANCE	1,100,098
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶39		

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	16,325,000				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,335				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			16,328,335			
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICES	621110	3,931,708	3,931,708			
	b	CONTRACT SERVICE REVEN	621110	1,658,841	1,658,841			
	c	HOME OFFICE REVENUE	621110	744,000	744,000			
	d	MANAGEMENT FEE REVENUE	621110	619,383	619,383			
	e	MEDICAL TRANSCRIPT REV	621110	3,009	3,009			
	f	All other program service revenue		91,641			91,641	
	g	Total. Add lines 2a-2f			7,048,582			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			398,186		398,186	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		34,461						
		b		Less rental expenses	0			
		c		Rental income or (loss)	34,461			
	d	Net rental income or (loss)			34,461		34,461	
	7a	(i) Securities		(ii) Other				
		b		Less cost or other basis and sales expenses				
		c		Gain or (loss)				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b		Less direct expenses	b			
		c		Net income or (loss) from fundraising events . .				
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b		Less direct expenses	b			
		c		Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances		a				
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			23,809,564	6,956,941	0	524,288	

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	12,000,000	12,000,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	306,179	306,179		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	93,972	93,972		
10	Payroll taxes	1,952	1,952		
11	Fees for services (non-employees)				
a	Management	187,260	187,260		
b	Legal				
c	Accounting	5,000		5,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	99,943	99,943		
12	Advertising and promotion				
13	Office expenses	59,734	59,734		
14	Information technology				
15	Royalties				
16	Occupancy	228,247	208,801	19,446	
17	Travel	583	583		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	152,608		152,608	
23	Insurance	7,669	7,669		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CORPORATE ALLOCATIONS	3,551,518	189,639	3,361,879	
b	REPAIRS AND MAINTENANCE	201,096	201,096		
c	PROVISION FOR BAD DEBTS	200,913	200,913		
d	IMAGING MEDICAL SUPPLIE	68,331	68,331		
e					
f	All other expenses	4,357	4,357		
25	Total functional expenses. Add lines 1 through 24f	17,169,362	13,630,429	3,538,933	0
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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			6,330,333	1	3,723,059
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			507,573	4	903,087
	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			517,538	7	447,445
	8	Inventories for sale or use			17,793	8	13,010
	9	Prepaid expenses and deferred charges			1,677,754	9	2,563,118
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	32,994,880			
	b	Less: accumulated depreciation	10b	20,698,945	10,258,144	10c	12,295,935
	11	Investments—publicly traded securities			24,016,530	11	24,206,902
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			78,361,045	13	91,751,861
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,443,419	15	2,692,026
	16	Total assets. Add lines 1 through 15 (must equal line 34)			124,130,129	16	138,596,443
Liabilities	17	Accounts payable and accrued expenses			2,793,693	17	3,808,432
	18	Grants payable				18	
	19	Deferred revenue			116,061	19	53,150
	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			4,199,362	23	2,728,652
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			3,810,480	25	3,697,304
	26	Total liabilities. Add lines 17 through 25			10,919,596	26	10,287,538
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			113,210,533	27	128,308,905
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	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			113,210,533	33	128,308,905
	34	Total liabilities and net assets/fund balances			124,130,129	34	138,596,443

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,809,564
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,169,362
3	Revenue less expenses Subtract line 2 from line 1	3	6,640,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,210,533
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,458,170
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	128,308,905

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ 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

2011

Open to Public
Inspection

Name of the organization ASPIRUS INC	Employer identification number 39-1328331
---	--

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 Se**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)		No
11g(ii)		No
11g(iii)		No

(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	
See Additional Data Table									
Total									12,000,000

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1328331
Name: ASPIRUS INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ASPIRUS WAUSAU HOSPITAL INC	391138241	3	Yes			No	Yes		0
(B) ASPIRUS BUILDIINGS INC	391406537	9	Yes			No	Yes		0
(C) ASPIRUS CLINICS INC	391670223	9	Yes		Yes		Yes		12000000
(D) ASPIRUS VNA HOME HEALTH INC	390808511	9	Yes			No	Yes		0
(E) ASPIRUS VNA EXTENDED CARE INC	391897350	9	Yes			No	Yes		0
(F) ASPIRUS EXTENDED SERVICES INC	390782130	9	Yes			No	Yes		0
(G) ASPIRUS SPECIALISTS INC	391945080	9	Yes			No	Yes		0
(H) ASPIRUS HEALTH FOUNDATION INC	391256656	7	Yes			No	Yes		0
(I) ASPIRUS DOCTORS CLINIC INC	391972671	9	Yes			No	Yes		0
(J) ASPIRUS ONTONAGON HOSPITAL INC	260806477	3	Yes			No	Yes		0
(K) ASPIRUS GRAND VIEW	382908586	3	Yes			No	Yes		0
(L) ASPIRUS GRAND VIEW SERVICE CORPORATION	383005582	3	Yes			No	Yes		0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ASPIRUS INC

Employer identification number
39-1328331

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 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	
	☐ 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 importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
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? ☐ Yes ☐ No

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

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

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

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		268,127	151,486	116,641
d Equipment		32,353,594	20,502,459	11,851,135
e Other		373,159	45,000	328,159
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				12,295,935

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

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

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

Part XIVSupplemental 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ALL SUBSIDIARIES, EXCEPT FOR ASPIRUS NETWORK, INC , ARE TAX-EXEMPT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 (A) OF THE CODE. THEY ARE ALSO EXEMPT FROM STATE INCOME TAX. ASPIRUS PAYS TAXES ON CERTAIN ACTIVITIES CONSIDERED TAXABLE IN ACCORDANCE WITH THE CODE. TAXES FOR ASPIRUS NETWORK, INC , A FOR-PROFIT TAXABLE CORPORATION, WERE IMMATERIAL FOR THE YEARS ENDED JUNE 30, 2012 AND 2011.

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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION PROVIDES BOARD APPROVED CAPTIAL DISTRIBUTIONS TO RELATED ENTITIES, NO FORMAL MONITORING IS REQUIRED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 INC

Employer identification number
39-1328331

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		
	☐ First-class or charter travel ☒ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?	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	No
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	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WENDY L HANNEMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	452,272	250	18,104	17,056	24,953	512,635	0
(2) THOMAS RENGEL MD	(i)	0	0	0	0	0	0	0
	(ii)	362,530	35,700	14,478	4,900	14,254	431,862	0
(3) BRIAN D SMITH MD	(i)	0	0	0	0	0	0	0
	(ii)	299,431	0	18,120	17,056	28,058	362,665	0
(4) THOMAS A VOELKER MD	(i)	0	0	0	0	0	0	0
	(ii)	261,796	0	8,304	17,056	26,538	313,694	0
(5) DUANE L ERWIN	(i)	544,700	191,221	14,704	10,193	116,174	876,992	0
	(ii)	0	0	0	0	0	0	0
(6) SIDNEY C SCZYGELSKI	(i)	292,917	79,742	5,065	13,428	63,332	454,484	0
	(ii)	0	0	0	0	0	0	0
(7) ROGER V LUCAS	(i)	185,158	56,372	21,784	4,817	42,984	311,115	0
	(ii)	0	0	0	0	0	0	0
(8) PETER HESSERT	(i)	243,535	49,237	54,055	13,428	48,197	408,452	0
	(ii)	0	0	0	0	0	0	0
(9) DARRELL LENTZ	(i)	177,878	22,000	67,671	1,650	36,697	305,896	0
	(ii)	0	0	0	0	0	0	0
(10) GERALD L MOUREY	(i)	193,629	60,047	4,580	9,038	53,981	321,275	0
	(ii)	0	0	0	0	0	0	0
(11) RICK L NEVERS	(i)	170,569	47,697	12,939	10,317	49,693	291,215	0
	(ii)	0	0	0	0	0	0	0

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, HOUSING ALLOWANCES, DUES, AND HEALTH INSURANCE GROSS UPS, WHEN APPLICABLE, WERE ADDED TO THE INDIVIDUAL'S COMPENSATION AT FAIR MARKET VALUE. TRAVEL, HOUSING ALLOWANCES, DUES, AND HEALTH INSURANCES GROSS-UP PAYMENTS ARE INCLUDED IN INCOME: W HANNEMEN \$8,375, B SMITH \$8,305, T VOELKER \$225, D ERWIN \$1,151, S SCZYGELSKI \$200, D LENTZ \$7,959, R LUCAS \$225, G MOUREY \$1,218, R NEVERS \$1,343, P HESSERT \$7,959.
	PART I, LINE 4B	457F PLAN DISTRIBUTION ADMINISTERED BY A RELATED ORGANIZATION, P HESSERT \$45,848, R LUCASH \$16,647, R NEVERS \$10,138. 457B PLAN EMPLOYER DISTRIBUTIONS: W HANNEMEN \$7,666, B SMITH \$7,666, T VOELKER \$7,666.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ASPIRUS INC	Employer identification number 39-1328331
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Identifier	Return Reference	Explanation
	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 BIANNUAL CONFLICT OF INTEREST STATEMENTS THE ORGANIZATION'S CEO AND BOARD CHAIR REVIEW THE STATEMENTS AND HIGHLIGHT POTENTIAL CONFLICTS THE BOARD DETERMINES ON A CASE BY CASE BASIS ANY ACTIONS REQUIRED INDIVIDUALS ARE NOT PERMITTED TO VOTE ON ANY TRANSACTION WHERE A CONFLICT HAS BEEN DETERMINED TO EXIST ALL CONFLICTS AND PROCEEDINGS ARE 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 OF 2010 FOR FINAL COMPENSATION DETERMINATION
	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
EXPLANATION OF HOURS WORKED	FORM 990, PART VII	DUANE L ERWIN, SIDNEY C SCZYGELSKI, ROGER V LUCAS, GERALD L MOUREY , PETER HESSERT, DARRELL LENTZ, AND RICK NEVERS ARE EMPLOYED BY ASPIRUS, INC ASPIRUS, INC'S PURPOSE IS TO SERVE AS A SUPPORTING ORGANIZATION TO MULTIPLE SUBSIDIARY ORGANIZATIONS AS LISTED IN SCHEDULE R, AS WELL AS THE PARTNER HOSPITALS WHICH ASPIRUS, INC HOLDS A MEMBERSHIP INTEREST IN THE OPERATIONS OF THOSE ADDITIONAL HOSPITALS THE EMPLOYEES OF ASPIRUS, INC DEVOTE THEIR TIME PROVIDING MANAGEMENT SERVICES TO THE RELATED ORGANIZATIONS AND AFFILIATED PARTNER HOSPITALS THESE EMPLOYEES OFTEN WORK HOURS IN EXCESS OF AN AVERAGE OF 40 HOURS EACH WEEK IN ORDER TO FULFILL THIS MISSION TODD R NICKLAUS DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR JON G KRUEGER DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR MATTHEW D ROWE DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR BRIAN J PRUNTY DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR MATTHEW D ROWE DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR KATHY KELSEY FOLEY DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR STEPHEN P FOX, M D DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR WENDY L HANNEMAN, M D DEVOTES APPROXIMATELY 42 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS CLINICS, INC - 40 HOURS DAVID M HECK DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR RONALD L KLIMISCH DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR JEFFREY M NEHRING, DDS DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS GRAND VIEW - 1 HOUR CHRISTOPHER A REISING, M D DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR THOMAS RENGEL, M D DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 40 HOURS FERNANDO A RIVERON, M D DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR KATHY J STRASSER DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 1 HOUR THOMAS A VOELKER, M D DEVOTES APPROXIMATELY 42 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS CLINICS, INC - 40 HOURS MARK A VOSS, M D DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS CLINICS, INC - 1 HOUR STEPHEN B STINE, M D DEVOTES APPROXIMATELY 3 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR ASPIRUS BUILDINGS, INC - 40 HOURS LISA WESTPHAL DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS ASPIRUS, INC - 1 HOUR ASPIRUS WAUSAU HOSPITAL, INC - 1 HOUR
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -186,074 EQUITY CHANGE IN INVESTMENT IN ASPIRUS GRAND VIEW 1,478,999 EQUITY CHANGE IN INVESTMENT IN MEMORIAL HEALTH CENTER 1,718,593 EQUITY CHANGE IN INVESTMENT IN LANGLADE HOSPITAL 4,137,972 EQUITY CHANGE IN INVESTMENT IN ASPIRUS KEVEENAW HOSPITAL 1,136,988 NON CONTROLLING INTEREST IN ASPIRUS GRAND VIEW -39,348 CHANGE IN EQUITY OF UNCONSOLIDATED AFFILIATES 211,040 TOTAL TO FORM 990, PART XI, LINE 5 8,458,170
INDEPENDENT ACCOUNTANT OVERSIGHT	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF ASPIRUS, INC PROVIDES THE OVERSIGHT OF THE INDEPENDENT ACCOUNTANT ANNUALLY THE AUDIT COMMITTEE TAKES TIME TO MEET WITH THE INDEPENDENT ACCOUNTANT BOTH PRIOR TO ENGAGING AND AFTER THE AUDIT IS COMPLETED TO DISCUSS THE AUDIT PROCESS AND RESULTS THERE WERE NO CHANGES TO THESE PROCEDURES IN FISCAL YEAR 2012

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ASPIRUS INC

Employer identification number
39-1328331

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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
(1) ASPIRUS NETWORK INC 3000 WESTHILL DRIVE 202 WAUSAU, WI 54401 39-1931678	HEALTH CARE SERVICES	WI	N/A	C	114,111	1,097,379	100 000 %
(2) ASPIRUS GRAND VIEW CARING CAREGIVERS N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2902754	PERSONNAL NEEDS SERVICES	MI	ASPIRUS GRAND VIEW	C	36,528	575,024	70 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related 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

Yes

Yes

No

Yes

Yes

Yes

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 39-1328331

Name: ASPIRUS 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	(g) Section 512 (b)(13) controlled organization	
ASPIRUS WAUSAU HOSPITAL INC 333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1138241	HOSPITAL	WI	501(C) (3)	LINE 3	ASPIRUS INC		No
ASPIRUS BUILDINGS INC 333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1406537	PROPERTY LEASING	WI	501(C) (3)	LINE 9	ASPIRUS INC		No
ASPIRUS SPECIALISTS INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1945080	MEDICAL SPECIALIST SERVICES	WI	501(C) (3)	LINE 9	ASPIRUS INC		No
ASPIRUS EXTENDED SERVICES INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-0782130	NURSING HOME SERVICES	WI	501(C) (3)	LINE 9	ASPIRUS INC		No
ASPIRUS CLINICS INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1670223	MEDICAL SERVICES	WI	501(C) (3)	LINE 9	ASPIRUS INC		No
ASPIRUS ONTONAGON HOSPITAL INC 601 SEVENTH STREET ONTONAGON, MI 49953 26-0806447	HOSPITAL	MI	501(C) (3)	LINE 3	ASPIRUS INC		No
ASPIRUS VNA HOME HEALTH INC 520 N 32ND AVENUE WAUSAU, WI 54401 39-0808511	HOME HEALTH CARE SERVICES	WI	501(C) (3)	LINE 9	ASPIRUS INC		No
ASPIRUS VNA EXTENDED CARE INC 520 N 32ND AVENUE WAUSAU, WI 54401 39-1597350	PERSONAL CARE SERVICES	WI	501(C) (3)	LINE 9	ASPIRUS VNA HOME HEALTH INC		No
ASPIRUS DOCTOR'S CLINIC INC 2031 PEACH STREET WISCONSIN RAPIDS, WI 54494 39-1972671	MEDICAL SERVICES	WI	501(C) (3)	LINE 9	ASPIRUS INC		No
ASPIRUS HEALTH FOUNDATION INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1256656	CHARITABLE FOUNDATION	WI	501(C) (3)	LINE 7	ASPIRUS INC		No
ASPIRUS GRAND VIEW N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2908586	HOSPITAL	MI	501(C) (3)	LINE 3	ASPIRUS INC		No
GRAND VIEW HOSPITAL AUXILIARY N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 23-7178363	SUPPORTING ORGANIZATION TO HOSPITAL AND LIFELINE EMERGENCY CENTER	MI	501(C) (3)	LINE 9	ASPIRUS GRAND VIEW		No
ASPIRUS GRAND VIEW SERVICE CORPORATION N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-3005582	PHYSICIAN SERVICES	MI	501(C) (3)	LINE 3	ASPIRUS GRAND VIEW		No

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	ASPIRUS WAUSAU HOSPITAL INC	C	14,000,000	COST
(2)	ASPIRUS WAUSAU HOSPITAL INC	J	545,674	COST
(3)	ASPIRUS WAUSAU HOSPITAL INC	O	4,902,259	COST
(4)	ASPIRUS WAUSAU HOSPITAL INC	P	27,442,503	COST
(5)	ASPIRUS BUILDINGS INC	C	1,000,000	COST
(6)	ASPIRUS BUILDINGS INC	J	193,556	COST
(7)	ASPIRUS BUILDINGS INC	P	315,532	COST
(8)	ASPIRUS SPECIALISTS INC	C	500,000	COST
(9)	ASPIRUS SPECIALISTS INC	P	335,847	COST
(10)	ASPIRUS EXTENDED SERVICES INC	P	203,055	COST
(11)	ASPIRUS CLINICS INC	B	12,000,000	COST
(12)	ASPIRUS CLINICS INC	D	7,200,000	COST
(13)	ASPIRUS CLINICS INC	O	130,293	COST
(14)	ASPIRUS CLINICS INC	P	5,675,211	COST
(15)	ASPIRUS ONTONAGON HOSPITAL INC	N	340,300	COST
(16)	ASPIRUS ONTONAGON HOSPITAL INC	P	256,295	COST
(17)	ASPIRUS HEALTH FOUNDATION	P	72,121	COST
(18)	ASPIRUS VNA HOME HEALTH INC	O	54,802	COST
(19)	ASPIRUS VNA HOME HEALTH INC	P	988,374	COST
(20)	ASPIRUS DOCTOR'S CLINIC INC	C	825,000	COST