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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 227,927,762 including grants of \$ 120,113) (Revenue \$ 362,663,721)

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

4b

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

4c

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

4d

Other program services (Describe in Schedule O)




















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

4e

Total program service expenses 227,927,762

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	328	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	2,523	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		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)?			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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, 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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) LISA S WESTPHAL BOARD MEMBER	1 00 1 00	X						0	0	0
(2) HILARY P SCULLY MD BOARD MEMBER/PHYSICIAN	1 00 40 00	X						0	360,557	44,949
(3) SUSAN M SCHNEIDER MD BOARD MEMBER/PHYSICIAN	1 00 36 00	X						0	294,878	39,241
(4) CHAD H RADKE DO BOARD MEMBER	1 00 1 00	X						0	0	0
(5) THOMAS N RENGEL MD BOARD MEMBER/PHYSICIAN	40 00 1 00	X						583,345	0	19,771
(6) CHARLES S MARTING DO BOARD MEMBER/PHYSICIAN	1 00 40 00	X						0	437,057	44,879
(7) DAVID M HECK BOARD MEMBER	1 00 1 00	X						0	0	0
(8) KATHY J STRASSER CHAIR	1 00 2 00	X		X				0	0	0
(9) CRAIG A HACKWORTH MD SECRETARY/TREASURER	1 00 1 00	X		X				0	0	0
(10) KATHY KELSEY FOLEY VICE CHAIR	1 00 1 00	X		X				0	0	0
(11) DARRELL LENTZ PRESIDENT AWH	1 00 40 00			X				33,061	229,707	54,893
(12) SIDNEY C SCZYGELSKI CFO AI	1 00 51 00			X				0	469,618	84,857
(13) MATTHEW F HEYWOOD CEO AI	1 00 51 00			X				0	340,183	62,474
(14) ROGER LUCAS SVP AND CHIEF HR OFFICER	1 00 40 00				X			0	279,810	56,929
(15) RICK L NEVERS SVP REG OPS SYSTEM INT OFFICER	1 00 40 00				X			0	262,069	66,517
(16) TODD RICHARDSON SVP AND CIO	1 00 40 00				X			0	282,065	64,746
(17) KATHRYN J DREGLER VP PATIENT CARE/CNO	40 00				X			203,924	0	49,422

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACOB KEMPEN VP CLINICAL SERVICES	40 00				X			190,739	0	34,831
(19) NORMA JEAN BURGNER VP OF POST ACUTE CARE	40 00				X			192,694	0	42,655
(20) JEANNE SCINTO VP CORPORATE QUALITY & PATIENT SVCS	40 00				X			203,842	0	51,319
(21) DEAN DANNER SVP COO OF ASPIRUS CLINICS	1 00 40 00				X			0	294,742	41,076
(22) MARITA HATTEM SVP ORG AND SERVICE LINE DEV	40 00				X			212,432	44,566	51,141
(23) JEFFREY MASTEN CHIEF MEDICAL PHYSICIST	40 00					X		201,938	0	29,740
(24) RAYMOND WERY MEDICAL PHYSICIST CONSULTANT	40 00					X		176,964	0	33,767
(25) BRUCE HASSELQUIST MEDICAL PHYSICIST CONSULTANT	40 00					X		172,979	0	37,245
(26) DAVID BLIVEN DIRECTOR OF REAL ESTATE/PROJECTS	40 00					X		147,068	0	8,144
(27) JILL MICHAUD DIRECTOR OF PHARMACY	40 00					X		146,884	0	30,177
(28) DUANE L ERWIN FORMER CEO AI	1 00 50 00						X	0	781,943	138,308
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,465,870	4,077,195	1,087,081

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

49

		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 or individual 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 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 CLINICS INC 425 PINE RIDGE WAUSAU WI 54401	MEDICAL DIRECTORS, PAYROLL	44,830,720
ASPIRUS INC 333 PINE RIDGE WAUSAU WI 54401	MANAGEMENT FEES, PAYROLL	33,505,963
WISCONSIN EMERGENCY MEDICAL 333 PINE RIDGE WAUSAU WI 54401	ER PHYSICIANS	6,413,122
GE MEDICAL SYSTEM 8200 W TOWER AVENUE MILWAUKEE WI 53223	EQUIPMENT MAINTENANCE	3,109,801
PRISM HEALTHCARE PARTNERS LTD 190 SOUTH LA SALLE ST STE 2900 CHICAGO IL 60603	CONSULTANTS	2,794,000
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		180

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	510,208			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	510,208			
Program Service Revenue	2a	PATIENT SERVICE REVENUE				
		Business Code				
		621400	293,494,876	293,494,876		
	b	LAB REVENUE				
		621400	52,129,583	51,833,197	296,386	
	c	CONTRACT SERVICE REVENUE				
		621400	4,676,879	4,676,879		
	d	RENTAL REVENUE				
Other Revenue		532000	4,558,684	4,558,684		
	e	MOBILE UNIT REVENUE				
		621400	539,651	539,651		
	f	All other program service revenue				
			5,584,994	5,584,994		
	g	Total. Add lines 2a-2f	360,984,667			
	3	Investment income (including dividends, interest, and other similar amounts)	6,663,020			6,663,020
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real				
		(ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities				
		(ii) Other				
	7a	Gross amount from sales of assets other than inventory	28,358,846			
	b	Less cost or other basis and sales expenses	29,519,174			
	c	Gain or (loss)	-1,160,328			
	d	Net gain or (loss)	-1,160,328			-1,160,328
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
		a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
		Business Code				
	11a	CAFETERIA AND VENDING	722210	1,555,348	1,386,324	169,024
	b	INVESTMENT IN WESTWOOD	523000	309,779		309,779
	c	PHONE RENTAL	561439	220,355		220,355
	d	All other revenue		794,341	589,116	205,225
	e	Total. Add lines 11a-11d	2,879,823			
	12	Total revenue. See Instructions	369,877,390	362,663,721	1,200,769	5,502,692

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	120,113	120,113		
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.	33,061		33,061	
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.	113,674,021	93,695,826	19,978,195	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,887,375	5,863,172	24,203	
9	Other employee benefits.	18,814,465	12,529,863	6,284,602	
10	Payroll taxes.	7,702,188	7,690,505	11,683	
11	Fees for services (non-employees):				
a	Management.	3,543,708	3,543,708		
b	Legal.	346,744		346,744	
c	Accounting.	262,019	81	261,938	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	38,638		38,638	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,197,135	24,025,678	12,171,457	
12	Advertising and promotion.	2,265,242	125,494	2,139,748	
13	Office expenses.	3,350,354	2,047,107	1,303,247	
14	Information technology.	465,951	11,238	454,713	
15	Royalties.				
16	Occupancy.	15,202,539	7,969,060	7,233,479	
17	Travel.	1,001,035	769,385	231,650	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	268,316	4,556	263,760	
20	Interest.	2,080,660		2,080,660	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	12,116,803	5,005,039	7,111,764	
23	Insurance.	155,804	153,592	2,212	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MEDICAL SUPPLIES	65,529,694	63,080,953	2,448,741	
b	CORPORATE ALLOCATION	31,746,754	1,899,495	29,847,259	
c	HOSPITAL TAX	8,805,214	424,190	8,381,024	
d	RECRUITMENT	601,057	167,715	433,342	
e	All other expenses	-2,373,336	-1,199,008	-1,174,328	
25	Total functional expenses. Add lines 1 through 24e.	327,835,554	227,927,762	99,907,792	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		45,251,024	1	22,789,685
	2	Savings and temporary cash investments		5,088,000	2	8,187,468
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		44,592,558	4	51,501,985
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,506,347	8	5,212,418
	9	Prepaid expenses and deferred charges		1,532,008	9	2,641,003
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a349,292,832			
	b	Less: accumulated depreciation	10b197,593,544	133,200,223	10c	151,699,288
	11	Investments—publicly traded securities		189,807,968	11	214,067,168
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.		2,988,934	13	3,127,629
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		10,130,288	15	9,185,205
	16	Total assets. Add lines 1 through 15 (must equal line 34).		438,097,350	16	468,411,849
Liabilities	17	Accounts payable and accrued expenses		26,677,968	17	27,033,771
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		119,200,000	20	115,309,500
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		9,742,953	25	9,037,682
	26	Total liabilities. Add lines 17 through 25.		155,620,921	26	151,380,953
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		282,476,429	27	317,030,896
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		282,476,429	33	317,030,896
	34	Total liabilities and net assets/fund balances		438,097,350	34	468,411,849

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	369,877,390
2	Total expenses (must equal Part IX, column (A), line 25)	2	327,835,554
3	Revenue less expenses Subtract line 2 from line 1	3	42,041,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	282,476,429
5	Net unrealized gains (losses) on investments	5	22,899,956
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30,387,325
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	317,030,896

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number
39-1138241

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

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

11g(i)

☐

☐

(ii)

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

11g(ii)

☐

☐

(iii)

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

11g(iii)

☐

☐

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		20,839
j	Total. Add lines 1c through 1i.			20,839
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	A PORTION OF OUR ANNUAL WISCONSIN HOSPITAL ASSOCIATION (WHA) AND AMERICAN HOSPITAL ASSOCIATION (AHA) DUES ARE USED FOR LOBBYING ACTIVITIES. FOR AHA THE PERCENT THAT IS SPECIFIC TO LOBBYING PURPOSES IS 23.65% AND FOR THE WHA PORTION THE LOBBYING PERCENTAGE IS 14.1% FOR A TOTAL DOLLAR AMOUNT OF \$20,839 GOING TOWARDS LOBBYING ACTIVITIES.

Part IV Supplemental Information (*continued*)[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

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

Name of the organization ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,626,706		8,626,706
b Buildings		210,083,718	105,958,393	104,125,325
c Leasehold improvements		306,338	127,957	178,381
d Equipment		106,541,750	85,360,101	21,181,649
e Other		23,734,320	6,147,093	17,587,227
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				151,699,288

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	IN ORDER TO ACCOUNT FOR UNCERTAIN TAX POSITIONS, ASPIRUS WAUSAU HOSPITAL, INC. DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAX AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. ASPIRUS WAUSAU HOSPITAL, INC. HAS NOT RECORDED ANY ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2014 OR 2013.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number
39-1138241

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,693,292		16,693,292	5 090 %
b Medicaid (from Worksheet 3, column a)			37,720,022	20,222,008	17,498,014	5 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			4,828,048	3,697,438	1,130,610	0 340 %
d Total Financial Assistance and Means-Tested Government Programs			59,241,362	23,919,446	35,321,916	10 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	25	5,119	5,459,413	4,097,041	1,362,372	0 420 %
f Health professions education (from Worksheet 5)	40	221	2,942,006	800	2,941,206	0 900 %
g Subsidized health services (from Worksheet 6)	3	2,068	4,701,960	2,124,983	2,576,977	0 790 %
h Research (from Worksheet 7)	1	0	231,329	43,864	187,465	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	0	11,752		11,752	0 %
j Total Other Benefits	76	7,408	13,346,460	6,266,688	7,079,772	2 170 %
k Total. Add lines 7d and 7j	76	7,408	72,587,822	30,186,134	42,401,688	12 940 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development	1		515		515	0 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	2		890		890	0 %
7Community health improvement advocacy						
8Workforce development	3		1,508		1,508	0 %
9Other						
10Total	6		2,913		2,913	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1Yes

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2-2,341,999

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

572,322,633

6Enter Medicare allowable costs of care relating to payments on line 5.

692,770,911

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-20,448,278

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

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, LINE 5D</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input checked="" type="checkbox"/> Medical indigency					
d <input type="checkbox"/> Insurance status					
e <input type="checkbox"/> Uninsured discount					
f <input checked="" type="checkbox"/> Medicaid/Medicare					
g <input type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	Yes
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

b ☒ Notified individuals of the financial assistance policy prior to discharge

c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address		Type of Facility (describe)
1	NORTHWOODS SURGERY CENTER LLC 611 VETERANS PARKWAY WOODRUFF, WI 54568	GENERAL MEDICAL & SURGICAL
2	PINE RIDGE SURGERY CENTER 2500 PINE RIDGE BLVD WAUSAU, WI 54401	GENERAL MEDICAL & SURGICAL
3	STEVENS POINT SURGERY CENTER LLC 5409 VERN HOLMES DRIVE STEVENS POINT, WI 54481	GENERAL MEDICAL & SURGICAL
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE COSTING METHODOLOGY IS CMS2552 AS FILED COST REPORT ASPIRUS WAUSAU HOSPITAL, INC (ASPIRUS) FEELS THAT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT ASPIRUS IS THERE TO TREAT THE COMMUNITY AND THEY HAVE A LARGE PERCENTAGE OF MEDICARE BENEFIT PATIENTS IF THOSE PATIENTS WERE TO BE REFUSED, THEN THEY WOULD NOT RECEIVE HEALTH CARE

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>AS ANY GOOD CORPORATE CITIZEN, ASPIRUS WAUSAU HOSPITAL, INC IS INVOLVED IN A WIDE RANGE OF COMMUNITY BUILDING ACTIVITIES AND WHILE SOME OF THESE ARE UNDERTAKEN SIMPLY BECAUSE THERE IS A COMMUNITY NEED AND ASPIRUS IS IN A POSITION TO HELP, OTHERS ARE UNDERTAKEN FOR MUCH MORE SPECIFIC REASONS THE GOAL OF ASPIRUS WAUSAU HOSPITAL, INC 'S COMMUNITY BENEFITS ACTIVITIES IS TO ADDRESS KEY COMMUNITY HEALTH ISSUES AS IDENTIFIED BY THE COMMUNITY NEEDS ASSESSMENT THE MARATHON COUNTY LIFE REPORT SPEARHEADED BY THE UNITED WAY OF MARATHON COUNTY THE FOLLOWING IS A LIST OF "COMMUNITY BUILDING" ACTIVITIES REPORTED IN PART II AND BRIEF DESCRIPTIONS OF THEM</p> <p>ECONOMIC DEVELOPMENT (F2)- CENTRAL WAUSAU PROGRESS THIS IS ANOTHER COMMUNITY DEVELOPMENT PROGRAM THAT COMBINES THE VISION, RESOURCES, AND EFFORTS OF MANY PARTNERS THROUGHOUT THE WAUSAU AREA - MCDEVCO MARATHON COUNTY ECONOMIC DEVELOPMENT CORPORATION, IN PRIVATE AND PUBLIC PARTNERSHIP WITH MARATHON COUNTY GOVERNMENT AND THE WAUSAU REGION CHAMBER OF COMMERCE, PROVIDES LEADERSHIP FOR REVIEWING AND RECOMMENDING ALL INITIATIVES RELATED TO EDUCATION AND ECONOMIC DEVELOPMENT MCDEVCO IS COMMITTED TO BUSINESS GROWTH, AS WELL AS PROVIDING A HIGH QUALITY OF LIFE AND BUILDING STRONG COMMUNITIES IN THE MARATHON COUNTY REGION - WAUSAU REGION CHAMBER THE LOCAL MEMBER OF THE US CHAMBER OF COMMERCE, THE WAUSAU REGION CHAMBER DEDICATES ITSELF TO IMPROVING THE LOCAL BUSINESS COMMUNITY AND ECONOMY THROUGH ADVOCACY, GROWTH/DEVELOPMENT, MARKETING AND PROFESSIONAL DEVELOPMENT ASPIRUS WAUSAU HOSPITAL, INC IS A LONGTIME CHAMBER MEMBER AND PROVIDES A LEADERSHIP ROLE IN MULTIPLE WAYS</p> <p>COMMUNITY SUPPORT (F3)- BOY SCOUTS OF AMERICA (BSA) BSA HAS A THRIVING COUNCIL, THE SAMOSET, LOCATED IN WAUSAU THIS ORGANIZATION ENCOURAGES THE PHYSICAL, CIVIC, SOCIAL, AND EDUCATIONAL DEVELOPMENT OF BOYS AND ASPIRUS WAUSAU HOSPITAL, INC SUPPORTS ITS EFFORTS BSA ACTIVITIES HELP ADDRESS THE FOLLOWING MARATHON COUNTY LIFE REPORT KEY CALLS TO ACTION ALCOHOL AND DRUG MISUSE AND OVERWEIGHT AND OBESITY - ROTARY ROTARY IS A WORLDWIDE ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS THAT PROVIDES HUMANITARIAN SERVICE, ENCOURAGES HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELPS BUILD GOODWILL AND PEACE IN THE WORLD THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE THE LOCAL CLUB HAS ABOUT 85 MEMBERS AND TRULY BENEFITS THE COMMUNITY - UNITED WAY ASPIRUS WAUSAU HOSPITAL, INC HAS DEEP AND LONGSTANDING INVOLVEMENT WITH THE LOCAL UNITED WAY AS A PACESETTER ORGANIZATION, ASPIRUS DEMONSTRATES LEADERSHIP IN ITS INTERNAL SUPPORT CAMPAIGN TO BENEFIT THE UNITED WAY, WHICH HAS RESTRUCTURED TO FOLLOW A ROAD MAP TO COMMUNITY SUCCESS THAT DIRECTS ITS SUPPORT TO ORGANIZATIONS THAT IMPROVE EDUCATION, HEALTH, AND INCOME IN THE COMMUNITY</p>

Form and Line Reference	Explanation
PART III, LINE 2	THE PROVISION FOR BAD DEBTS IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTION CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON THESE TRENDS THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER ALL COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH ASPIRUS' POLICIES THE COSTING METHODOLOGY USED WAS THE PATIENT CARE COST TO CHARGE RATIO WHICH WAS DERIVED FROM THE CALCULATION ON IRS WORKSHEET 2

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY IS CMS2552 AS FILED COST REPORT ASPIRUS WAUSAU HOSPITAL, INC (ASPIRUS) FEELS THAT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT ASPIRUS IS THERE TO TREAT THE COMMUNITY AND THEY HAVE A LARGE PERCENTAGE OF MEDICARE BENEFIT PATIENTS IF THOSE PATIENTS WERE TO BE REFUSED, THEN THEY WOULD NOT RECEIVE HEALTHCARE

Form and Line Reference	Explanation
PART III, LINE 9B	ASPIRUS WAUSAU HOSPITAL, INC MAKES REASONABLE EFFORTS TO DETERMINE IF FINANCIAL ASSISTANCE SHOULD BE OFFERED BEFORE ASSIGNING A CASE TO A COLLECTION AGENCY ASPIRUS INFORMS PATIENTS AND OFFERS THEM FINANCIAL ASSISTANCE APPLICATION FORMS AT THE TIME OF REGISTRATION, IN EMERGENCY ROOMS, FINANCIAL SERVICE OFFICES, THE BILLING OFFICE, AND ON STATEMENTS AND LETTERS ASPIRUS CAN ONLY PURSUE THE APPLICANT WHO HAS COMPLETED THE FINANCIAL ASSISTANCE APPLICATION FORMS IN THEIR ENTIRETY

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ASPIRUS WAUSAU HOSPITAL, INC IS A LEADER IN ASSESSING THE HEALTH NEEDS OF THE COMMUNITY IT HAS DEVELOPED STRONG PARTNERSHIPS WITH KEY COMMUNITY AGENCIES AND HELPED SPEARHEAD INITIATIVES TO ASSESS THE COMMUNITY'S HEALTH NEEDS AND FACTORS SUPPORTING A HIGH QUALITY OF LIFE AND VIBRANT COMMUNITY IN 1996, THE UNITED WAY LED A COLLABORATIVE EFFORT TO PERFORM A COMMUNITY HEALTH ASSESSMENT THAT FOCUSED ON DATA RATHER THAN PERCEPTION WITH SUPPORT FROM ASPIRUS AND OTHER COMMUNITY PARTNERS, THE UNITED WAY PERFORMED A COMMUNITY ASSESSMENT AND PUBLISHED IN JUNE 1997 THE FIRST ISSUE OF WHAT WAS CALLED THE MARATHON COUNTY LOCAL INDICATORS FOR EXCELLENCE (LIFE) REPORT SINCE THAT TIME, ASPIRUS WAUSAU HOSPITAL, INC HAS MAINTAINED STRONG INVOLVEMENT IN THE COMMUNITY ASSESSMENT PROCESS, FROM PLEDGING CASH SUPPORT AND IN KIND DONATIONS TO STEERING COMMITTEE CHAIRS AND MEMBERS THE NINTH AND MOST RECENT VERSION OF THE MARATHON COUNTY LIFE REPORT 2013 2015 IS BY DEFINITION AN ASSESSMENT OF COMMUNITY STRENGTHS AND CHALLENGES IT SEEKS TO IDENTIFY KEY ISSUES AND MONITOR TRENDS THAT AFFECT THE QUALITY OF LIFE IN MARATHON COUNTY THE LIFE REPORT IDENTIFIED A LONG-TERM CALL TO ACTION, TWO IMMEDIATE CONCERNS, AND FOUR ISSUES TO WATCH A GREAT START FOR KIDS A LONG-TERM CALL TO ACTION - EDUCATIONAL INVESTMENTS- THE IMPACT OF CHILDHOOD TRAUMA IMMEDIATE CONCERNS - A CHALLENGED ECONOMY- ALCOHOL AND DRUG USE, MISUSE, AND ABUSE ISSUES TO WATCH, NOT IN ORDER OF IMPORTANCE - UNMET BASIC NEEDS- OBESITY- HEALTHY AGING- INTIMATE PARTNER VIOLENCE</p>

Form and Line Reference	Explanation
PART VI, LINE 3	ASPIRUS WAUSAU HOSPITAL, INC MAKES LISTS OF AVAILABLE GOVERNMENT ASSISTANCE PROGRAMS AVAILABLE TO PATIENTS AND FAMILIES IN THE CASHIER'S OFFICE, WHICH IS LOCATED OFF THE MAIN LOBBY IN ADDITION, ALL PATIENTS ARE MADE AWARE OF ASPIRUS WAUSAU HOSPITAL'S FINANCIAL AID PROGRAMS THROUGH STATEMENTS AND FOLLOW UP LETTERS FINANCIAL COUNSELORS SEEK TO MEET ONE ON ONE WITH ANY PATIENTS WHO DO NOT HAVE INSURANCE, SO COUNSELORS CAN EXPLAIN ALL OPTIONS AVAILABLE

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ACCORDING TO THE U S CENSUS BUREAU, MARATHON COUNTY HAD A POPULATION OF 135,416 AS OF 2013 FOR THE PURPOSES OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT, WE WILL FOCUS ON MARATHON COUNTY AS THE "COMMUNITY" SERVED BY ASPIRUS WAUSAU HOSPITAL, INC WHILE THERE ARE DEMOGRAPHIC AND POPULATION DATA FOR SPECIFIC MARKETS (PRIMARY, SECONDARY, UPPER PENINSULA OF MICHIGAN, FOR EXAMPLE) MARATHON COUNTY BEARS SPECIAL ATTENTION, AS ASPIRUS WAUSAU HOSPITAL, INC AND MANY OF THE SYSTEM'S CORPORATE FUNCTIONS RESIDE THERE IN FACT, MARATHON COUNTY IN MANY RESPECTS IS THE "HOME" OF ASPIRUS AND IS THE SINGLE LARGEST SOURCE OF PATIENTS AMONG THE COUNTIES ASPIRUS SERVES ASIDE FROM WAUSAU, THE COUNTY SEAT CLASSIFIED BY THE U S CENSUS BUREAU AS A "METROPOLITAN STATISTICAL AREA," MARATHON COUNTY IS LARGELY RURAL WITH A TOTAL AREA OF 1,576 SQUARE MILES, IT IS THE LARGEST COUNTY IN WISCONSIN BY LAND AREA HERE ARE SOME DETAILS ABOUT ITS POPULATION ABOUT MARATHON COUNTY (2013) PERSONS PER SQUARE MILE 86 8PERSONS UNDER 5 YEARS OLD 6 2%PERSONS UNDER 18 YEARS OLD 23 7%PERSONS 65 YEARS AND OVER 15 4%WHITE PERSONS 91 8% ASIAN PERSONS 5 6%PERSONS PER HOUSEHOLD 2 50PERSONS BELOW POVERTY LEVEL 10 4%MEDIAN HOUSEHOLD INCOME \$53,762SOURCE US CENSUS BUREAU THE LARGEST EMPLOYERS IN MARATHON COUNTY ASPIRUS WAUSAU HOSPITAL 3,000GREENHECK FAN CORP 1,500WAUSAU SCHOOL DISTRICT 1,476FOOTLOCKER COM/EASTBAY 1,300KOLBE AND KOLBE MILLWORKS 1,122WAUSAU PAPERS 984PRIME HEALTHCARE (UMR/WAUSAU BENEFITS) 800MARATHON CHEESE 800MARATHON COUNTY 740NORTH CENTRAL HEALTH CARE 685SOURCE COMPREHENSIVE ANNUAL FINANCIAL REPORT MARATHON COUNTY, WISCONSIN FOR THE YEAR ENDED DECEMBER 31, 2012 MUCH OF ASPIRUS WAUSAU HOSPITAL, INC 'S BROADER SERVICE AREA (NORTH CENTRAL AND CENTRAL WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN) IS DEFINED BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES AS A HEALTH PROFESSIONAL SHORTAGE AREA AND MEDICALLY UNDERSERVED AREA MARATHON COUNTY SPECIFICALLY IS DESIGNATED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AS A HEALTH PROFESSIONAL SHORTAGE AREA, HEALTH PROFESSIONAL SHORTAGE AREA FOR MENTAL HEALTH, AND MEDICALLY UNDERSERVED AREA</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ASPIRUS WAUSAU HOSPITAL, INC IS A TRUE COMMUNITY ORGANIZATION IT WAS CREATED IN THE 1970S WHEN COMMUNITY LEADERS DECIDED THE TWO LOCAL HOSPITALS OPERATING AT THAT TIME COULD BE MORE EFFECTIVE AND MORE EFFICIENT IF THEY MERGED TODAY, THAT COMMUNITY LEADERSHIP AND VISION ENDURES ASPIRUS WAUSAU HOSPITAL, INC IS GUIDED BY A COMMUNITY BOARD OF DIRECTORS, WHICH THE ORGANIZATION'S BYLAWS STATE MUST CONSIST OF EIGHT OR NINE PHYSICIANS AND 11 TO 14 COMMUNITY MEMBERS THIS BOARD HELPS ENSURE THAT STRATEGIC AND OPERATIONAL DECISIONS AT ASPIRUS WAUSAU HOSPITAL, INC ARE MADE WITH THE COMMUNITY'S BEST INTEREST IN MIND IN ADDITION, ASPIRUS WAUSAU HOSPITAL, INC MAINTAINS AN OPEN MEDICAL STAFF, MEANING THAT IT EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY AS A NOT-FOR-PROFIT ORGANIZATION, ASPIRUS WAUSAU HOSPITAL, INC REINVESTS SURPLUS FUNDS IN HEALTH SERVICES FOR THE COMMUNITY, SUCH AS NEW TECHNOLOGY THAT ADVANCES CARE AND IMPROVES ACCESS ASPIRUS WAUSAU HOSPITAL, INC ALSO WORKS COLLABORATIVELY WITH OTHER HEALTHCARE AND ACADEMIC ENTITIES TO OFFER PROFESSIONAL HEALTH EDUCATION OPPORTUNITIES THAT BENEFIT THE COMMUNITIES FOR EXAMPLE, THE UNIVERSITY OF WISCONSIN WAUSAU FAMILY MEDICINE RESIDENCY PROGRAM IS BASED ON THE ASPIRUS WAUSAU HOSPITAL MEDICAL CAMPUS, AND PRODUCES SKILLED, DEDICATED FAMILY MEDICINE PHYSICIANS THE VAST MAJORITY OF RESIDENCY GRADUATES END UP PRACTICING IN NORTH CENTRAL WISCONSIN, MAKING THE RESIDENCY PROGRAM INCREDIBLY VALUABLE TO THE ONGOING EASY ACCESS TO HIGH QUALITY PRIMARY HEALTHCARE ASPIRUS WAUSAU HOSPITAL, INC IS THE VEHICLE BY WHICH EXTENSIVE VOLUNTEER EFFORTS ARE ORGANIZED THERE ARE MORE THAN 1,000 ASPIRUS VOLUNTEERS WHO SUPPORT THE PROVISION OF EXCELLENT MEDICAL CARE AT THE HOSPITAL AND IN OTHER VENUES THESE VOLUNTEERS ALSO PROVIDE VALUABLE COMMUNITY OUTREACH THROUGH THE LIFELINE HOME HEALTH MONITORING PROGRAM, THE HANDS PROGRAM THAT TEACHES YOUNG CHILDREN THE IMPORTANCE OF HAND HYGIENE, AND MEALS ON WHEELS ASPIRUS WAUSAU HOSPITAL, INC ALSO SUPPORTS VALUABLE CLINICAL RESEARCH THROUGH ASPIRUS HEART & VASCULAR INSTITUTE (AHVI) RESEARCH & EDUCATION AND THROUGH THE ASPIRUS REGIONAL CANCER CENTER (ARCC) AHVI RESEARCH & EDUCATION HAS ABOUT 10 OPEN TRIALS AT ANY GIVEN TIME, AND SEEKS TO ADVANCE THE SAFE, EFFECTIVE, AND COMPASSIONATE PRACTICE OF CARDIOVASCULAR MEDICINE IN NORTH CENTRAL WISCONSIN THROUGH A RESEARCH AFFILIATION WITH THE UNIVERSITY OF WISCONSIN COMPREHENSIVE CANCER CENTER IN MADISON, ARCC IS PART OF A SATELLITE SYSTEM CALLED WISCONSIN ONCOLOGY NETWORK OFFERING CLINICAL TRIALS TO PATIENTS WITH ADVANCED DISEASE ARCC IS ALSO ABLE TO OFFER FEDERALLY SPONSORED STUDIES AVAILABLE THROUGH THE EASTERN COOPERATIVE ONCOLOGY GROUP AND THE RADIOLOGIC THERAPY ONCOLOGY GROUP ASPIRUS IS ALSO COMMITTED TO THE HEALTH OF THE COMMUNITY IT SERVES BY PARTNERING WITH ORGANIZATIONS SUCH AS THE HEALTH DEPARTMENT, UNITED WAY, YWCA, AND OTHERS, ASPIRUS CAN INVEST IN PROGRAMS AND OFFER SERVICES TO POPULATIONS THAT WOULD NOT HAVE ACCESS OTHERWISE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ASPIRUS WAUSAU HOSPITAL, INC IS ONE OF SIX HOSPITALS UNDER THE ASPIRUS, INC UMBRELLA EACH OF THE OTHER FIVE HOSPITALS IS A SMALL, CRITICAL ACCESS FACILITY, WHILE ASPIRUS WAUSAU HOSPITAL, INC IS A REGIONAL TERTIARY CARE FACILITY THE ASPIRUS SYSTEM IS RELATIVELY YOUNG, ESPECIALLY IN THE UPPER PENINSULA OF MICHIGAN, WHERE THREE OF THE CRITICAL ACCESS HOSPITALS ARE LOCATED THESE FACILITIES ALL OPERATE AS LOCAL SOURCES OF CHARITY CARE AND STRONG CORPORATE CITIZENS IN FACT, ASPIRUS KEWEENAW HOSPITAL RECEIVED IN JANUARY 2011 THE WINKS GUNDLACH AWARD FOR STRONG AND CONSISTENT SUPPORT OF THE KEWEENAW COMMUNITY FOUNDATION THIS COMMITMENT TO LOCAL COMMUNITY IS REFLECTED THROUGHOUT THE ASPIRUS SERVICE AREA IN WAUSAU, THE ASPIRUS HEALTH FOUNDATION RAISES MONEY FOR VARIOUS HEALTH RELATED INITIATIVES IN THE COMMUNITY AND WITHIN ASPIRUS IN ADDITION TO RAISING MONEY AND RECEIVING COMMUNITY GIFTS, THE FOUNDATION ALSO DETERMINES THE BEST WAY TO UTILIZE ITS RESOURCES TO MAKE THE BIGGEST IMPACT ON THE COMMUNITY THROUGHOUT THE ASPIRUS SERVICE AREA, AFFILIATED FOUNDATIONS SERVE THE NEEDS OF THEIR RESPECTIVE COMMUNITIES - THE COMMUNITY HEALTH FOUNDATION SERVES ANTIGO, WI, AND SURROUNDING COMMUNITIES - MEMORIAL HEALTH CENTER FOUNDATION SERVES MEDFORD, WI, AND SURROUNDING COMMUNITIES - ASPIRUS ONTONAGON FOUNDATION SERVES ONTONAGON, MI, AND SURROUNDING COMMUNITIES - ASPIRUS GRAND VIEW FOUNDATION SERVES IRONWOOD, MI, AND SURROUNDING COMMUNITIES WHILE ASPIRUS HAS GROWN AND EXPANDED ITS SERVICE AREA RAPIDLY IN THE PAST SIX YEARS, SYSTEM LEADERS ARE MAKING A CONCERTED EFFORT TO COLLABORATE INTERNALLY TO MAKE THE CONTINUUM OF CARE AS SEAMLESS AS POSSIBLE FOR CUSTOMERS THIS MEANS PROVIDING HIGH QUALITY, EFFICIENT SERVICE FROM PRIMARY CARE TO SPECIALTY SERVICES AND POST-ACUTE CARE SUCH AS REHABILITATION AND HOME CARE BY INTEGRATING SERVICES AND COMMUNICATING EFFECTIVELY AMONG PROVIDERS, ASPIRUS IS BETTER ABLE TO MEET PATIENT NEEDS AND IMPROVE OUTCOMES THIS COULD BE THE MOST IMPORTANT COMMUNITY BENEFIT OF ALL</p>

Form and Line Reference	Explanation
PART VI, LINE 7	ASPIRUS, INC HAS THREE HOSPITALS IN WISCONSIN ASPIRUS WAUSAU HOSPITAL IN WAUSAU, LANGLADE HOSPITAL IN ANTIGO AND ASPIRUS MEDFORD HOSPITAL AND CLINICS IN MEDFORD EACH OF THESE CENTERS FILES A COMMUNITY BENEFIT REPORT ASPIRUS, INC ALSO HAS THREE HOSPITALS IN MICHIGAN'S UPPER PENINSULA ASPIRUS KEWEENAW HOSPITAL IN LARIUM, ASPIRUS GRAND VIEW IN IRONWOOD AND ASPIRUS ONTONAGON IN ONTONAGON EACH OF THESE FACILITIES IS RESPONSIBLE FOR ITS OWN COMMUNITY BENEFITS REPORTING

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ASPIRUS WAUSAU HOSPITAL, INC	PART V, SECTION B, LINE 4 MINISTRY ST CLARE'S HOSPITAL3400 MINISTRY PKWY WESTON, WI 54476
ASPIRUS WAUSAU HOSPITAL, INC	PART V, SECTION B, LINE 5D A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT IS ATTACHED TO THE FORM 990 HOSPITAL WEBSITE HTTP //ASPIRUS ORG/UPLOADS/PUBLIC/DOCUMENTS/COMM-BENEFIT-REPORT-AWH PDF
ASPIRUS WAUSAU HOSPITAL, INC	PART V, SECTION B, LINE 20D THE LOOK BACK METHOD UNDER REG 501(R) IS UTILIZED TO CALCULATE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIBIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
39-1138241

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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
(1) NTC FOUNDATION 1000 WEST CAMPUS DRIVE WAUSAU,WI 54401	39-1266481	501(C)(3)	11,000				DONATION
(2) WAUSAU AREA MOBILE MEALS 610 SCOTT STREET STE G WAUSAU,WI 54403	39-1238060	501(C)(3)	11,000				DONATION
(3) LEIGH YAWKEY WOODSON ART MUSEUM 700 N TWELFTH STREET WAUSAU,WI 54403	23-7367344	501(C)(3)	10,000				SPONSORSHIP
(4) WAUSAU DANCE THEATRE PO BOX 18015 MERRIFIELD,VA 22118	23-7281913	501(C)(3)	7,500				SPONSORSHIP
(5) WIFC-DISCO CURES CANCER PO BOX 2048 WAUSAU,WI 54402	39-0942767	N/A	7,500				SPONSORSHIP
(6) UNITED WAY OF MARATHON COUNTY INC 705 S 24TH AVE STE 400B WAUSAU,WI 54401	39-0935496	501(C)(3)	5,700				SPONSORSHIP

2

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

5

3

Enter total number of other organizations listed in the line 1 table

1

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.
Part III can be duplicated if additional space is needed.

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE EXECUTIVE DIRECTOR OF ASPIRUS HEALTH FOUNDATION ADMINISTERS THE FUNDS IN THE ASPIRUS COMMUNITY PARTNER FUND (CPF) THE FUNDS FROM CPF ARE GIVEN TO COMMUNITY PROGRAMS TO INCREASE THE QUALITY OF LIFE IN THE REGION OR ARE RELATED TO HEALTH INITATIVES THEY ARE NOT USED, IN GENERAL, FOR SPONSORSHIPS OR MARKETING-ALBEIT, WE WORK CLOSELY WITH MARKETING WHEN DISPERSING FUNDS FROM THE ACCOUNT AN ANNUAL BUDGET IS SET FOR THE CPF AND THROUGHOUT THE YEAR WE MAINTAIN RECORDS TO TRACK WHO GETS THE FUNDS, AMOUNTS DISPERSED, AND WHY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number
39-1138241

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
	Only 501(c)(3) 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? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS T RENGEL \$441, C MARTING \$366, H SCULLY \$140, S SCZYGELSKI \$301, R NEVERS \$581, T RICHARDSON \$293, M HATTEM \$268, D LENTZ \$175 - INCLUDED IN INCOME GROSS-UP PAYMENTS C MARTING \$601, S SCHNEIDER \$659, H SCULLY \$601, S SCZYGELSKI \$3,394 - INCLUDED IN INCOME HOUSING ALLOWANCE R LUCAS \$1,510 - INCLUDED IN INCOME CLUB DUES R NEVERS \$509, T RICHARDSON \$539, K DRENGLER \$413, N BURGNER \$294, J SCINTO \$539, D DANNER \$539, M HATTEM \$413, D LENTZ \$665, D ERWIN \$413 - INCLUDED IN INCOME
PART I, LINES 4A-B	SCHEDULE J, PART I, LINE 4A - SEVERANCE PAYMENT J SCINTO - \$6,862 D ERWIN - \$225,368 D BLIVEN - \$40,819 SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT 457(F) DISTRIBUTION 457(F) RETIREMENT PLAN PROFILE KEY EMPLOYEES OF THE ORGANIZATION OR A PARTICIPATING AFFILIATE ARE ELIGIBLE TO PARTICIPATE IN THE PLAN THE PLAN YEAR IS JANUARY 1 TO DECEMBER 31ST EMPLOYER CONTRIBUTIONS THE CONTRIBUTION MADE BY THE EMPLOYER IS A THREE-TIERED STRUCTURE DEPENDING UPON THE EXECUTIVE'S POSITION, WHICH ARE AS FOLLOWS 9% FOR VICE PRESEIDENT, 13% FOR SENIOR LEADERSHIP COUNCIL, AND 15% FOR THE CEO IF A PARTICIPANT TERMINATES DURING THE YEAR, THE PARTICIPANT'S EXECUTIVE ALLOWANCE IS PRORATED BASED ON THE NUMBER OF FULL CALENDAR MONTHS FROM THE BEGINNING OF THE PLAN YEAR TO THE BEGINNING OF THE CALENDAR YEAR MONTH CLOSEST TO THE CHANGE OR TERMINATION OF EMPLOYMENT DISTRIBUTIONS CONTINUATION OF EMPLOYMENT THROUGH THE DEFERRED VESTING DATE, THE DATE ON WHICH THE PARTICIPANT'S EMPLOYMENT IS TERMINATED AS A RESULT OF DEATH OR DISABILITY, THE DATE ON WHICH THE PARTICIPANT INCURS AN INVOLUNTARY SEPARATION FROM SERVICE WITHOUT REASONABLE CAUSE, OR THE DATE THAT IS 24 MONTHS FOLLOWING THE PARTICIPANT'S SEPARATION FROM SERVICE, BUT ONLY IF THE PARTICIPANT'S INTEREST HAS NOT BEEN FORFEITED FOR COMPETITION DURING SUCH 24 MONTH PERIOD AND THE PARTICIPANT HAS NOT ENGAGED IN COMPETITION AFTER HIS OR HER SEPARATION FROM SERVICE AND PRIOR TO HIS OR HER DEATH, THE PARTICIPANT SHALL BE VESTED AT HIS OR HER DATE OF DEATH T RENGEL - \$138,327 D LENTZ - \$19,598 R LUCAS - \$18,290 R NEVERS - \$18,457 N BURGNER - \$19,165 D DANNER - \$27,425 M HATTEM - \$17,106

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HILARY P SCULLY MD BOARD MEMBER/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	351,638	0	8,919	17,850	27,099	405,506	0
SUSAN M SCHNEIDER MD BOARD MEMBER/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	285,842	250	8,786	17,850	21,391	334,119	0
THOMAS N RENGEL MD BOARD MEMBER/PHYSICIAN	(i)	405,536	24,388	153,421	5,000	14,771	603,116	0
	(ii)	0	0	0	0	0	0	0
CHARLES S MARTING DO BOARD MEMBER/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	427,964	0	9,093	17,850	27,029	481,936	0
DARRELL LENTZ PRESIDENT AWH	(i)	30,358	0	2,703	1,000	4,229	38,290	0
	(ii)	185,083	23,595	21,029	9,444	40,220	279,371	0
SIDNEY C SCZYGELSKI CFO AI	(i)	0	0	0	0	0	0	0
	(ii)	322,441	141,139	6,038	15,200	69,657	554,475	0
MATTHEW F HEYWOOD CEO AI	(i)	0	0	0	0	0	0	0
	(ii)	280,310	50,000	9,873	4,359	58,115	402,657	0
ROGER LUCAS SVP AND CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	196,276	57,504	26,030	11,928	45,001	336,739	0
RICK L NEVERS SVP REG OPS SYSTEM INT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	202,368	38,216	21,485	12,256	54,261	328,586	0
TODD RICHARDSON SVP AND CIO	(i)	0	0	0	0	0	0	0
	(ii)	234,975	44,606	2,484	9,646	55,100	346,811	0
KATHRYN J DREGLER VP PATIENT CARE/CNO	(i)	180,481	20,227	3,216	11,265	38,157	253,346	0
	(ii)	0	0	0	0	0	0	0
JACOB KEMPEN VP CLINICAL SERVICES	(i)	167,327	19,673	3,739	8,929	25,902	225,570	0
	(ii)	0	0	0	0	0	0	0
NORMA JEAN BURGENER VP OF POST ACUTE CARE	(i)	152,176	17,143	23,375	9,514	33,141	235,349	0
	(ii)	0	0	0	0	0	0	0
JEANNE SCINTO VP CORPORATE QUALITY & PATIENT SVCS	(i)	176,774	19,048	8,020	10,826	40,493	255,161	0
	(ii)	0	0	0	0	0	0	0
DEAN DANNER SVP COO OF ASPIRUS CLINICS	(i)	0	0	0	0	0	0	0
	(ii)	218,917	42,321	33,504	16,013	25,063	335,818	0
MARITA HATTEM SVP ORG AND SERVICE LINE DEV	(i)	163,117	30,997	18,318	10,740	35,104	258,276	0
	(ii)	44,160	0	406	1,735	3,562	49,863	0
JEFFREY MASTEN CHIEF MEDICAL PHYSICIST	(i)	196,703	0	5,235	10,899	18,841	231,678	0
	(ii)	0	0	0	0	0	0	0
RAYMOND WERY MEDICAL PHYSICIST CONSULTANT	(i)	174,595	0	2,369	10,870	22,897	210,731	0
	(ii)	0	0	0	0	0	0	0
BRUCE HASSELQUIST MEDICAL PHYSICIST CONSULTANT	(i)	168,932	0	4,047	10,765	26,480	210,224	0
	(ii)	0	0	0	0	0	0	0
DAVID BLIVEN DIRECTOR OF REAL ESTATE/PROJECTS	(i)	98,531	0	48,537	6,674	1,470	155,212	0
	(ii)	0	0	0	0	0	0	0

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				
JILL MICHAUD DIRECTOR OF PHARMACY	(i)	142,609	0	4,275	8,747	21,430	177,061	0
	(ii)	0	0	0	0	0	0	0
DUANE L ERWIN FORMER CEO AI	(i)	0	0	0	0	0	0	0
	(ii)	410,177	136,236	235,530	15,200	123,108	920,251	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
39-1138241

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855		02-29-2012	32,025,000	REFUND BONDS SERIES 2012A		X		X		X
B	WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855	97710BLW0	10-07-2009	27,200,000	REFUND BONDS ISSUED 3/18/2009		X		X		X
C	WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855	97710BLV2	10-07-2009	20,000,000	SERIES 1998-VAR RATE DEMAND		X		X		X
D	WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855	97710B7X4	04-12-2013	46,115,000	REVENUE BONDS SERIES 2013		X		X		X

Part II

Proceeds

				A	B	C	D
1	Amount of bonds retired			5,940,000		4,930,000	
2	Amount of bonds legally defeased						
3	Total proceeds of issue			32,025,000	27,833,241	20,841,864	47,001,087
4	Gross proceeds in reserve funds						
5	Capitalized interest from proceeds						
6	Proceeds in refunding escrows						22,999,596
7	Issuance costs from proceeds				1,429,347	340,678	
8	Credit enhancement from proceeds						
9	Working capital expenditures from proceeds						
10	Capital expenditures from proceeds				26,403,894	20,501,186	24,001,113
11	Other spent proceeds						
12	Other unspent proceeds						
13	Year of substantial completion			2006		1999	
				Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X		X	X
15	Were the bonds issued as part of an advance refunding issue?				X	X	X
16	Has the final allocation of proceeds been made?			X		X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X	X

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 920 %		1 200 %		0 930 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	1 920 %		1 200 %		0 930 %		0 %	
6	Total of lines 4 and 5	3 840 %		2 400 %		1 860 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH DATE THE REBATE COMPUTATION WAS PERFORMED 02/22/2013 ISSUER NAME WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH DATE THE REBATE COMPUTATION WAS PERFORMED 12/14/2007 ISSUER NAME WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH DATE THE REBATE COMPUTATION WAS PERFORMED 04/28/2000

Return Reference	Explanation
SCHEDULE K, PART III, LINE 9	SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS POLICY STATES WE WILL SEEK BOND COUNSEL OPINION ON ALL REMEDIAL ACTIONS

Schedule L
(Form 990 or 990-EZ)

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number
39-1138241

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

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 assistance	(d) Type of assistance	(e) Purpose 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?	
				Yes	No
(1) RADIOLOGY ASSOCIATES OF WAUSAU SC	RELATED PARTY TO BOARD MEMBER CRAIG HACKWORTH, MD	181,405	RADIOLOGY SERVICES/MEDICAL CONTRACTS		No
(2) WI EMERGENCY MEDICAL SERVICES ASSOCIATION	RELATED PARTY TO BOARD MEMBER CHAD RADKE, DO	6,339,202	EMERGENCY SERVICES/MEDICAL CONTRACTS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE PARENT ORGANIZATION, ASPIRUS, INC , IS THE SOLE CORPORATE MEMBER OF ASPIRUS WAUSAU HOSPITAL, INC
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ACTIONS MUST BE APPROVED BY THE SOLE MEMBER OF THE ORGANIZATION, ASPIRUS WAU SAU HOSPITAL, INC 1) CHANGE OR AMEND THE ARTICLES OF INCORPORATION OR BYLAWS, 2) CHANGE THE MISSION, PURPOSE, OR SCOPE OF THE CORPORATION, 3) RATIFICATION OR REMOVAL OF DIRECTORS OR OFFICERS, 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 ORGANIZATIO N'S MANAGEMENT THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW AND FINAL APPROVA L PRIOR TO FILING THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN ANNUAL CONFLICT OF INTEREST STATEMENT S AND ALL MANAGERS ARE REQUIRED TO SIGN BIENNIAL CONFLICT OF INTEREST STATEMENTS THE ORGA NIZATION'S CEO AND BOARD CHAIR REVIEW THE STATEMENTS AND HIGHLIGHT POTENTIAL CONFLICTS TH E BOARD DETERMINES ON A CASE BY CASE BASIS ANY ACTIONS REQUIRED INDIVIDUALS ARE NOT PERMI TTED TO VOTE ON ANY TRANSACTION WHERE A CONFLICT HAS BEEN DETERMINED TO EXIST ALL CONFLIC TS AND PROCEEDINGS ARE NOTED IN THE MEETING MINUTES
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION HAD AN INDEPENDENT AUDIT FOR EXECUTIVE COMPENSATION WHICH INCLUDED BASE S ALARY, INCENTIVE PLANS, AND BENEFITS FOR ALL OFFICER AND EXECUTIVE POSITIONS THE REVIEW W AS COMMISSIONED BY THE COMPENSATION COMMITTEE OF THE BOARD AND WAS CONDUCTED BY AN INDEPEN DENT CONSULTING FIRM THE MARKET ANALYSIS WAS COMPLETED IN MARCH/APRIL 2013 AND PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD IN AUGUST 2013 FOR FINAL COMPENSATION DETERMINA TION
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 XI, LINE 9	INTEREST RATE SWAP -414,615 INTEREST RATE SWAP VALUATION ADJUSTMENT -83,755 POST RETIREM ENT HEALTHCARE BENEFIT ADJUSTMENT 131,290 NET ASSET TRANSFER TO ASPIRUS, INC -30,000,000 EQUITY - BOND SWAP -20,245
FORM 990, PART XII, LINE 2C	OVERSIGHT OR SELECTION PROCESS THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF ASPIRUS, INC , THE PARENT ORGANIZATION OF ASPIRUS WAUSAU HOSPITAL, INC , ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDEN T ACCOUNTANT THERE WAS NO CHANGE IN THIS PROCESS IN THE PAST YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number
39-1138241

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) STEVENS POINT SURGERY CENTER LLC 5409 VERN HOLMES DRIVE STEVENS POINT, WI 54481 20-2259562	MEDICAL SRVS	WI	610,212	99,766	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ASPIRUS NETWORK 3000 WESTHILL DRIVE SUITE 300 WAUSAU, WI 54401 39-1931679	MEDICAL CONTRACTS	WI	N/A	C	-26,763	1,075,047	100 000 %	Yes	
(2) ASPIRUS GRAND VIEW CARING CAREGIVERS N10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2902754	PERSONNAL NEEDS SERVICES	MI	ASPIRUS GRAND VIEW	C	41,896	459,554	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

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

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

b Gift, grant, or capital contribution to 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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

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

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ASPIRUS INC 333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1328331	HEALTHCARE	WI	501(C)(3)	LINE 11B, II			No
(1) ASPIRUS BUILDINGS INC 333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1406537	PROPERTY LEASING	WI	501(C)(3)	LINE 9	ASPIRUS INC	Yes	
(2) ASPIRUS SPECIALISTS INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1945080	MEDICAL SPECIALIST SERVICES	WI	501(C)(3)	LINE 9	ASPIRUS INC	Yes	
(3) ASPIRUS EXTENDED SERVICES INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-0782130	NURSING HOME SERVICES	WI	501(C)(3)	LINE 9	ASPIRUS INC	Yes	
(4) ASPIRUS CLINICS INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1670223	MEDICAL SERVICES	WI	501(C)(3)	LINE 9	ASPIRUS INC	Yes	
(5) ASPIRUS ONTONAGON HOSPITAL INC 601 SEVENTH STREET ONTONAGON, MI 49953 26-0806477	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
(6) 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	Yes	
(7) 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	Yes	
(8) ASPIRUS HEALTH FOUNDATION INC 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1256656	CHARITABLE FOUNDATION	WI	501(C)(3)	LINE 7	ASPIRUS INC	Yes	
(9) ASPIRUS GRAND VIEW N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2908586	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
(10) GRAND VIEW HOSPITAL AUXILIARY N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 23-7178363	LIFELINE EMERGENCY SYSTEM	MI	501(C)(3)	LINE 9	ASPIRUS GRAND VIEW	Yes	
(11) 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	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ASPIRUS SPECIALISTS INC	K	232,730	COST
ASPIRUS SPECIALISTS INC	O	405,255	COST
ASPIRUS SPECIALISTS INC	Q	102,076	COST
ASPIRUS BUILDINGS INC	J	545,260	COST
ASPIRUS BUILDINGS INC	O	110,381	COST
ASPIRUS BUILDINGS INC	Q	156,803	COST
ASPIRUS VNA HOME HEALTH INC	J	124,512	COST
ASPIRUS VNA HOME HEALTH INC	K	140,539	COST
ASPIRUS VNA HOME HEALTH INC	O	3,222,545	COST
ASPIRUS VNA HOME HEALTH INC	Q	300,529	COST
ASPIRUS EXTENDED SERVICES INC	O	771,621	COST
ASPIRUS EXTENDED SERVICES INC	P	93,291	COST
ASPIRUS NETWORK INC	L	58,824	COST
ASPIRUS NETWORK INC	O	1,080,970	COST
ASPIRUS ONTONAGON HOSPITAL INC	O	1,323,093	COST
ASPIRUS ONTONAGON HOSPITAL INC	Q	95,389	COST
ASPIRUS HEALTH FOUNDATION INC	O	247,089	COST
ASPIRUS HEALTH FOUNDATION INC	Q	104,776	COST
ASPIRUS HEALTH FOUNDATION INC	C	300,000	COST
ASPIRUS GRAND VIEW HOSPITAL	L	57,264	COST
ASPIRUS GRAND VIEW HOSPITAL	O	2,164,178	COST
ASPIRUS GRAND VIEW HOSPITAL	Q	100,022	COST
ASPIRUS GRAND VIEW SERVICE CORPORATION	O	204,545	COST

Aspirus, Inc. and Subsidiaries

Wausau, Wisconsin

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

Aspirus, Inc. and Subsidiaries

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

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Independent Auditor's Report

Board of Directors
Aspirus, Inc.
Wausau, Wisconsin

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Aspirus, Inc. and Subsidiaries, which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the 2014 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Aspirus, Inc. and Subsidiaries as of June 30, 2014, and the results of their operations, changes in their net assets, and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States.

Other Matter

The financial statements of Aspirus, Inc. and Subsidiaries as of June 30, 2013, were audited by other auditors whose report dated October 4, 2013, expressed an unmodified opinion on those statements.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary 2014 consolidating information appearing on pages 49 through 56 is presented for the purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A handwritten signature in black ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP

September 19, 2014
Wausau, Wisconsin

Aspirus, Inc. and Subsidiaries

Consolidated Balance Sheets

June 30, 2014 and 2013

<i>Assets</i>	2014	2013
	(In Thousands)	
Current assets		
Cash and cash equivalents	\$ 77,580	\$ 85,312
Short-term investments	25,690	759
Current portion of assets limited as to use	6,036	5,174
Patient accounts receivable - Net	71,850	65,548
Inventory	8,052	8,386
Prepaid expenses and other current assets	15,660	12,335
Total current assets	204,868	177,514
Investments	83,118	67,435
Assets limited as to use	210,735	182,404
Property and equipment - Net	202,547	184,200
Other assets		
Investments in unconsolidated affiliates	93,795	80,686
Goodwill and other intangibles	4,074	4,136
Deferred bond issuance costs - Net	802	849
Other	2,237	5,121
Total other assets	100,908	90,792
TOTAL ASSETS	\$ 802,176	\$ 702,345

<i>Liabilities and Net Assets</i>	2014	2013
	(In Thousands)	
Current liabilities		
Line of credit	\$ 19,465	\$ -
Current maturities of long-term debt.		
Hospital revenue bonds	4,930	4,730
Clinic revenue bonds	150	150
Other debt	2,543	2,618
Accounts payable	9,981	7,450
Accrued salaries and wages	22,992	19,488
Accrued interest payable	1,109	780
Other accrued liabilities	19,632	21,009
Estimated third-party payor settlements	2,510	5,447
Total current liabilities	83,312	61,672
Long-term liabilities		
Long-term debt - Less current maturities		
Hospital revenue bonds	113,354	118,347
Clinic revenue bonds	6,900	7,050
Other debt	2,767	2,315
Deferred compensation	27,080	21,483
Postretirement benefits	3,649	3,498
Interest rate swap agreement	2,383	2,279
Other long-term liabilities	2,257	4,643
Total long-term liabilities	158,390	159,615
Total liabilities	241,702	221,287
Net assets:		
Aspirus, Inc. net assets - Unrestricted	544,354	466,047
Noncontrolling interest	16,120	15,011
Total net assets	560,474	481,058
TOTAL LIABILITIES AND NET ASSETS	\$ 802,176	\$ 702,345

See accompanying notes to consolidated financial statements.

Aspirus, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2014 and 2013

	2014	2013
	(In Thousands)	
Revenue		
Patient service revenue - Net of contractual adjustments and discounts	\$ 509,968	\$ 506,193
Provision for bad debts	(2,193)	(10,417)
Net patient service revenue, less provision for bad debts	507,775	495,776
Income from unconsolidated affiliates	12,348	11,705
Other operating revenue	41,882	29,398
Total revenue	562,005	536,879
Expenses		
Salaries and wages	230,340	229,127
Employee benefits	62,278	61,863
Medical fees	4,382	4,444
Supplies	82,965	83,967
Purchased services and other	107,754	101,270
Insurance and utilities	7,441	8,118
Depreciation and amortization	23,094	24,625
Interest	2,364	1,804
Total expenses	520,618	515,218
Income from operations	41,387	21,661
Nonoperating income (loss)		
Investment income	37,761	24,231
Contributions and other	689	1,341
Gain (loss) on interest rate swap agreement	(498)	848
Loss on early extinguishment of debt	-	(118)
Total nonoperating income - Net	37,952	26,302
Revenue in excess of expenses before noncontrolling interest	79,339	47,963

Aspirus, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (Continued)

Years Ended June 30, 2014 and 2013

	2014	2013
	(In Thousands)	
Revenue in excess of expenses before noncontrolling interest (brought forward)	\$ 79,339	\$ 47,963
Revenue in excess of expenses attributable to noncontrolling interest	1,109	994
Revenue in excess of expenses attributable to Aspirus, Inc.	78,230	46,969
Other changes in unrestricted net assets		
Other changes in net assets of unconsolidated affiliates	153	(255)
Postretirement benefit adjustment	154	845
Forgiveness of note to affiliated organization and other changes	(210)	(137)
Other	(20)	(296)
Increase in unrestricted net assets attributable to Aspirus, Inc.	78,307	47,126
Net assets of Aspirus, Inc. at beginning	466,047	418,921
Net assets of Aspirus, Inc. at end	\$ 544,354	\$ 466,047

Aspirus, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2014 and 2013

	2014	2013
	(In Thousands)	
Cash flows from operating activities		
Increase in unrestricted net assets	\$ 78,307	\$ 47,126
Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities.		
Depreciation and amortization	22,704	24,608
Amortization of bond premium	(65)	(8)
Provision for bad debts	2,193	10,417
Net change in unrealized gains and losses on trading securities	(27,285)	(16,899)
Unrealized (gain) loss on interest rate swap agreement	104	(5,198)
Share of earnings in unconsolidated affiliates	(12,348)	(11,705)
Loss on early extinguishment of debt	-	(118)
Loss on sale of property and equipment	390	17
Change in noncontrolling interest	1,109	1,673
Changes in operating assets and liabilities		
Patient accounts receivable	(8,495)	(9,185)
Other current assets	(27,922)	1,040
Investments and assets limited as to use, including realized gains and losses	(2,973)	(5,782)
Accounts payable, accrued, and other liabilities	2,049	6,211
Other long-term assets and liabilities	5,510	6,723
Total adjustments	(45,029)	1,794
Net cash provided by operating activities	33,278	48,920
Cash flows from investing activities.		
Additions to property and equipment	(41,356)	(34,443)
Purchase of trading investments	(53,838)	(24,120)
Proceeds from sale of trading investments	39,220	-
Net cash used in investing activities	(55,974)	(58,563)

Aspirus, Inc. and Subsidiaries

Consolidated Statements of Cash Flows (Continued)

Years Ended June 30, 2014 and 2013

	2014	2013
	(In Thousands)	
Cash flows from financing activities		
Principal payments on bonds	\$ (5,530)	\$ (6,394)
Principal payments on other debt	(75)	-
Bond issue costs including original issue premium and discount	-	417
Proceeds from issuance of other long-term debt	20,569	48,765
Retirement of long-term debt	-	(23,000)
Net cash provided by financing activities	14,964	19,788
Net increase (decrease) in cash and cash equivalents	(7,732)	10,145
Cash and cash equivalents at beginning	85,312	75,167
Cash and cash equivalents at end	\$ 77,580	\$ 85,312
Supplemental disclosure of cash flows information:		
Interest paid including capitalized interest	\$ 3,000	\$ 1,756

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies**

Principal Business Activity

Aspirus, Inc. and Subsidiaries (collectively “Aspirus”) provide comprehensive medical, surgical, emergency, outpatient, nursing home, home care, hospice, and clinical services to the residents of central and northern Wisconsin and the upper peninsula of Michigan.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Aspirus, Inc. and all of its wholly-owned or majority-owned subsidiaries. All significant intercompany accounts and transactions have been eliminated in consolidation.

Aspirus, Inc.’s wholly-owned subsidiaries are Aspirus Wausau Hospital, Inc. (AWH), Aspirus Ontonagon Hospital, Inc. (AOH), Aspirus Clinics, Inc. (ACI), Aspirus Specialists, Inc. (ASI), Aspirus Buildings, Inc. (ABI), Aspirus Network, Inc. (ANI), and Aspirus Health Foundation, Inc. (AHF). Aspirus, Inc.’s majority-owned subsidiaries are Aspirus Grand View Hospital, Inc. (AGV) - 70%, Aspirus Extended Services, Inc. (AES) - 80%, and Aspirus VNA Home Health, Inc. (AVNA) - 64.73%.

Financial Statement Presentation

Aspirus follows accounting standards contained in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Cash Equivalents and Short-Term Investments

Aspirus considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts held as short-term investments in the investment portfolio and amounts whose use is limited. Short-term investments consist of mutual funds and corporate bonds.

Investments and Investment Income

Investments are classified as trading securities and, accordingly, investments in marketable equity securities and all investments in debt securities are recorded at fair value in the accompanying consolidated balance sheets, with the changes in fair value during the period included in revenue in excess of expenses in the accompanying consolidated statements of operations and changes in net assets.

Investments designated as assets limited as to use are stated at fair value and consist of investments held by bond trustees under the terms of bond agreements, investments designated by the Board of Directors for future facility replacement and expansion, amounts set aside for compensation agreements, and investments held for various other purposes. Assets limited as to use that are required for obligations classified as current liabilities are reported as current assets.

Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in other income (loss) unless the income or loss is restricted by donor or law. Realized gains and losses are determined by specific identification.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Fair Value Measurements

Aspirus measures fair value of its financial instruments using a three-tier hierarchy that prioritizes the inputs used in measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that Aspirus has the ability to access.

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Patients Accounts Receivable and Credit Policy

Patient accounts receivable are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances. These obligations are primarily from local residents, most of whom are insured under third-party payor agreements. Aspirus bills third-party payors on the patients' behalf or, if uninsured, patients are billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient accounts receivable are applied to the specific claim identified on the remittance advice or statement. Aspirus has no policy to charge interest on past due accounts.

Patient accounts receivable are recorded in the accompanying consolidated balance sheets net of contractual adjustments and allowances for uncollectible accounts, which reflect management's best estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable.

In evaluating the collectability of patient accounts receivable, Aspirus analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowances for uncollectible accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, Aspirus analyzes contractually due amounts and provides an allowance for uncollectible amounts on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Patients Accounts Receivable and Credit Policy (Continued)

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for a portion of the bill), Aspirus records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowances for uncollectible accounts.

Inventory

Inventory is valued at the lower of cost, determined using the average cost method, or market value.

Property, Equipment, and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives range from 2 to 20 years for equipment and 2 to 70 years for land improvements, buildings, building improvements, and building equipment.

Interest cost incurred on borrowed funds during the period of construction of capital assets along with interest income on any unexpended project funds is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Property, Equipment, and Depreciation (Continued)

Aspirus periodically evaluates whether events and circumstances have occurred that may affect the carrying value of property and equipment. If said events or circumstances indicate the carrying value may not be recoverable, impairment is determined by comparing the carrying value with the estimated future net discounted cash flows expected to result from the use of the assets, including cash flows from disposition. Should the sum of the expected future net cash flows be less than the carrying value, Aspirus would recognize an impairment loss. During 2014, an impairment loss of \$760,000 was recognized as depreciation and amortization in the accompanying consolidated financial statements. Aspirus recognized no impairment loss in 2013.

Asset Retirement Obligation

Management annually assesses its existing properties to determine if there is a need to recognize a liability for a conditional asset retirement obligation, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. As of June 30, 2014 and 2013, management has determined that there is an immaterial amount of conditional asset retirement obligations that exist related to certain Aspirus' property. For remaining properties, there is an indeterminate settlement date for the asset retirement obligations because the range of time over which Aspirus may settle the obligations is unknown and cannot be estimated.

Investments in Unconsolidated Affiliates

Investments in unconsolidated affiliates are accounted for using the equity method.

Aspirus' share of the operating results and other changes in net assets (if any) of its investments in unconsolidated entities are included in total revenue and changes in net assets, respectively, in Aspirus' consolidated statements of operations and changes in net assets.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Goodwill and Other Intangibles

Goodwill represents the excess of the total cost of an acquisition over the fair value of the underlying identifiable net assets at the date of acquisition. Intangible assets include amounts paid for trade names and other intangibles acquired in business combinations which are deemed to have indefinite lives. Goodwill and intangible assets with indefinite lives are not amortized, but are reviewed for impairment, at least annually. Intangible assets also include amounts representing patient relationships and similar items acquired which are amortized over their estimated remaining useful lives ranging from 5 to 15 years. Amortization expense of \$38,000 and \$47,000 for the years ended June 30, 2014 and 2013, respectively, is included in depreciation and amortization expense in the accompanying consolidated statements of operations and changes in net assets.

Deferred Bond Issuance Costs and Bond Premium and Discount

Bond issue costs and original issue premium and discount related to issuance of long-term debt are amortized on the straight-line method over the term of the related indebtedness. Amortization of bond issue costs is included with depreciation and amortization, and amortization of original issue premium and discount is included with interest expense in the accompanying consolidated statements of operations and changes in net assets.

Interest Rate Swap Agreement

An interest rate swap is used to manage risk related to interest rate movements. The interest rate risk management strategy is to stabilize cash flow requirements by maintaining the interest rate swap to convert a portion of variable rate debt to a fixed rate. Aspirus has adopted the fair value option of accounting for its interest rate swap agreement. The interest rate swap agreement is reported at fair value in the accompanying consolidated balance sheets. Under the fair value option, changes in fair value are recorded as nonoperating income (loss) in the accompanying consolidated statements of operations and changes in net assets.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Net Assets

Unrestricted net assets consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of Aspirus and include those expendable resources which have been designated for special use by the Board of Directors.

Temporarily restricted net assets are those whose use by Aspirus has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by Aspirus in perpetuity.

Revenue in Excess of Expenses

The consolidated statements of operations and changes in net assets include the classification revenue in excess of expenses, which is considered to be the performance indicator. Changes in net assets, which are excluded from the performance indicator, include permanent transfer of assets to and from affiliates for items other than goods and services, changes in the funded status of postretirement benefits, and contributions of long-lived assets, including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets.

Patient Service Revenue - Net of Contractual Adjustments and Discounts

Aspirus recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Certain third-party payor reimbursement agreements are subject to audit and retrospective adjustments. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

For uninsured patients who do not qualify for community care, Aspirus recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). The provision for bad debts is offset by recoveries that are received on prior year bad debts from patient payments as well as amounts returned from the collection agency where a determination was made during the collection process that the patient would qualify under Aspirus' community care policy.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Community Care

Aspirus provides care to patients who meet certain criteria under the community care policy without charge or at amounts less than the established rates. Aspirus maintains records to identify and monitor the level of community care provided. These records include the amount of charges forgone for services and supplies furnished under the community care policy. Since Aspirus does not pursue collection of amounts determined to qualify as community care, they are not reported as net patient service revenue.

Hospital Assessment

Wisconsin's state regulations require eligible hospitals to pay the state an annual assessment. The assessment period is the state's fiscal year, which runs from July 1 through June 30. The assessments are based on each hospital's gross revenue, as defined. The revenue generated from the assessments is to be used, in part, to increase overall reimbursement under the Wisconsin Medicaid program.

Aspirus Wausau Hospital's assessment expense was approximately \$8,805,000 and \$8,856,000 for the years ended June 30, 2014 and 2013, respectively, and is included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets. Increases in reimbursement from Medicaid are included in patient service revenue – net of contractual adjustments and discounts in the accompanying consolidated statements of operations and changes in net assets.

Electronic Health Record (EHR) Incentive Funding

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and physician practices that demonstrate meaningful use of certified EHR technology. These ARRA provisions, collectively referred to as the Health Information Technology for Economic and Clinical Health Act, are intended to promote the adoption and meaningful use of health information technology and qualified EHR technology.

Aspirus recognizes revenue for EHR incentive payments when there is reasonable assurance that it will meet the conditions of the program, primarily demonstrating meaningful use of certified EHR technology for the applicable period. The demonstration of meaningful use is based on meeting a series of objectives. Meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare & Medicaid Services (CMS).

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Electronic Health Record (EHR) Incentive Funding (Continued)

Amounts recognized under the Medicare and Medicaid EHR incentive program for AWH are based on management's best estimates, which are based, in part, on cost report data that is subject to audit by fiscal intermediaries, accordingly, amounts recognized are subject to change. Incentive payments under the Medicare Critical Access Hospital (CAH) EHR incentive program for AGV and AOH are based on qualifying costs expended for EHR technology, and the timing of these payments is subject to AGV and AOH demonstrating meaningful use of EHR technology for the applicable period. In addition, Aspirus' attestation of its compliance with the meaningful use criteria is subject to audit by the federal government or its designee.

Aspirus incurs both capital expenditures and operating expenses in connection with the implementation of its EHR initiative. The amount and timing of these expenditures does not directly correlate with the timing of Aspirus' receipt or recognition of the EHR incentive payments.

Donor-Restricted Contributions

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions.

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

Unemployment Compensation

Aspirus has elected reimbursement financing under provisions of the Wisconsin and Michigan unemployment compensation laws. Unemployment claims are paid to the respective states. Aspirus has obtained letters of credit totaling \$1,998,000 and \$845,000 at June 30, 2014, and \$1,789,000 and \$1,121,000 at June 30, 2013, to comply with the funding requirements for the states of Wisconsin and Michigan, respectively. No draws have been made against the letters of credit to date.

Advertising Costs

Advertising expenses amounted to \$2,809,000 and \$2,779,000 for the years ended June 30, 2014 and 2013, respectively. All advertising costs are expensed as incurred.

Income Taxes

All subsidiaries, except for ANI, 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 509(a)(2) of the Code. They are also exempt from state income taxes on related income. Aspirus is also engaged, to a limited extent, in certain activities subject to taxation as unrelated business income (UBI). Income taxes on UBI are not significant. Income taxes for ANI, a not-for-profit taxable corporation, were immaterial for the years ended June 30, 2014 and 2013.

In order to account for uncertain tax positions, Aspirus determines whether it is more likely than not that a tax position will be sustained on examination by the taxing authorities based on the technical merits of the position, assuming the tax authority has full knowledge of all information. If the tax position does not meet the more-likely-than-not recognition threshold, the benefit of that tax position is not recognized in the financial statements. Aspirus has not recorded any assets or liabilities related to uncertain tax positions or unrecognized tax benefits as of June 30, 2014 or 2013.

Federal returns for the years ended June 30, 2011, and beyond, remain subject to examination by the Internal Revenue Service.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1 **Summary of Significant Accounting Policies** (Continued)

New Accounting Pronouncement

In April 2013, the FASB issued ASU No. 2013-06, *Not-for-Profit Entities, Services Received From Personnel of an Affiliate*. This ASU amends ASC Topic 958 and requires not-for-profit entities, including business-oriented health care entities, who receive services from personnel of an affiliate that directly benefit the not-for-profit organization to measure and recognize these services in the receiving organization's financial statements at the cost of fair value of the services received if the receiving organization does not compensate the affiliate at the cost or fair value of the services. The guidance in this ASU is effective for Aspirus' year ended June 30, 2015, with early adoption permitted.

Subsequent Event

Subsequent events have been evaluated through September 19, 2014, which is the date the consolidated financial statements were issued. See Note 22 for additional information on subsequent events.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payors

Aspirus has agreements with third-party payors that provide for reimbursement at amounts that vary from their established rates. A summary of the basis of reimbursement with major third-party payors follows

Medicare - Hospitals

Inpatient hospital acute care services rendered to AWH Medicare program beneficiaries and defined capital costs are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Other AWH inpatient acute care services, which include rehabilitation, behavioral health, and hospice, are paid based on cost-reimbursement methods with certain services subject to a historical expense target limitation, prospectively determined daily rates, established fee schedules, or a combination thereof. Outpatient services provided to AWH patients are paid primarily based on prospectively determined rates or fixed fee schedules.

AOH and AGV are designated as CAHs under the Medicare program. Under CAH designation, inpatient and outpatient Medicare hospital services are reimbursed based on a cost-reimbursement methodology, with the exception of certain types of laboratory, mammography, and therapy services, which are reimbursed based on fee schedules.

Medicare - Nursing Home

Nursing home resident care is paid based on a predetermined rate per patient day, which varies depending upon the patient's level of care and type of services provided. Home care services are paid based upon a predetermined rate per episode of care, which varies depending on the patient's level of care and types of services provided.

Medicaid

Hospital, nursing home, and home health services rendered to Medicaid program beneficiaries are reimbursed primarily based upon prospectively determined rates. Medicaid outpatient hospital services are paid based upon a predetermined fee schedule.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payors (Continued)

Medicare and Medicaid - Clinics

Professional services provided in clinics by physicians and other clinicians are reimbursed based on prospectively determined fee schedules with the exception of provider-based Rural Health Clinics (RCHs) where certain clinic physician and professional services rendered to Medicare and Medicaid beneficiaries are reimbursed on a cost reimbursement method.

Blue Cross

Inpatient and outpatient services rendered are reimbursed on a controlled-charge basis.

Other

Aspirus has entered into payment agreements with certain commercial insurance carriers, HMOs, and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, and fee schedules. Aspirus also has policies to provide a discount from established charges to uninsured patients. The discount offered to uninsured patients was 18% and 16% for the years ended June 30, 2014 and 2013, respectively.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2 **Reimbursement Arrangements With Third-Party Payors** (Continued)

Accounting for Medicare and Medicaid Contractual Arrangements

Aspirus is paid for cost-reimbursable items at an interim rate with final settlements determined by the respective Medicare and Medicaid fiscal intermediaries after their review of Aspirus' related annual cost reports and the application of cost limits prescribed by the respective programs. Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying financial statements.

Electronic Health Record Incentive Funding

Aspirus recognized approximately \$4,807,000 and \$2,377,000 in EHR incentive payments from Medicare and Medicaid for the years ended June 30, 2014 and 2013, respectively. These payments are included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets. Aspirus anticipates that additional funding will be available from the Medicaid and Medicare EHR incentive programs in subsequent years and will record amounts when future applications are filed and funding can reasonably be determined.

Compliance

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, particularly those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity continues to increase with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patients' services. Management believes Aspirus is in substantial compliance with current laws and regulations.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2 Reimbursement Arrangements With Third-Party Payors (Continued)

Compliance (Continued)

CMS uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The provider has the ability to appeal these adjustments. As of June 30, 2014, Aspirus has been notified by the RAC of certain claims identified by the RAC as inaccurate which have been adjusted by the RAC, subject to appeal. Management is not aware of any current RAC reviews which would result in significant reimbursement adjustments.

Note 3 Patient Accounts Receivable

Patient accounts receivable consisted of the following at June 30

	2014	2013
	(In Thousands)	
Patient accounts receivable	\$ 145,359	\$ 128,193
Less		
Contractual adjustments	56,009	46,745
Allowances for uncollectible accounts	17,500	15,900
Patient accounts receivable - Net	\$ 71,850	\$ 65,548

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3 Patient Accounts Receivable (Continued)

Aspirus' allowance for uncollectible accounts for self-pay patients increased from 65% of self-pay accounts receivable at June 30, 2013, to 68% of self-pay accounts receivable at June 30, 2014. Management anticipates that there will still be negative trends experienced in the collection of amounts from self-pay patients in 2015 related to accounts receivable at June 30, 2014. Medicaid revenue increased for the period April 1, 2014 through June 30, 2014, due to the Affordable Care Act (ACA) which resulted in the State, for the first time, covering childless adults who meet certain income requirements. The expansion of Medicaid positively impacted Aspirus' provision for bad debts, as it decreased from \$10,417,000 in 2013 to \$2,193,000 in 2014. Self-pay accounts receivable decreased approximately \$1,064,000 from June 30, 2013 to June 30, 2014. Aspirus has experienced a trend of patients with high deductible and high copay plans. It is difficult for many patients to meet these higher obligations. Due to economic conditions, many patients are also without health insurance coverage. Patients often do not respond to collection efforts by Aspirus or request to apply for community care under the Aspirus policy. Due to these trends, the allowance for uncollectible accounts as of percentage of patient accounts receivable remained consistent at June 30, 2014, as compared to June 30, 2013.

Note 4 Patient Service Revenue - Net of Contractual Adjustments and Discounts

The following table sets forth the detail of net patient service revenue - net of contractual adjustments and discounts and prior to the provision for bad debts for the years ended June 30:

	2014	2013
	(In Thousands)	
Gross patient service revenue.		
Inpatient	\$ 395,266	\$ 379,610
Outpatient	386,854	373,725
Physician clinic	336,911	325,374
Nursing home and long-term care services	10,210	10,313
Totals	1,129,241	1,089,022
Deductions - Primarily contractual adjustments and discounts under third-party reimbursement agreements	619,273	582,829
Patient service revenue - Net of contractual adjustments and discounts	\$ 509,968	\$ 506,193

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 4 Patient Service Revenue - Net of Contractual Adjustments and Discounts (Continued)

The following table reflects the approximate portion of gross patient service revenue by payor applicable to services for the years ended June 30

	2014	2013
Medicare and Medicare Advantage plans	48.0%	47.9%
Medicaid and Medicaid managed care plans	11.4%	11.2%
Other third-party payors	37.2%	36.9%
Uninsured patients	3.4%	4.0%
Totals	100.0%	100.0%

Patient service revenue - net of contractual adjustments and discounts (but before the provision for bad debts) recognized in the years ended June 30 from these major payor sources, is as follows

	2014	2013
	(In Thousands)	
Medicare and Medicare Advantage plans	\$ 177,040	\$ 178,682
Medicaid and Medicaid managed care plans	33,813	35,358
Other third-party payors	272,666	261,727
Uninsured patients	26,449	30,426
Patient service revenue - Net of contractual adjustments and discounts	\$ 509,968	\$ 506,193

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 5 Community Care

Aspirus provides health care services and other financial support through various programs that are designed, among other matters, to enhance the health of the community including the health of low-income patients. Consistent with the mission of Aspirus, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or to those who are underinsured.

Aspirus has a community care policy which is generally based on federal poverty guidelines and applications completed by patients and/or their families. Patients who meet the criteria for community care are provided care without charge or at a reduced rate.

The estimated cost of providing care to patients under Aspirus' community care program aggregated approximately \$12,759,000 and \$12,250,000 in 2014 and 2013, respectively. The cost was calculated by multiplying the ratio of cost to gross charges for Aspirus times the gross uncompensated charges associated with providing community care.

Other benefits for the community also include unpaid costs of treating the elderly, health screenings, community education through seminars and classes, and other health-related services.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 6 Investments

Investments, stated at fair value, consisted of the following at June 30

	2014	2013
	(In Thousands)	
Cash equivalents	\$ -	\$ 759
Mutual funds	89,118	67,435
NorthStar bonds (See Note 22)	19,516	-
Corporate bonds	174	-
Total investments	\$ 108,808	\$ 68,194

Investments designated as assets limited as to use are stated at fair value and consisted of the following at June 30.

	2014	2013
	(In Thousands)	
Cash equivalents	\$ 1,026	\$ 18,583
Mutual funds	213,790	165,966
Government bonds	-	1,002
Corporate bonds	1,926	1,998
Corporate stocks	29	29
Total assets limited as to use	\$ 216,771	\$ 187,578

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 6 Investments (Continued)

The composition of assets limited as to use at June 30 is summarized as follows

	2014	2013
	(In Thousands)	
Held by trustees under bond agreements.		
Construction fund	\$ 1,926	\$ 21,120
Debt service reserve fund	88	88
Designated by Board for capital improvements	180,769	139,524
Held for deferred compensation	27,107	21,488
Other	6,881	5,358
Total assets limited as to use	216,771	187,578
Less - Current portion	6,036	5,174
Total assets limited as to use - Noncurrent	\$ 210,735	\$ 182,404

Investment income consisted of the following for the years ended June 30

	2014	2013
	(In Thousands)	
Interest and dividend income	\$ 8,393	\$ 7,893
Net realized gains (losses)	2,083	(561)
Net change in unrealized gains and losses on trading securities	27,285	16,899
Total investment income	\$ 37,761	\$ 24,231

Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7 Fair Value Measurements

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value on a recurring basis.

Cash equivalents consist primarily of money market funds that are valued using a net asset value (NAV) of \$1. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by Aspirus are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by Aspirus are deemed to be actively traded. Government securities and corporate bonds, including NorthStar bonds, are valued using quotes from pricing vendors based on recent trading activity and other observable market data. Quoted market prices from active markets where the stocks are traded are used to determine the fair value of investments in corporate stocks.

The interest rate swap's fair value is based on estimates by a third-party valuation service, which used a discounted cash flow analysis using observable market-based inputs, including forward interest rate curves.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while Aspirus believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, Aspirus' assets and liabilities measured at fair value on a recurring basis as of June 30.

	2014			
	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Totals
	(In Thousands)			
Assets				
Cash equivalents	\$ 1,026	\$ -	\$ -	\$ 1,026
Mutual funds				
Fixed income	96,383	-	-	96,383
Equity	206,525	-	-	206,525
Government bonds	1,926	-	-	1,926
Corporate bonds	-	19,690	-	19,690
Corporate stocks	29	-	-	29
Total assets	\$ 305,889	\$ 19,690	\$ -	\$ 325,579
Liability -				
Interest rate swap	\$ -	\$ (2,383)	\$ -	\$ (2,383)
	2013			
	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	Totals
	(In Thousands)			
Assets				
Cash equivalents	\$ 19,342	\$ -	\$ -	\$ 19,342
Mutual funds				
Fixed income	62,668	-	-	62,668
Equity	170,733	-	-	170,733
Government bonds	1,002	-	-	1,002
Corporate bonds	1,998	-	-	1,998
Corporate stocks	29	-	-	29
Total assets	\$ 255,772	\$ -	\$ -	\$ 255,772
Liability -				
Interest rate swap	\$ -	\$ (2,279)	\$ -	\$ (2,279)

Carrying amounts of current assets and current liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments.

Based on the borrowing rates currently available to Aspirus for bonds with similar terms and maturities, the recorded value of the bonds payable approximated the fair value at June 30, 2014.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8 Property and Equipment

Property and equipment consisted of the following at June 30

	2014	2013
	(In Thousands)	
Land	\$ 11,679	\$ 12,164
Land improvements	12,186	11,358
Buildings	161,423	156,042
Building improvements	11,071	798
Building equipment	92,005	81,643
Equipment	180,721	175,294
Total property and equipment	469,085	437,299
Less - Accumulated depreciation	284,771	272,593
Net depreciated value	184,314	164,706
Construction in progress	18,233	19,494
Property and equipment - Net	\$ 202,547	\$ 184,200

During 2014, Aspirus management completed an evaluation of the useful lives of certain property and equipment and determined it was appropriate to extend the useful lives of specifically identified property and equipment. The result of extending these lives decreased depreciation expense by approximately \$1,835,000 in 2014.

Depreciation expense totaled \$23,009,000 for 2014 and \$24,468,000 for 2013.

Aspirus' Board has approved various capital expenditures totaling approximately \$50,344,000 for continuing renovations at Aspirus. Construction in progress includes \$18,233,000 related to these projects as of June 30, 2014. These projects will be funded from operating funds.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9 Investments in Unconsolidated Affiliates

Aspirus is a 50% corporate member of Aspirus Medford Hospital & Clinics, Inc. (AMH) formerly known as Memorial Health Center, Inc., an acute care hospital located in Medford, Wisconsin. AMH is reimbursed by Medicare and Medicaid as a CAH.

Aspirus is a 45% corporate member in Langlade Memorial Hospital (LH), which is located in Antigo, Wisconsin. LH operates a 25-bed CAH, clinics, and assisted living centers.

Aspirus is a 50% corporate member in Aspirus Keweenaw (AK), which is located in Laurium, Michigan. AK operates a 25-bed CAH, clinics, and an assisted living center and is co-owner of an emergency medical transport service.

AWH has a 49.8% interest in a joint venture, the Westwood Conference Center, LLC (Westwood), which owns and operates the Westwood Conference Center in Wausau, Wisconsin.

Aspirus also has investments in other affiliates accounted for under the equity method.

Aspirus' investments in unconsolidated affiliates and its share of the revenue in excess of expenses of the unconsolidated affiliates as of and for the years ended June 30 are as follows

	2014		2013	
	Investments	Equity in Operating Results	Investments	Equity in Operating Results
	(In Thousands)			
AMH	\$ 33,586	\$ 6,138	\$ 27,410	\$ 3,990
LH	45,068	5,219	39,812	5,489
AK	9,237	349	8,812	1,066
Westwood	2,953	17	2,936	318
Others, equity method	2,951	625	1,716	842
Totals	\$ 93,795	\$ 12,348	\$ 80,686	\$ 11,705

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9 Investments in Unconsolidated Affiliates (Continued)

Following is a summary of the combined financial position and combined operating results of Aspirus' investments accounted for under the equity method as of and for the years ended June 30.

	2014	2013
	(In Thousands)	
Assets	\$ 323,236	\$ 289,567
Liabilities	98,632	96,071
Equity	\$ 224,604	\$ 193,496
Revenue	\$ 261,534	\$ 254,081
Expense	233,101	228,425
Revenue in excess of expenses	\$ 28,433	\$ 25,656

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10 Long-Term Debt

Hospital Revenue Bonds

Hospital revenue bonds consisted of the following at June 30

	2014	2013
	(In Thousands)	
Series 2013 Refunding Revenue Bonds, subject to redemption through 2043 at amounts varying from \$10 on August 15, 2014, to \$5,530 on August 15, 2038, annual fixed interest rates varying from 2% to 5%	\$ 48,765	\$ 48,765
Series 2012A Refunding Revenue Bonds, subject to redemption through 2020 at amounts varying from \$3,195 on August 15, 2014, to \$4,300 on August 15, 2019, at a fixed annual interest rate of 2.22%	26,085	29,130
Series 2004 Variable Rate Demand Revenue Bonds, subject to redemption through 2034 at amounts varying from \$1,800 on August 15, 2023, to \$2,800 on August 15, 2034, variable rate interest	27,200	27,200
Series 1998B Variable Rate Demand Revenue Bonds, subject to redemption through 2021 at amounts varying from \$1,725 on August 15, 2014, to \$2,050 on August 15, 2021, variable rate interest	15,070	16,755
Totals	117,120	121,850
Add - Unamortized original issue premiums	1,220	1,285
Less - Unamortized original issue discounts	56	58
Subtotals	118,284	123,077
Less - Current maturities	4,930	4,730
Long-term portion	\$ 113,354	\$ 118,347

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10 Long-Term Debt (Continued)

Hospital Revenue Bonds (Continued)

All bonds are issued under their respective bond trust indentures between the Wisconsin Health and Education Facilities Authority (the "Authority") and the Bank of New York Mellon Trust Company, N.A., as bond trustee.

In April 2013, the Authority issued \$90,560,000 of Revenue Bonds for the benefit of the Aspirus, Inc. Obligated Group. Prior to the Series 2013 bonds, AWH and AMH were the only members of "the Obligated Group." Upon issuance of the Series 2013 bonds, Aspirus, Inc., ACL, AGV, Aspirus Grand View Service Corp., Inc., and LH became members of "the Obligated Group," hereafter referred to as the Aspirus, Inc. Obligated Group. The proceeds from the Series 2013 bonds were used to refund the remaining principal amount on the AWH Series 2000 bonds, refinance the outstanding AMH Series 2004 bonds, and fund construction projects. The members of the Aspirus, Inc. Obligated Group are jointly and severally liable for the payment obligations under the agreement.

In February 2012, the Authority issued \$32,025,000 of Refunding Revenue Bonds for the benefit of AWH. JPMorgan Chase Bank, N.A. was the initial purchaser of the bonds. The fixed rate Series 2012A bonds were issued pursuant to, and secured by, the Restated Master Trust Indenture dated February 29, 2012, between U.S. Bank National Association as Master Trustee and the Aspirus, Inc. Obligated Group. The proceeds from the Series 2012A bonds were used to refund the remaining principal amount on the Series 1998A bonds.

In December 2004, the Authority issued \$45,000,000 of Variable Rate Revenue Bonds for the benefit of the Aspirus, Inc. Obligated Group. The proceeds from the Series 2004 bonds were shared by AWH, \$27,200,000, and AMH, \$17,800,000. The Series 2004 bonds were issued pursuant to, and secured by, the Master Trust Indenture dated December 1, 2004, between the Authority and the Aspirus, Inc. Obligated Group. All Aspirus, Inc. Obligated Group members are jointly and severally liable for the payment obligations under the loan agreement. The proceeds from the Series 2004 bonds were used to construct, renovate, and equip certain health care facilities of AWH and AMH and to pay certain expenses incurred in connection with the issuance. The Series 2004 Variable Rate Revenue Bonds bear interest at interest rates for seven-day auction periods. At June 30, 2014 and 2013, the adjusted annual rate was 0.06% and 0.35%, respectively. The average annual interest rate on the bonds was 0.06% and 0.14% for the years ended June 30, 2014 and 2013, respectively.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10 Long-Term Debt (Continued)

Hospital Revenue Bonds (Continued)

The total Aspirus, Inc. Obligated Group outstanding debt was \$158,220,000 as of June 30, 2014.

In January 1998, the Authority issued \$75,070,000 of revenue bonds for the benefit of AWH. The Series 1998 bonds were issued pursuant to and secured by a Bond Trust Indenture, between the Authority and the trustee. The bonds comprised two issuances, the Revenue Refunding Bonds Series 1998A and the Variable Rate Demand Revenue Bonds Series 1998B. The Series 1998B proceeds were used for various AWH capital improvement projects and capital budget items. At June 30, 2014 and 2013, the adjusted annual rate was 0.05% and 0.35%, respectively. The average annual interest rate on the bonds was 0.06% and 0.15% during the years ended June 30, 2014 and 2013, respectively.

The Series 2004 and Series 1998B bonds are backed by a standby bond purchase agreement (liquidity facility), which currently expires in April 2016. Aspirus is able to request an extension of the then-current stated expiration date for a period of one or more years. Under the terms of the letter of credit, in the event of a failed remarketing, the provider of the letter of credit will complete a liquidity advance to purchase the bonds with the first of 12 equal quarterly installments in amounts sufficient to fully amortize the liquidity advance being due by Aspirus on the first business day, which is at least 367 days following the liquidity advance.

The bond agreements provide for various restrictive covenants. Management believes that the Aspirus, Inc. Obligated Group and AWH are in compliance with these covenants as of June 30, 2014.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10 Long-Term Debt (Continued)

Hospital Revenue Bonds (Continued)

Scheduled future payments of principal on the hospital revenue bonds at June 30, 2014, including current maturities, are summarized as follows

	(In Thousands)
2015	\$ 4,930
2016	5,135
2017	5,345
2018	5,575
2019	5,915
Thereafter	90,220
<hr/>	
Total	\$ 117,120

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10 Long-Term Debt (Continued)

Clinic Revenue Bonds

The Authority has issued \$8,000,000 of Variable Rate Revenue Bonds for the benefit of ACI. The Series 2001 bonds were issued pursuant to and secured by a bond trust indenture, dated February 1, 2001, between the Authority and the trustee. The Series 2001 bonds are guaranteed by Aspirus.

ACI's Variable Rate Revenue Bonds consisted of the following at June 30

	2014	2013
	(In Thousands)	
Series 2001 Variable Rate Revenue Bonds, subject to redemption through 2031 at amounts varying from \$150 on February 1, 2015, to \$650 on February 1, 2031, variable interest rate	\$ 7,050	\$ 7,200
Less - Current maturities	150	150
Long-term portion	\$ 6,900	\$ 7,050

The Series 2001 bonds bear interest at the market rate for demand loans. At June 30, 2014 and 2013, the annual rate was 0.61% and 0.90%, respectively. The average annual interest rate during 2014 and 2013 on the Series 2001 bonds was 0.79% and 0.87%, respectively. The bond indenture provides for various restrictive covenants.

Required payments of principal on the clinic revenue bonds, including current maturities, are as follows

	(In Thousands)
2015	\$ 150
2016	150
2017	250
2018	250
2019	250
Thereafter	6,000
Total	\$ 7,050

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10 Long-Term Debt (Continued)

Other Long-Term Debt

Other long-term debt consisted of the following as of June 30

	2014	2013
	(In Thousands)	
Other debt, interest rates ranging from 1.25% to 4.80% due 2015 through 2030 in various amounts	\$ 5,310	\$ 4,933
Less - Current maturities	2,543	2,618
Long-term portion	\$ 2,767	\$ 2,315

Scheduled future payments of principal on other long-term debt at June 30, 2014, including current maturities, are summarized as follows

	(In Thousands)
2015	\$ 2,543
2016	709
2017	439
2018	765
2019	74
Thereafter	780
Total	\$ 5,310

Line of Credit

Aspirus has a line of credit in the amount of \$21,820,000 as of June 30, 2014. As of June 30, 2014, \$19,465,000 had been borrowed against the line of credit. The line of credit bears interest at 1.3% and was in effect until August 2015. Subsequent to year-end, the line of credit was paid in full.

Capitalized Interest and Interest Expense

Total interest expense and investment income capitalized in 2014 was \$902,000 and \$23,000, respectively. Total interest expense and investment income capitalized in 2013 was \$227,000 and \$12,000, respectively. Total interest expense incurred, excluding capitalized interest and including amortization of original issue premium and discount, was \$2,364,000 and \$1,804,000 in 2014 and 2013, respectively.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 11 Interest Rate Swap Agreement

Aspirus has entered into an interest rate swap agreement with an original notional amount of \$12,000,000 and a fixed rate of 3.56%, to reduce the impact of changes in interest rates on variable rate long-term debt. The interest rate swap agreement is not designated as a hedging instrument and matures August 15, 2034. The interest rate swap agreement was recorded at fair value and was a liability of \$2,383,000 and \$2,279,000 as of June 30, 2014 and 2013, respectively.

The effect of the derivative instrument on the consolidated statements of operations and changes in net assets was as follows.

		Amount of Gain (Loss) Recognized in Revenue in Excess of Expenses	
Statements of Operations and Changes in Net Assets		Years Ended June 30,	
Location		2014	2013
(In Thousands)			
Net payments on interest rate swap	Gain (loss) on interest rate swap	\$ (394)	\$ (4,350)
Net unrealized gain (loss) on derivative	Gain (loss) on interest rate swap	(104)	5,198
Totals		\$ (498)	\$ 848

The fair value of the interest rate swap contains credit risk in the event the parties are unable to meet the terms of the contract.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 12 Malpractice Insurance

Aspirus has professional liability insurance for claim losses of less than \$1,000,000 per claim and a \$3,000,000 aggregate per year. The insurance covers professional liability claims incurred and reported within the policy year (claims-made coverage). Aspirus is covered against losses in excess of these amounts through mandatory participation in the Patients' Compensation Fund of the state of Wisconsin. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending through February 1, 2015. In addition, Aspirus maintains umbrella coverage for claims in excess of the professional liability limits to a maximum of \$20,000,000 per occurrence and a \$20,000,000 aggregate per year.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with Aspirus. There exists the possibility of claims arising from services provided to patients through June 30, 2014, which have not yet been asserted. Aspirus has recorded liabilities at June 30, 2014 and 2013, to cover claims, including unasserted claims, using historical experience and other relevant industry and hospital-specific factors. Aspirus has also recorded insurance receivables for estimated expected recoveries from insurance related to these claims.

The malpractice insurance receivables and liabilities are reflected on the balance sheets as follows as of June 30

	2014	2013
	(In Thousands)	
Receivables		
Prepaid expenses and other current assets	\$ 355	\$ 1,356
Other assets	612	2,353
Total receivables	\$ 967	\$ 3,709
Liabilities		
Other accrued liabilities	\$ 622	\$ 1,646
Other long-term liabilities	1,418	3,828
Total liabilities	\$ 2,040	\$ 5,474

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 13 Self-Funded Insurance

Aspirus has self-funded health and dental plans, which provide medical and dental benefits to employees and their dependents. Health and dental costs are expensed as incurred. Health and dental expense includes claims paid, reinsurance premiums, administration fees, and unpaid claims at year-end.

The health plan has reinsurance to cover catastrophic individual claims over \$300,000. The dental plan covers annual individual claims up to \$2,000. The plans have no aggregate reinsurance.

Self-funded health and dental expense for the years ended June 30, 2014 and 2013, was \$32,282,000 and \$32,409,000, respectively. A liability of \$3,613,000 and \$4,210,000 for claims outstanding has been recorded at June 30, 2014 and 2013, respectively. Management believes these liabilities, which are recorded in other accrued liabilities on the accompanying consolidated balance sheets, are sufficient to cover estimated claims, including claims incurred but not recorded.

Note 14 Retirement and Deferred Compensation Plans

Aspirus sponsors various defined contribution retirement plans, which cover all eligible employees. The employer contributions vary from 1% to 9% of participant compensation depending on years of service, age, and job classification. Aspirus' expense for these plans totaled approximately \$10,820,000 and \$10,097,000 for the years ended June 30, 2014 and 2013, respectively.

Aspirus also sponsors a nonqualified deferred compensation plan covering certain management employees. The contributions vary from 9% to 17% of a participant's eligible compensation. Aspirus contributed \$540,000 and \$407,000 to the deferred compensation plan for the years ended June 30, 2014 and 2013, respectively. The total liability recorded for the deferred compensation plan, including unrealized gains and losses net of withdrawals, was \$4,295,000 and \$3,769,000 as of June 30, 2014 and 2013, respectively.

ACI, AGV, AOH, AVNA, and ANI also sponsor a nonqualified deferred compensation plan covering all eligible employees. The contributions are 6% of the participant's eligible compensation. These affiliates contributed \$1,094,000 and \$1,231,000 to the deferred compensation plan for the years ended June 30, 2014 and 2013, respectively. A liability including unrealized gains and losses on the investments held for the plan, net of withdrawals, totaled \$22,785,000 and \$17,714,000 as of June 30, 2014 and 2013, respectively.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 15 Postretirement Benefits Other Than Pensions

Aspirus provides certain medical benefits to certain qualifying retired employees who were hired prior to January 1, 2003. The benefits provided by the plan allow eligible retirees and dependents to continue participation in the health plans until eligible for Medicare, at full premium cost, plus 2%. At the time of eligibility for Medicare, the eligible retiree will be reimbursed up to a monthly amount equal to 1.5 times their consecutive years of service. Aspirus funds premium payments for current retirees only.

Aspirus has recognized the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligations) of its postretirement benefit plan on its balance sheet. At June 30, 2014 and 2013, \$768,000 and \$922,000, respectively, are included in other changes in unrestricted net assets that have not yet been recognized in net periodic postretirement benefit cost with \$154,000 and \$845,000 recorded in 2014 and 2013, respectively.

Amounts recognized in the consolidated balance sheets consisted of the following at June 30:

	2014	2013
	(In Thousands)	
Other accrued liabilities	\$ 97	\$ 131
Long-term liabilities	3,649	3,498
Total liability recognized	\$ 3,746	\$ 3,629

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 16 Leases

Aspirus leases various items of equipment and office space under leases classified as operating leases. Rental expense on these operating leases amounted to \$5,016,000 and \$5,368,000 for the years ended June 30, 2014 and 2013, respectively.

Note 17 Functional Expenses

Aspirus provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended June 30 are as follows

	2014	2013
	(In Thousands)	
Nursing services	\$ 64,856	\$ 64,909
Other professional services	314,924	319,461
General services	30,176	30,454
Administrative services	110,662	100,394
Totals	\$ 520,618	\$ 515,218

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 18 Related Parties

AWH provided supplies and various services to AMH totaling \$1,243,000 and \$1,250,000 for the years ended June 30, 2014 and 2013, respectively. The amount owed to AWH from AMH was \$71,000 and \$299,000 at June 30, 2014 and 2013, respectively. AWH provided supplies and various services to LH totaling \$1,841,000 and \$1,871,000 for the years ended June 30, 2014 and 2013, respectively. The amount owed to AWH from LH was \$54,000 and \$172,000 at June 30, 2014 and 2013, respectively.

Aspirus, Inc. provided computer services and other contracted services to AMH and LH totaling \$1,957,000 and \$3,794,000, respectively, for the year ended June 30, 2014. The amount owed to Aspirus, Inc. from AMH and LH was \$357,000 and \$2,145,000, respectively, at June 30, 2014. Aspirus, Inc. provided computer services and other contracted services to AMH and LH totaling \$451,000 and \$764,000, respectively, for the year ended June 30, 2013. The amount owed to Aspirus, Inc. from AMH and LH was \$234,000 and \$690,000, respectively, at June 30, 2013.

AWH and ACI paid rent to unconsolidated affiliates totaling \$375,000 and \$1,037,000, respectively, for the year ended June 30, 2014. AWH and ACI paid rent to unconsolidated affiliates totaling \$223,000 and \$1,045,000, respectively, for the year ended June 30, 2013.

ACI provided insurance, recruitment, physician, lab, and Employee Assistance Program services to LH. The services provided by ACI totaled \$294,000 and \$316,000 for the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, the amount owed to ACI from LH was \$716,000 and \$672,000, respectively.

From time to time, Aspirus may enter into various business transactions with members of the Board of Directors, members of various board committees, or organizations that employ board and/or committee members. Transactions are provided at fair value and follow Aspirus' conflict of interest policies totaling \$658,000 in 2014 and \$709,000 in 2013.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 19 Concentrations of Credit Risk

Financial instruments that potentially subject Aspirus to credit risk consist principally of accounts receivable, cash deposits in excess of insured limits, and investments.

The mix of receivables from patients and third-party payors was as follows at June 30

	2014	2013
Medicare and Medicare Advantage plans	36.5%	35.7%
Medicaid and Medicaid managed care plans	7.5%	9.4%
Other third-party payors	38.3%	35.7%
Uninsured patients	17.7%	19.2%
Totals	100.0%	100.0%

Aspirus maintains depository relationships with financial institutions. Operating cash requirements require that amounts on deposit exceed Federal Deposit Insurance Corporation (FDIC) limits. At June 30, 2014, the amount of Aspirus' bank deposits in excess of FDIC limits was \$70,616,000. In addition, investments held by financial institutions and investment companies, are uninsured.

Note 20 Guarantees

Aspirus has guaranteed payment of \$1,610,000 of revenue bonds as of June 30, 2014, that AMH has with the Authority, dated June 3, 1999, with a final maturity on June 1, 2019. The bonds are callable by the holder upon demand. The bonds carry an interest rate based on the average annual rate equivalent to the discount rate at which 13-week United States Treasury bills are sold.

Aspirus had guaranteed payment of bank loans for medical office buildings on behalf of a certain unconsolidated affiliate totaling \$1,929,000 as of June 30, 2014. The note payable carries a fixed annual interest rate of 3.70% and is due on February 14, 2014.

Aspirus, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 21 Collaborative Agreements

Aspirus has entered into collaborative agreements with other health care systems. The agreements will allow Aspirus to effectively respond to health care reform initiatives as a virtually integrated system in order to improve patient health, enhance patient experiences, and reduce or control the cost of health care in the geographic areas served by the agreements.

Note 22 Subsequent Event

On November 6, 2013, the Board of Directors of Aspirus approved an acquisition agreement with NorthStar Health System (name subsequently changed to Aspirus NorthStar, Inc. (ANS)), a Michigan nonprofit corporation located in Iron River, Michigan. The closing date of the acquisition was July 1, 2014, subject to the timely receipt of certain regulatory approvals. Under the terms of the acquisition agreement, Aspirus will become the sole member of ANS and elect the directors of ANS from a slate of candidates recommended by the ANS Board of Directors. Aspirus and the ANS Board of Directors will collaboratively appoint the Chief Executive Officer of ANS.

Aspirus and ANS believe the acquisition will benefit the residents of Upper Michigan by enabling Aspirus and ANS to undertake joint efforts to create a comprehensive and integrated delivery system that will better service the residents of Aspirus' service area, and help meet the clinical, financial, and technological demands of delivering health care in Upper Michigan.

Prior to June 30, 2014, Aspirus purchased all of the outstanding bonds of ANS from the existing bond holders in the amount of \$19,449,000, prior to purchased interest and applicable legal fees.

As of July 30, 2014, Aspirus has guaranteed payment of ANS's line of credit of \$19,762,000 which was utilized along with the existing debt service reserve fund to retire ANS's outstanding bonds. The line of credit carries an interest rate based on an adjusted LIBOR rate and is due on July 29, 2015. It is anticipated that the line of credit will be refinanced with long-term debt in the fourth quarter of fiscal 2015.

Note 23 Reclassifications

Certain reclassifications have been made to the 2013 consolidated financial statements to conform with the 2014 classifications.

Supplementary Information

Aspirus, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2014

<i>Assets</i>	Aspirus, Inc.	Aspirus Wausau Hospital, Inc.	Aspirus Ontonagon Hospital, Inc.	Aspirus Clinics, Inc.
	(In Thousands)			
Current assets				
Cash and cash equivalents	\$ 21,432	\$ 22,790	\$ 3,115	\$ 12,507
Short-term investments	22,690	3,000	-	-
Current portion of assets limited as to use	-	5,187	8	-
Patient accounts receivable - Net	219	51,502	1,281	10,144
Inventory	-	5,212	206	1,276
Prepaid expenses and other current assets	8,901	10,158	319	3,468
Total current assets	53,242	97,849	4,929	27,395
Investments	36,761	32,159	-	557
Assets limited as to use	2,934	181,908	240	20,246
Property and equipment - Net	10,387	151,699	1,555	11,954
Other assets:				
Investments in unconsolidated affiliates	88,088	3,128	-	-
Investments in subsidiaries	37,249	-	-	-
Goodwill and other intangibles	-	-	-	3,762
Deferred bond issuance costs - Net	-	757		12
Other	521	912	211	121
Total other assets	125,858	4,797	211	3,895
TOTAL ASSETS	\$ 229,182	\$ 468,412	\$ 6,935	\$ 64,047

Aspirus Specialists, Inc.	Aspirus Extended Services, Inc.	Aspirus VNA Home Health, Inc. and Subsidiary	Aspirus Buildings, Inc.	Aspirus Network, Inc.	Aspirus Health Foundation, Inc.	Aspirus Grand View, Inc.	Eliminations	Consolidated
(In Thousands)								
\$ 56	\$ 3,564	\$ 2,457	\$ 652	\$ 720	\$ 259	\$ 10,028	\$ -	\$ 77,580
-	-	-	-	-	-	-	-	25,690
-	-	-	-	-	335	756	(250)	6,036
(7)	358	2,248	4	-	-	6,401	(300)	71,850
-	17	307	-	-	-	1,034	-	8,052
25	33	302	308	334	42	2,262	(10,492)	15,660
74	3,972	5,314	964	1,054	636	20,481	(11,042)	204,868
-	-	526	425	-	5,374	7,316	-	83,118
-	372	5	-	21	5,661	4,753	(5,405)	210,735
-	2,623	251	2,411	-	1	21,666	-	202,547
-	-	-	1,331	-	-	1,248	-	93,795
-	-	-	-	-	-	-	(37,249)	-
-	-	-	-	-	-	312	-	4,074
-	-	-	-	-	-	33	-	802
-	-	-	31	-	-	441	-	2,237
-	-	-	1,362	-	-	2,034	(37,249)	100,908
\$ 74	\$ 6,967	\$ 6,096	\$ 5,162	\$ 1,075	\$ 11,672	\$ 56,250	\$ (53,696)	\$ 802,176

Aspirus, Inc. and Subsidiaries

Consolidating Balance Sheet (Continued)

June 30, 2014

<i>Liabilities and Net Assets</i>	Aspirus, Inc.	Aspirus Wausau Hospital, Inc.	Aspirus Ontonagon Hospital, Inc.	Aspirus Clinics, Inc.
	(In Thousands)			
Current liabilities				
Line of credit	\$ 19,465	\$ -	\$ -	\$ -
Current maturities of long-term debt				
Hospital revenue bonds	-	4,930	-	-
Clinic revenue bonds	-	-	-	150
Other debt	-	-	2,049	-
Accounts payable	809	6,131	530	1,373
Accrued salaries and wages	1,604	7,667	543	10,072
Accrued interest payable	51	1,031	19	-
Other accrued liabilities	6,993	12,204	2,378	4,906
Estimated third-party payor settlements	-	1,868	934	150
Total current liabilities	28,922	33,831	6,453	16,651
Long-term liabilities				
Long-term debt - Less current maturities				
Hospital revenue bonds	-	110,380	-	-
Clinic revenue bonds	-	-	-	6,900
Other debt	-	-	1,018	-
Deferred compensation	2,935	1,361	75	19,746
Postretirement benefits	336	2,890	-	423
Interest rate swap agreement	-	2,383	-	-
Other long-term liabilities	725	536	162	230
Total long-term liabilities	3,996	117,550	1,255	27,299
Total liabilities	32,918	151,381	7,708	43,950
Net assets (deficit):				
Aspirus, Inc. net assets - Unrestricted	196,264	317,031	(773)	20,097
Noncontrolling interest	-	-	-	-
Total net assets (deficit)	196,264	317,031	(773)	20,097
TOTAL LIABILITIES AND NET ASSETS	\$ 229,182	\$ 468,412	\$ 6,935	\$ 64,047

Aspirus Specialists, Inc.	Aspirus Extended Services, Inc.	Aspirus VNA Home Health, Inc. and Subsidiary	Aspirus Buildings, Inc.	Aspirus Network, Inc.	Aspirus Health Foundation, Inc.	Aspirus Grand View, Inc.	Eliminations	Consolidated
(In Thousands)								
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,465
-	-	-	-	-	-	-	-	4,930
-	-	-	-	-	-	-	-	150
-	-	-	-	-	-	494	-	2,543
-	51	68	-	-	8	1,911	(900)	9,981
-	200	628	-	-	-	2,278	-	22,992
-	-	-	-	-	-	48	(40)	1,109
1	250	743	247	273	299	1,439	(10,101)	19,632
-	14	6	-	-	-	(462)	-	2,510
1	515	1,445	247	273	307	5,708	(11,041)	83,312
-	-	-	-	-	-	2,974	-	113,354
-	-	-	-	-	-	-	-	6,900
-	1,104	-	-	-	-	645	-	2,767
-	-	5	-	21	-	2,937	-	27,080
-	-	-	-	-	-	-	-	3,649
-	-	-	-	-	-	-	-	2,383
-	66	44	-	-	5,398	501	(5,405)	2,257
-	1,170	49	-	21	5,398	7,057	(5,405)	158,390
1	1,685	1,494	247	294	5,705	12,765	(16,446)	241,702
73	5,282	4,602	4,915	781	5,967	43,473	(53,358)	544,354
-	-	-	-	-	-	12	16,108	16,120
73	5,282	4,602	4,915	781	5,967	43,485	(37,250)	560,474
\$ 74	\$ 6,967	\$ 6,096	\$ 5,162	\$ 1,075	\$ 11,672	\$ 56,250	\$ (53,696)	\$ 802,176

Aspirus, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2014

	Aspirus Aspirus, Inc.	Aspirus Wausau Hospital, Inc.	Aspirus Ontonagon Hospital, Inc.	Aspirus Clinics, Inc.
	(In Thousands)			
Revenue				
Patient service revenue - Net of contractual adjustments and discounts	\$ 1,805	\$ 340,481	\$ 13,646	\$ 89,320
(Provision) credit for bad debts	96	2,342	(566)	(347)
Net patient service revenue, less (provision) credit for bad debts	1,901	342,823	13,080	88,973
Income from unconsolidated affiliates	11,457	590	-	-
Other operating revenue	7,702	20,451	1,240	13,042
Total revenue	21,060	363,864	14,320	102,015
Expenses.				
Salaries and wages	19,291	113,707	5,472	57,626
Employee benefits	6,123	32,404	1,673	13,554
Medical fees	456	4,991	17	-
Supplies	224	64,203	1,577	10,559
Purchased services and other	(22,317)	93,876	4,084	27,890
Insurance and utilities	105	4,457	324	1,310
Depreciation and amortization	4,637	12,115	638	1,989
Interest	89	2,081	105	57
Total expenses	8,608	327,834	13,890	112,985
Income (loss) from operations	12,452	36,030	430	(10,970)
Nonoperating income (loss)				
Investment income	9,860	28,402	3	67
Contributions and other	9	510	13	-
Loss on interest rate swap agreement	-	(498)	-	-
Total nonoperating income - Net	9,869	28,414	16	67
Revenue in excess (deficiency) of expenses before noncontrolling interest	22,321	64,444	446	(10,903)

Aspirus Specialists, Inc.	Aspirus Extended Services, Inc.	Aspirus VNA Home Health, Inc. and Subsidiary	Aspirus Buildings, Inc.	Aspirus Network, Inc.	Aspirus Health Foundation, Inc.	Aspirus Grand View, Inc.	Eliminations	Consolidated
(In Thousands)								
\$ 946	\$ 4,948	\$ 11,205	\$ -	\$ -	\$ -	\$ 48,082	\$ (465)	\$ 509,968
48	(5)	-	-	-	-	(3,761)	-	(2,193)
994	4,943	11,205	-	-	-	44,321	(465)	507,775
-	-	-	301	-	-	-	-	12,348
1,458	26	2,614	1,341	2,657	479	6,330	(15,458)	41,882
2,452	4,969	13,819	1,642	2,657	479	50,651	(15,923)	562,005
962	2,863	7,205	107	799	188	22,250	(130)	230,340
319	689	2,431	-	256	59	4,770	-	62,278
-	-	16	-	22	-	-	(1,120)	4,382
69	463	411	5	5	1	6,028	(580)	82,965
847	581	3,095	411	1,602	202	11,325	(13,842)	107,754
14	185	129	132	7	2	1,025	(249)	7,441
8	596	95	235	-	1	2,780	-	23,094
-	-	-	-	-	-	89	(57)	2,364
2,219	5,377	13,382	890	2,691	453	48,267	(15,978)	520,618
233	(408)	437	752	(34)	26	2,384	55	41,387
-	14	25	20	-	927	889	(2,446)	37,761
-	22	1	-	-	-	134	-	689
-	-	-	-	-	-	-	-	(498)
-	36	26	20	-	927	1,023	(2,446)	37,952
233	(372)	463	772	(34)	953	3,407	(2,391)	79,339

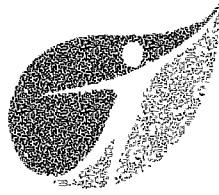
Aspirus, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (Continued)

Year Ended June 30, 2014

	Aspirus, Inc.	Aspirus Wausau Hospital, Inc.	Aspirus Ontonagon Hospital, Inc.	Aspirus Clinics, Inc.
(In Thousands)				
Revenue in excess (deficiency) of expenses before noncontrolling interest (brought forward)	\$ 22,321	\$ 64,444	\$ 446	\$ (10,903)
Revenue in excess of expenses attributable to noncontrolling interest	-	-	-	-
Revenue in excess (deficiency) of expenses attributable to Aspirus, Inc	22,321	64,444	446	(10,903)
Other changes in unrestricted net assets				
Other changes in net assets of unconsolidated affiliates	153	-	-	-
Postretirement benefit adjustment	(29)	132	-	51
Forgiveness of note to affiliated organization and other changes	-	-	-	(210)
Interaffiliate transfers	19,300	(30,000)	-	12,500
Other	-	(20)	-	-
Increase (decrease) in unrestricted net assets attributed to Aspirus, Inc	41,745	34,556	446	1,438
Net assets (deficit) of Aspirus, Inc. at beginning	154,519	282,475	(1,219)	18,659
Net assets (deficit) of Aspirus, Inc. at end	\$ 196,264	\$ 317,031	\$ (773)	\$ 20,097

Aspirus Specialists, Inc.	Aspirus Extended Services, Inc.	Aspirus VNA Home Health, Inc. and Subsidiary	Aspirus Buildings, Inc.	Aspirus Network, Inc.	Aspirus Health Foundation, Inc.	Aspirus Grand View, Inc.	Eliminations	Consolidated
(In Thousands)								
\$ 233	\$ (372)	\$ 463	\$ 772	\$ (34)	\$ 953	\$ 3,407	\$ (2,391)	\$ 79,339
-	-	-	-	-	-	34	1,075	1,109
233	(372)	463	772	(34)	953	3,373	(3,466)	78,230
-	-	-	-	-	-	-	-	153
-	-	-	-	-	-	-	-	154
-	-	-	-	-	-	-	-	(210)
(800)	-	-	(1,000)	-	-	-	-	-
-	-	-	-	-	-	-	-	(20)
(567)	(372)	463	(228)	(34)	953	3,373	(3,466)	78,307
640	5,654	4,139	5,143	815	5,014	40,100	(49,892)	466,047
\$ 73	\$ 5,282	\$ 4,602	\$ 4,915	\$ 781	\$ 5,967	\$ 43,473	\$ (53,358)	\$ 544,354



ASPIRUSTM WAUSAU HOSPITAL

Passion for excellence. Compassion for people

Community Health Needs Assessment FY12-FY13

Introduction

The Patient Protection and Affordable Care Act (PPACA) includes language instructing non-profit hospitals to complete a Community Health Needs Assessment (CHNA) every three years, with the first plan due by the end of Fiscal Year 2013. This assessment is to be completed in partnership with other community agencies and organizations, and should serve as the basis for the hospital's Community Benefits Strategic Plan.

In this case, the Aspirus Wausau Hospital CHNA is based on key community health issues as identified by the *Marathon County LIFE Report*. The *LIFE Report* is spearheaded by the United Way of Marathon County, and involved a broad group of community businesses, government entities, organizations and service agencies (including Aspirus Wausau Hospital). The *2011-2013 Marathon County LIFE Report* was released January 13, 2012. While PPACA requires hospitals to complete a CHNA every three years, the *LIFE Report* is produced every two years; the next report will be released January 2014, and likely will be the basis for the Aspirus Wausau Hospital Community Health Needs Assessment FY14-FY15.

Community

A description of the community served by the hospital facility

According the U.S. Census Bureau, Marathon County had a population of 134,063 as of 2010. For the purposes of this Community Health Needs Assessment, we will focus on Marathon County as the "community" served by Aspirus Wausau Hospital.

While there are demographic and population data for specific markets (primary, secondary, Upper Peninsula of Michigan, for example) Marathon County bears special attention, as Aspirus Wausau Hospital and many of the system's corporate functions reside there. In fact, Marathon County in many respects is the "home" of Aspirus and is the single largest source of patients among the counties Aspirus serves.

The importance of Marathon County to the business of Aspirus Wausau Hospital cannot be overstated.
From May 2011 through April 2012:

- 80 percent of patients treated and released at the Aspirus Wausau Hospital Emergency Department were Marathon County residents.

- 53 percent of non-newborn inpatient discharges were patients who live in Marathon County.

Aside from Wausau, the county seat classified by the U.S. Census Bureau as a “Metropolitan Statistical Area,” Marathon County is largely rural. With a total area of 1,576 square miles, it is the largest county in Wisconsin by land area. Here are some details about its population.

About Marathon County (2010):

Persons per square mile	86.8
Persons under 5 years old	6.5%
Persons under 18 years old	24.5%
Persons 65 years and over	14.2%
White persons	91.3%
Asian persons	5.3%
Persons per household	2.49
Persons below poverty level	8.7%
Median household income	\$49,356

Source: US Census Bureau

The Largest Employers in Marathon County:

Employer	Number of Employees
Aspirus Wausau Hospital	3,000
Kolbe and Kolbe Millworks	1,600
Greenheck Fan Corp.	1,500
Wausau School District	1,325
Footlocker.com/Eastbay	1,241
Wausau Papers	1,055
North Central Health Care	1,000
UMR/FiservHealth/Wausau Benefits	820
Liberty Mutual	800
Marathon Cheese	798

Source: Comprehensive Annual Financial Report Marathon County, Wisconsin for the Year Ended December 31, 2010.

Much of Aspirus Wausau Hospital’s broader service area (north central and central Wisconsin and the Upper Peninsula of Michigan) is defined by the U.S. Department of Health and Human Services as a health professional shortage area and medically underserved area. Marathon County specifically is designated by the Health Resources and Services Administration as a **health professional shortage area**, **health professional shortage area for mental health**, and **medically underserved area**.

Method

A description of the process and methods, plus gaps, as well as collaborating organizations

Aspirus Wausau Hospital's CHNA is built largely on the United Way's *Marathon County LIFE Report*, which has been produced every two years since 1997. LIFE stands for **Local Indicators For Excellence**, and the report seeks to:

- Acknowledge community strengths.
- Identify community challenges.
- Encourage a community agenda for action to address present challenges.
- Leverage community strengths to assure a strong quality of life for Marathon County.

Throughout the planning and production of the 2011-2013 *LIFE Report*, a Steering Committee of community leaders and subject matter experts met regularly to direct the report process, which included the creation and distribution of a survey to a random selection of residents, plus an additional population of minority residents.

The key data element in the *LIFE Report* was the 2011 Community Survey, which sought to assess important issues regarding the quality of life in Marathon County that were not being measured.

The 33-question survey was mailed April 2011 to 4,100 randomly selected Marathon County residents using U.S. mail zip codes. In addition, 150 surveys were issued to The Neighbors' Place (a multi-faith, multi-cultural agency that serves the community through a food pantry, emergency relief, youth services, cultural and language programs, and other services) and the Wausau Area Hmong Mutual Association to ensure that minority populations had a strong voice in the data.

Eight-hundred fifty-four mailed responses were returned and 29 client interview responses to the survey yielded a 20.8 percent survey response rate (883 survey responses/4,250 surveys issued). The response rate resulted in a low 2 percent to 3 percent margin of error allowing the LIFE Steering Committee to tailor the *LIFE Report* to the community's concerns and priorities.

The 2011-2013 *LIFE Report* was broken into the following sections:

1. Family
2. Health and Wellness
3. Public Safety and Community
4. Environment, Energy and Transportation
5. Education
6. Economic Environment

The survey data associated with these sections were analyzed by subcommittees, which consisted of members of the Steering Committee and other interested community members and subject matter experts.

It is important to acknowledge that the 2011-2013 *LIFE Report*, which was the eighth such publication, included some changes to previous reports. As a result of that process, some previous indicators were eliminated, while other indicators deemed more currently relevant were added. Over the history of the report there has not been a perfect or truly scientific way to determine the priorities, or Calls to Action.

The LIFE Steering Committee acknowledges:

1. The data do not completely document a need and sometimes are limited. Community experts apply their judgment, knowledge and the community perception survey to help determine the Calls to Action.
2. In selecting priorities (Calls to Action), community experts recognize that they must look at the big picture and cannot show personal biases. Together, they review and discuss data and rationale for identification of Calls to Action and then vote when necessary to achieve consensus.
3. It is a challenge to narrow the list of Calls to Action to the most critical. Selection of the top Calls to Action is based on worsening data, the community survey, number of people impacted, whether it is a core safety net or survival need, and if action would get to the root cause so we could improve the issue.

Other supporting information

The LIFE Report findings are supported by two other key information sources:

As a part of Marathon County government's strategic planning process, the county conducted in 2012 a survey to gather opinions from Marathon County residents about the current importance of various county functions and future spending levels for those functions. Here are the data relating to health programs. Among the top concerns was "Programs that promote healthy lifestyles."

Health Programs – Marathon County Public Opinions:

	Importance			Future Spending		
	Not	Somewhat	Very	Shrink	No Change	Increase
Programs that promote healthy lifestyles (e.g. nutrition)	20%	57%	23%	25%	50%	25%
Programs that ensure access to mental health services	10%	58%	31%	14%	60%	26%
Programs that provide information on health threats (e.g. food safety)	15%	46%	39%	16%	59%	25%
Programs that inform residents how to get help with health concerns	20%	51%	29%	22%	58%	21%
Programs that limit the spread of communicable disease	13%	49%	37%	16%	63%	21%

Source: Marathon County Resident Survey Report, 2012

The Marathon County Health Department spearheads a report called *Healthy Marathon County*, which is the result of a partnership of community organizations working together to make a healthier community. This exercise is required every five years, according to Wisconsin statute.

The report released in 2006 identified the following health priorities in Marathon County:

- Obesity
- Prenatal care
- Health care for the elderly
- Alcohol misuse
- Tobacco
- Suicide and mental health
- The cost of health care

The newest priorities identified for 2012 – 2016, which were informed in part by the LIFE Report findings, include:

- Alcohol misuse
- Overweight/Obesity
- Access and Affordability of Health Care
- Tobacco Use
- Oral Health Care

Sources

A description of sources providing input from “broad interests of the community”

The *Marathon County LIFE Report* is an exercise in community collaboration that involves a broad cross-section of viewpoints and interests. One prime example is the Steering Committee itself, which includes diverse viewpoints and interests.

The 2011 – 2013 LIFE Steering Committee included:

- Roger Lucas, LIFE Project Chair, ***Aspirus Wausau Hospital***
- Rita Straub, LIFE Project Vice Chair, Retired, Professor Emeriti – ***UW Extension, Marathon County***
- Michael Beck, ***Wausau Daily Herald***
- Paula Brabec, ***Aspirus Wausau Hospital***
- Julie Burmesch, ***Wausau School District***
- Sandi Cihlar, ***Rural Health Care Advocate***
- Ken Day, ***Marathon County Board/American Society for Laser Medicine & Surgery***
- Jeff Hardel, ***Wausau Police Department***
- JoAnn Janikowski, ***United Way of Marathon County***
- Hugh Jones, ***M&I Bank & Wealth Management***
- Deb Hager, ***Marathon County Administration***
- Karen Katz, ***E.O. Johnson Office Technologies***
- Joanne Kelly, ***United Way of Marathon County***
- Ann Lucas, ***Marshfield Clinic***
- James McCluskey, ***University of Wisconsin – Marathon County***
- Andy Napgezek, ***Aspirus Wausau Hospital***
- Rick Nevers, ***Aspirus Wausau Hospital***
- Dr. Tom Peterson, ***Retired Physician***
- Jeff Sargent, ***North Central Community Action Program***
- Joan Theurer, ***Marathon County Health Department***
- Joel VerDuin, ***Wausau School District***
- Diane Wessel, ***Marathon County – Conservation, Planning and Zoning***
- Rachel Yaron, ***Ministry Health Saint Clare’s Hospital***
- Jeff Zriny, ***Wausau Region Chamber of Commerce***

These Steering Committee members participated in subcommittees described above in **Part II: Method** of this document. The subcommittees provided another valuable level of community involvement and participation.

For example, the Family Subcommittee included representatives from Aspirus Wausau Hospital, UW-Marathon County, Energy Assistance, Salvation Army, The Women’s Community, United Way of Marathon County, Aging & Disability Resource Center, North Central Community Action Program, Marathon County Social Services, The Neighbor’s Place, Catholic Charities, community members, Wausau Community Development and Wisconsin Public Service.

In the report, each section included a summary page that brings attention to Community Success and Progress, and Challenges and Opportunities. The report included a dialogue written by the subcommittee and subject matter experts, who were charged with explaining the data to more fully clarify the implications for the community.

Priorities

Prioritized description of community health needs identified

The *Marathon County LIFE Report 2011 – 2013* is by definition an assessment of community strengths and challenges. It seeks to identify key issues and monitor trends that affect the quality of life in Marathon County. The *LIFE Report* identified five Top Calls to Action and two Issues to Watch.

Top Calls to Action, not in order of importance:

- Unemployment/Jobs Providing a Living Wage
- Alcohol and Drug Misuse
- Development of Young Children – Ages 0 to 6
- Overweight/Obesity
- Basic Needs – Food and Shelter

Issues to Watch, not in order of importance:

- Aging Issues
- Domestic Abuse

***The entire 2011-2013 LIFE Report is available at
<http://www.unitedwaymc.org/lifereport.htm>***

Existing Resources

Description of existing health care facilities and resources available to meet these health needs

Aspirus Inc. – Because this CHNA is a hospital document, most of the above discussion has revolved around Aspirus Wausau Hospital. The Aspirus system, however, is much larger than the regional tertiary center in Wausau. With more than 6,000 employees, Aspirus serves people in Wisconsin and Upper Michigan through an extensive hospital and clinic network, home health and hospice care, pharmacies, critical care, medical goods, nursing homes, a philanthropic and research foundation, and an affiliated physician network. Here are some key components of the system:

- **Aspirus Clinics** is a vast group of more than 35 community-based clinics and 150 providers.
- **Aspirus Network** is a regional network of primary and specialty care physicians, hospitals and allied health care professionals. We have integrated the delivery of health care services between network members, health plans, payers, and businesses in the communities we serve.
- **Aspirus VNA Home Health** – Sponsored by Aspirus, Langlade Hospital and Memorial Health Center, Aspirus VNA Home Health is a nonprofit, Medicare-certified agency that serves 14 north central Wisconsin counties. Professional staff is available 24 hours a day, seven days a week to meet home health needs.
- **Aspirus Comfort Care and Hospice Services** - A nonprofit program founded in 1979, Aspirus Comfort Care and Hospice Services was one of the first hospice programs in the United States. We partner with physicians, churches and local community groups to provide compassionate hospice, palliative and grief care for people in their homes, in the hospital and in other living facilities.
- **Aspirus Trauma Center** - Aspirus Wausau Hospital is verified as a Level II Trauma Center by the American College of Surgeons-Committee on Trauma. A trauma center is not only an emergency department, but a dedicated facility capable of highly specialized and timely treatment for the most critical of injuries. Designation as a Level II Trauma Center guarantees that the hospital has adequate resources to deal with severely injured patients at all times. And because Aspirus MedEvac provides emergency ground and air transport serving 14 counties in Wisconsin and seven counties in the western Upper Peninsula of Michigan, the Aspirus Trauma Center is a regional health care resource.

Aspirus is one of three major not-for-profit health care providers in the region. The other two are:

Marshfield Clinic – The largest private group medical practice in Wisconsin and one of the largest in the United States, with more than 775 physicians representing 86 different medical specialties, 6,600 additional employees, and 54 locations in northern, central and western Wisconsin. Marshfield Clinic is active in research, agricultural health and dentistry.

Ministry Health Care – A catholic health system founded by the Sisters of the Sorrowful Mother, this large organization includes 16 hospitals, more than 50 clinics and robust home care services. Headquartered in Milwaukee, Ministry has a large workforce and an extensive network of care centers throughout north central Wisconsin.

Additional resources

While not an exhaustive list of the foundations, providers and service agencies in the county, the following entities justified inclusion in this list either because of the populations they serve or because of recent collaboration to address a key community need.

Bridge Community Health Clinic – This FQHC is located in Wausau and was founded in 1995 to provide comprehensive medical care to the underserved, underinsured, self-pay and insured population of Marathon County. The Dental Department opened in 1996 to provide dental care in Marathon County. Today, Bridge Clinic provides the following services:

- Primary Health and Dental Care for all ages
- Counseling Services
- Child Health Care
- Pregnancy Care
- Lab and X-Ray on-site
- Prescription Drug Assistance
- Transportation Services
- Translation Services (Hmong, Spanish, and Laotian)
- Care Management
- Physicians on call after hours and on weekends
- Diabetes and prenatal case management

Aging & Disability Resource Center of Central Wisconsin - As a Marathon County department, the Aging and Disability Resource Center of Central Wisconsin has a long history of providing quality services to disabled and older adults throughout Marathon County. The Aging and Disability Resource Center of Central Wisconsin promotes choice and independence through personalized education, advocacy, and access to services that prevent, delay, and lessen the impacts of aging and disabilities in the lives of adults.

Community Care of Central Wisconsin – The Managed Care Organization contracted and certified by the State of Wisconsin to provide eligible residents of Marathon, Portage, Wood, Lincoln and Langlade Counties the benefits, services and goods associated with the Family Care program. The Family Care program serves persons with physical and/or developmental disabilities and the elderly.

United Way's 2-1-1 phone line – Through this info line, the United Way helps answer questions and connect residents to existing community services such as financial assistance, counseling, services for youth or elderly, volunteer opportunities, health care and much more.

Marathon County Health Department – This is a progressive department with an active staff that seeks to forge partnerships with community organizations and agencies.

North Central Health Care – Based on current community need, NCHC offers mental health, addiction, skilled nursing, developmental disability, water therapy and adult protective services for North Central Wisconsin.

UW-Wausau Family Medicine Residency Program – For decades, this collaboration between Aspirus and the University of Wisconsin School of Medicine and Public Health has provided a steady stream of well-trained primary care physicians who serve as residents and often establish practice in the region.

Northcentral Technical College – NTC has strong ties to local health care providers, and collaborates with health professionals to build curriculum and train future generations of the health care workforce.

University of Wisconsin-Marathon County – Like NTC, UWMC works closely with health care providers. Recently, UWMC introduced a Physician Assistant education program that will accept four students in 2014 and expand after that.

The Women’s Community – This is a non-profit organization serving victims of domestic abuse and sexual assault throughout Marathon County. We welcome victims of all races, religions, genders and sexual orientations. We serve everyone, including special populations that may face additional cultural or gender pressures — Hmong, Hispanic, gays/lesbians/transsexuals, the elderly, men and those with hearing disabilities.

Wausau Area Hmong Mutual Association – Created to lead Southeast Asian families towards social stability, educational opportunities, economic self-sufficiency and community integration.

Nursing Homes/Home Care Providers – Marathon County offers a broad range of nursing homes and home care services.

Charity and Service Agencies – Food pantries, the Neighbors Place, Salvation Army, Goodwill and other charity organizations provide basic needs and more to a growing population in Marathon County.

Faith Community – Marathon County has a robust and active faith community consisting of many faiths.

Other – Marathon County, like other counties, contains a litany of health and wellness providers ranging from counselors to fitness centers to massage therapists.

Community Benefits Strategic Plan FY12 – FY13

Based on the findings of the CHNA, Aspirus Wausau Hospital is committed to addressing the high-priority health issues where appropriate.

Here are the LIFE Report's Top Calls to Action:

- Unemployment/Jobs Providing a Living Wage
- Alcohol and Drug Misuse
- Development of Young Children – Ages 0 to 6
- Overweight/Obesity
- Basic Needs – Food and Shelter

Here are the Issues to Watch:

- Aging Issues
- Domestic Abuse

Because AWH is a health care provider, it cannot meaningfully impact all issues identified by the CHNA. The following is a list of the issues this Community Benefits Strategic Plan will not address, and the reasons:

1. **Unemployment/Jobs Providing a Living Wage.** While AWH is the largest employer in Marathon County, and provides good salaries and wages, as well as competitive benefits, to its workforce, the company is not in the business of job creation.
2. **Alcohol and Drug Misuse.** While AWH counsels patients when appropriate regarding the dangers of alcohol and drug misuse, the company does not specialize in the creation of specific programs to address these issues on a preventive community-wide scale.
3. **Basic Needs – Food and Shelter.** Although AWH has participated, and will continue to participate, in appropriate ad hoc programs to address this vital need, it does not have the capacity to address food and shelter as a core service. AWH will continue to evaluate participation in events such as the United Way's "United We Can" food program and other similar events in its role as a good corporate citizen.
4. **Domestic Abuse.** Through the SANE nursing program and other organized efforts to identify, treat and report victims of abuse, AWH will continue to address this issue in its capacity as a conscientious and progressive health care provider. AWH is not equipped, however, to organize the social and law enforcement programs to address the root causes of this ongoing problem.

Priority Issues and AWH's plan to address them

Overweight/Obesity

As a health care provider, AWH sees firsthand the devastating effects of obesity and its related issues many times every day. Because of the widespread impact of this health problem on people's longevity and quality of life, and because of the attendant health costs associated with it, Overweight/Obesity is the No. 1 priority for the Community Benefits Strategic Plan. Here is how AWH will address this issue:

- **Kohl's Kids Keys to Life.** Launched in 2010, this online awareness and education program is aimed at cultivating healthy lifestyles among children. The program targets children in kindergarten through third grade; however, children of any age can access and participate in the activities on this site. Kohl's Kids Keys to Life educates, encourages and rewards children for taking action to increase their physical activity and make healthy food choices. When children participate in this program they gain key information that can help them develop habits to choose to eat healthy foods and make personal decisions to include daily activities that promote lifelong health. The Aspirus Health Foundation is funding this program through a grant from Kohl's. For more information about this program, please visit <http://www.kohlskidskeys.org/>.
- **Bariatric Program.** For those who have been unsuccessful in managing their weight and have exhausted other avenues for weight loss, AWH has developed a leading weight-loss (bariatric) surgery program. Aspirus Bariatrics at Aspirus Wausau Hospital is a bariatric center of excellence, as designated by the American Society for Metabolic and Bariatric Surgery (ASMBS), and offers the latest surgical techniques for patients. But the program offers much more than surgery.
 - Patient screening is important and rigorous. Potential patients must complete a history of a weight loss program, nutritional, fitness, and psychological screenings before undergoing surgery at a center for bariatric surgery.
 - On the Aspirus website (<http://www.aspirus.org/ourServices/index.cfm?catID=1&subCatID=46&pageID=328&pageTitle=Aspirus-Bariatrics>), AWH provides a broad range of health tools and information, as well as links to authoritative and reputable resources for health living and weight loss.
 - Free support group. AWH organizes a free ongoing support group called A Lifetime Of Healthy Achievement (ALOHA) that helps people deal with the challenges of obesity. This program generates a free newsletter.
 - Community support. Aspirus Bariatrics also maintains a Facebook page visited regularly by more than 140 "friends." This resource, moderated by a clinician, helps connect people with others who can support and advise visitors looking for information and input regarding weight loss.
 - Affordable access. All aspects of the Aspirus Bariatrics program are available through AWH's community care program.
- **Farmers Markets.** Aspirus Wausau Hospital has collaborated with Marshfield Clinic to hold regular farmers markets throughout the growing season. This program makes healthy food available to employees and the public and encourages wellness and healthy eating. AWH will

continue to hold these events and seek to increase participation. In 2010 the average attendance through 4 markets was 283. In 2011, the number of markets grew to 14 with average attendance of 300. In 2012, 16 markets were held, and the plan is to continue to grow this program to reach more people.

- **Heart Healthy Grocery Store Tours.** AWH offers free grocery store tours guided by a registered dietitian, where members of the public can explore how to can make choices that help them lead a healthier lifestyle. Participants learn how to:
 - Read food labels.
 - Pick healthy items for your cart.
 - Cook tasty nutritious meals at home.
 - Discover the variety of healthy foods available.
 - Choose the right foods for your eating plan.
 - Understand the facts about fat, sugar, sodium, calories and fiber.

Aspirus Wausau Hospital will continue to offer these programs through FY12 and FY13 and expand them or introduce new programs as appropriate.

Development of Young Children – Ages 0 to 6

Health care providers have an obligation and opportunity to give children a good start before they are even born. While AWH cannot address certain social concerns or ensure that all children have access to quality, affordable child care, we do provide a broad range of services to children and parents. Here are some of them:

- **Programs and Education.** Aspirus Women's Health Birthing Center offers a broad range of classes for parents and parents-to-be (many at no charge), including:
 - Baby Care Basics
 - Baby Fair Open House
 - Boot Camp for New Dads
 - Breastfeeding Class
 - Car Seat Safety Class
 - Childbirth Education: The Lamaze Method
 - Infant Safety/CPR Class
 - Mommy and Me - Out & About
 - Sibling Connection

AWH will continue to offer these programs and where appropriate will evaluate the addition of new programs and classes that help give children a good, healthy start at life.

- **Newborn Intensive Care Unit.** As the only NICU in Marathon County, AWH offers a vital service to families whose birthing experience might not have gone as planned. The Aspirus Women's Health Birthing Center offers world-class care for the Wausau area's most vulnerable patients in the Anya Marie Jackson Newborn Intensive Care Unit (NICU). Our state-of-the-art on-site NICU makes it possible for you and your baby to remain together through the first critical days after birth. As a Level 3A NICU, we provide infant care for babies over 27 weeks gestation, or 2.1 pounds.

- **Online Resources.** Experts at the Aspirus Women's Health Birthing Center have developed a wonderful online resource that is free to the public. The Developmental Milestones video series is available on the Aspirus website (<http://www.aspirus.org/ourServices/index.cfm?catID=1&subCatID=3&pageID=3&pageTitle=Birthing-Center/Newborn-ICU>) along with a series of links to reputable and helpful resources that help children get the health start they deserve. Aspirus will continue to build these online resources as appropriate.
- **Aspirus Children's Safety Center.** In addition to the Kohl's Kids Keys to Life program (detailed above), AWH provides resources that help keep young children health and safe. The Aspirus Children's Safety Center has four convenient locations in north central Wisconsin and offers safety items for children at discounted prices. The following chart details FY12 sales and losses.

	Quantity	Payments received	Our cost	Loss
Car seats sold	76	\$3,235.00	\$3,235.00	-
Car Seats given away	62	-	\$2,104.00	\$2,104.00
Car seats sold at partial payment	49	\$1,042.00	\$3,052.00	\$2,010.00
Bike helmets sold	147	\$1,029.00	\$1,029.00	-
Bike helmets given away	377	-	\$2,660.00	\$2,660.00
Lifejackets sold	3	\$45.00	\$45.00	-
Lifejackets given away	43	-	\$720.00	\$720.00
Ski helmets sold	69	\$1,365.00	\$1,365.00	-
ski helmets given away	9	-	\$180.00	\$180.00
multi-sport helmets sold	7	\$70.00	\$70.00	-
multi-sports helmets given away	6	-	\$60.00	\$60.00
Swim lessons	52	-	\$1,682.00	\$1,682.00
Totals	900	\$6,786.00	\$16,202.00	\$9,416.00

- **Safe Kids Wausau Area.** Aspirus Wausau Hospital is the leader of this local coalition that seeks to prevent childhood injury and death. AWH provides funding and organizational support for this group, which holds safety education and events, including free bi-weekly **car seat safety checks** and free summertime water safety classes called **Splash Into Safety**.

Aspirus will continue to offer these services, with the goal of expanding its reach and helping more children in the region.

Aging Issues

The Marathon County LIFE Report 2011-2013 pointed out that 14.2 percent of the county's population is age 65 or older. Because seniors use health services at a much higher rate than others, and because they experience specific health issues, AWH is committed to filling this key community service role.

Throughout FY12 and FY13, AWH will offer:

- **Senior Health.** AWH recognizes the special needs of every stage of life and is committed to helping seniors to maintain healthy and independent lifestyles. From screening tests to disease

treatment to joint replacement, Aspirus Senior Health provides a complete system of care that seniors and their family members can depend on. This focused service line provides free online resources to seniors and their families

(<http://www.aspirus.org/ourServices/index.cfm?catID=1&subCatID=13&pageID=856>), such as videos on topics related to senior needs, and a long list of health tools and links.

- **Online Community.** Aspirus Senior Health has created a Facebook community where those affected by senior health issues can find resources and support, and connect with others. The Facebook community has 33 “fans” and is committed to increasing its reach in the future. In addition to the Facebook community, Aspirus Senior Health provides informative blog posts and a free e-newsletter.
- **Falls Prevention.** AWH offers two separate free community programs addressing the important issue of accidental falls. **Falls Prevention Friday** is a monthly program that features a presentation and discussion that include information about how to be proactive and minimize your risk or your loved one’s risk of falling. In addition, Aspirus Senior Health is offering **Stepping On**, a free seven-part community program for reducing falls in collaboration with the Aging & Disability Resource Center of Central Wisconsin. AWH will continue to offer these vital programs to the community, and will explore new avenues to expand its reach as appropriate.
- **Memory Clinic.** Aspirus developed a Memory Clinic targeting its services to older adults in the north central Wisconsin area who are experiencing memory difficulties which may be the result of Alzheimer's disease or other forms of dementia. The Aspirus Memory Clinic is affiliated with the UW-Madison Wisconsin Alzheimer’s Institute, and its network of 37 Memory Clinics throughout the state. This affiliation provides Aspirus with ready access to the latest in dementia research and practice, which is a tremendous resource for the community.
- **Medication Mondays.** This is a monthly free community service designed to help adults self-administer medications and help prevent medication errors in the home. The program allows people to meet with a pharmacist for a 45-minute, one-on-one medication consultation to get a better understanding of their medications. During a consultation, a pharmacist will review a person’s medications, help them understand how they work and help make an updated medication list. Participants will also receive tips for organizing their medications to ensure they are taken in the correct doses and at the correct times.

Throughout FY12 and FY13, AWH will maintain or expand these programs as appropriate to ensure the community retains access to these important benefits.