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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Aspirus Wausau Hospital Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 333 Pine Ridge Blvd | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Wausau, WI 54401

D Employer identification number
39-1138241

E Telephone number
(715) 847-2988

G Gross receipts $ 617,156,785

F Name and address of principal officer
SIDNEY C SCZYGELSKI
333 Pine Ridge Blvd
Wausau, WI 54401

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www aspirus org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1970

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
We heal people, promote health and strengthen communities

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,910
6	Total number of volunteers (estimate if necessary)	**6**	483
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,479,245
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-30,779

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	458,265	504,721
9	Program service revenue (Part VIII, line 2g)	443,614,982	478,392,330
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,374,254	12,936,601
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,931,243	2,738,133
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	456,378,744	494,571,785
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	109,779	124,848
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	179,631,914	182,724,619
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	224,795,302	261,073,034
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	404,536,995	443,922,501
19	Revenue less expenses Subtract line 18 from line 12	51,841,749	50,649,284

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	435,423,544	497,584,571
21	Total liabilities (Part X, line 26)	142,253,291	164,761,243
22	Net assets or fund balances Subtract line 21 from line 20	293,170,253	332,823,328

Part II Signature Block

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

Sign Here

****** 2018-03-15
Signature of officer Date

SIDNEY C SCZYGELSKI Senior VP of Finance/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kathleen J LaBrake CPA	Kathleen J LaBrake CPA	2018-03-15		P00164006

Firm's name ▶ Wipfli LLP — Firm's EIN ▶ 39-0758449
Firm's address ▶ PO Box 8010, Wausau, WI 544028010 — Phone no (715) 845-3111

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

We heal people, promote health and strengthen communities

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 332,913,102 including grants of $ 124,848) (Revenue $ 479,651,218)

See Additional Data

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 ▶** 332,913,102

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 . .	**1a**	314		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,910		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response 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	1a 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	1b 3		
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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶SIDNEY C SCZYGELSKI 2200 Westwood Drive Wausau 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,319,783	6,856,403	1,481,884

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 ▶ 78

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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	67,263,459
Aspirus Inc 333 Pine Ridge WAusau, WI 54401	Management Fees, Payroll	60,589,521
Wisconsin Emergency Medical 333 Pine Ridge Wausau, WI 54401	ER Physicians	7,637,946
FocusOne solutions po box 3037 omaha, NE 68103	contract labor	4,335,637
Siemens medical solutions USA po box 121102 dallas, TX 75312	service contractors	2,207,520

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 ▶ 209

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	504,721		
	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 . . . . . ▶		504,721		

Program Service Revenue	Business Code				
2a Patient Service Revenue	621400	394,704,705	394,704,705		
b Lab Revenue	621400	69,833,373	69,547,370	286,003	
c Rental Revenue	532000	5,705,314	5,705,314		
d Contract Service Revenue	621400	5,199,679	5,199,679		
e Mobile Unit Revenue	621400	377,030	377,030		
f All other program service revenue		2,572,229	2,572,229		
g **Total.** Add lines 2a–2f . . . . ▶		478,392,330			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,825,885			5,825,885
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	129,695,716				
b Less cost or other basis and sales expenses	122,585,000				
c Gain or (loss)	7,110,716				
d Net gain or (loss) . . . . . ▶		7,110,716			7,110,716
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	1,745,391	1,604,180	141,211	
b IDEAL PROTEIN	561439	688,407		688,407	
c Investment in Westwood	523000	172,753		172,753	
d All other revenue		131,582	-59,289	190,871	
e **Total.** Add lines 11a–11d . . . . . ▶		2,738,133			
12 **Total revenue.** See Instructions . . . . . ▶		494,571,785	479,651,218	1,479,245	12,936,601

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	124,848	124,848		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,454,870		1,454,870	
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	143,146,397	127,678,360	15,468,037	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,798,847	6,798,289	558	
9 Other employee benefits	21,761,966	16,752,398	5,009,568	
10 Payroll taxes	9,562,539	9,560,394	2,145	
11 Fees for services (non-employees)				
a Management	846,534	846,534		
b Legal	104,863		104,863	
c Accounting	15,645		15,645	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	25,186		25,186	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	109,929,373	53,089,780	56,839,593	
12 Advertising and promotion	210,311	72,164	138,147	
13 Office expenses	5,202,726	4,634,900	567,826	
14 Information technology	344,975	48,247	296,728	
15 Royalties . .				
16 Occupancy	18,555,174	11,432,527	7,122,647	
17 Travel	1,387,616	1,199,992	187,624	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	360,118	17,288	342,830	
20 Interest	2,798,041		2,798,041	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	18,735,377	9,327,291	9,408,086	
23 Insurance . . .	929,152	235,339	693,813	
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	91,335,606	88,619,670	2,715,936	
b Hospital Tax	7,996,243	433,209	7,563,034	
c Bad debt	3,486,110	3,486,110		
d Recruitment	555,347	432,684	122,663	
e All other expenses	-1,745,363	-1,876,922	131,559	
25 **Total functional expenses.** Add lines 1 through 24e	443,922,501	332,913,102	111,009,399	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 ▶ ☐ 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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	8,455,586	1	12,426,194
	2	Savings and temporary cash investments	31,871,356	2	25,306,937
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	57,159,932	4	66,439,317
	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	6,593,637	8	6,801,792
	9	Prepaid expenses and deferred charges	1,826,954	9	1,988,289
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 399,880,587			
	b	Less accumulated depreciation — 10b: 202,673,480	163,967,941	10c	197,207,107
	11	Investments—publicly traded securities	151,553,975	11	172,588,175
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	2,803,698	13	3,062,750
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,190,465	15	11,764,010
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	435,423,544	16	497,584,571
Liabilities	17	Accounts payable and accrued expenses	26,775,996	17	39,509,648
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	104,494,005	20	99,152,200
	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	11,500,000
	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	10,983,290	25	14,599,395
	26	**Total liabilities.** Add lines 17 through 25	142,253,291	26	164,761,243
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	293,170,253	27	332,823,328
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	293,170,253	33	332,823,328
	34	Total liabilities and net assets/fund balances	435,423,544	34	497,584,571

Part XI Reconcilliation 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	494,571,785
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,922,501
3	Revenue less expenses Subtract line 2 from line 1	3	50,649,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	293,170,253
5	Net unrealized gains (losses) on investments	5	8,348,978
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	-19,345,187
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	332,823,328

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: Aspirus Wausau Hospital Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

Aspirus Wausau Hospital, Inc provides hospital services for residents of Wausau and the surrounding communities regardless of their ability to pay

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

(A) Name and Title	(B) Average hours per week (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			
DAVID M HECK Chair	1 00 2 00	X		X				0	0	0
Lisa S Westphal Vice Chair	1 00 1 00	X		X				0	0	0
Craig A Hackworth MD Secretary/Treasurer	1 00 1 00	X		X				0	0	0
Chad H Radke DO Board Member	1 00 3 00	X						0	0	0
KATHY KELSEY FOLEY Board Member	1 00 2 00	X						0	0	0
James M Cygan MD Board Member/Physician	1 00 40 00	X						0	795,179	42,013
Kristen R Rahn MD Board Member/Physician	1 00 40 00	X						0	317,233	44,148
Lawrence G Leibert MD Board Member/ADC Physician	1 00 42 00	X						0	502,731	42,341
Mary Jo Wendling MD Board Member/Physician	1 00 50 00	X						0	264,076	16,893
Randy L Balk Board Member	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
Darrell Lentz President AWH	40 00 4 00			X				374,688	0	77,046
Matthew F Heywood CEO AI	1 00 50 00			X				0	994,138	146,997
Sidney C Sczygelski CFO AI/ Assist Treasurer	1 00 50 00			X				0	562,384	93,647
Rick L Nevers SVP Reg Ops System Int Off	1 00 50 00				X			0	381,217	70,836
JOHN HEISLER SVP AND CHIEF HR OFFICER	1 00 49 00				X			0	331,227	67,055
Todd Richardson SVP and CIO	1 00 50 00				X			0	393,488	80,991
Jacob Kempen VP Clinical Services	40 00 1 00				X			211,424	0	39,593
Dean Danner SVP COO of Aspirus Clinics	1 00 48 00				X			0	367,581	72,374
Carl Logemann Sr VP/ General Counsel	1 00 50 00				X			0	359,569	76,513
RUTH RISLEY-GRAY SVP NURSING SYSTEM CNO	40 00 10 00				X			0	347,049	74,562

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

(A) Name and Title	(B) Average hours per week (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			
Jeannine Nosko VP Patient Care/CNO	40 00				X			249,831	0	48,137
MARIA GULAN VP OPERATIONS & SERVICE DV	1 00 41 00				X			0	203,115	49,939
WILLIAM WESSELS MD AWH/ACI CHIEF MEDICAL OFFI	40 00 1 00				X			403,082	0	69,541
Steve Brewer VP Heart & Vascular	40 00				X			0	242,525	52,848
MichaEl McGrail MD System CMO/Care Integratio	1 00 50 00				X			0	485,325	82,591
Kathryne McGowan ANI Executive Director	1 00 50 00				X			0	309,566	70,073
RENEE M SMITH MD ANI CMO, Executive Director ANI	40 00					X		346,064	0	41,815
Bruce Hasselquist Sr Diag Medical Physicist	40 00					X		221,586	0	34,758
Jill Michaud Director of Pharmacy	40 00					X		178,123	0	34,636
Betty Vogds Clinical Medical Physicist	40 00					X		169,761	0	16,412

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

(A) Name and Title	(B) Average hours per week (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			
Ivan Lukowski Manager of Pharmacy	40 00					X		165,224	0	36,125

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 VI 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

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2016

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If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Aspirus Wausau Hospital Inc	39-1138241

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ 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-
2				
3				
4				
5				
6				

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		
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-		

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

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? ☐ **Yes** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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		29,964
j	Total Add lines 1c through 1i			29,964
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, lines 1 and 2 (see instructions), 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) AND VARIOUS OTHER ASSOCIATION DUES ARE USED FOR LOBBYING ACTIVITIES THE PERCENTAGES THAT ARE SPECIFIC TO LOBBYING PURPOSES ARE WHA 11 5%, AHA 22 12%, ACP 90%, ASTRO 25%, WMS 10%, AMA 55%, NHPCO 4 82%, AVIATATION OF AIR MEDICAL SERVICES 11%, AMERICAN OSTEOPATHIC ASSOC 3 25%, AANP 5%, AASM 2%, WAPA WISCONSIN ACADEMY OF PHYSICIAN WISCONSIN 31 70%, AM ASSOC OF ORTHOPAEDIC 7%, AM ACADEMY OF SLEEP MEDICINE 2%, NAHQ NATIONAL ASSOCIATION OF HEALTHCARE QUALITY 6%, AM COLLEGE OF OSTEOPTHIC, 7 5%, NATL RENAL ADMINSTRATORS ASSOC 15%, AND AORN INC, 6 3% THE GRAND TOTAL DOLLAR AMOUNT GOING TOWARDS LOBBYING IS $29,964

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Aspirus Wausau Hospital Inc

Employer identification number
39-1138241

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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' on 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		12,355,659		12,355,659
b Buildings		225,291,381	111,098,843	114,192,538
c Leasehold improvements		393,535	235,215	158,320
d Equipment		119,037,306	84,101,454	34,935,852
e Other		42,802,706	7,237,968	35,564,738
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				197,207,107

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Amounts payable to third-party reimbursement program	1,825,109
Retiree healthcare benefits	3,203,030
Interest rate swap	3,058,000
Deferred compensation accrual	1,358,750
Long-Term Insurance Liability	69,391
Asbestos liability	5,085,115
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	14,599,395

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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 (losses) 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: Aspirus Wausau Hospital Inc

Supplemental Information

Return Reference	Explanation
Part X, Line 2	ALL SUBISIDIARIES, 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 STA TE INCOME TAXES ON RELATED INCOME ASPIRUS IS ALSO ENGAGED, TO A LIMITED EXTENT, IN CERTAI N ACTIVITIES SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME(UBI) INCOME TAXES FOR ANI, A NOT-FOR-PROFIT TAXABLE CORPORATION, WERE IMMATERIAL FOR THE YEAR ENDED JUNE 30, 2017 AND 2016

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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 eligibile 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)			3,815,478	0	3,815,478	0 870 %
b Medicaid (from Worksheet 3, column a)			52,777,307	22,263,794	30,513,513	6 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,355,811	1,468,804	4,887,007	1 110 %
d **Total** Financial Assistance and Means-Tested Government Programs			62,948,596	23,732,598	39,215,998	8 910 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	28	3,285	6,002,042	4,544,213	1,457,829	0 330 %
f Health professions education (from Worksheet 5)	2	19	818,589		818,589	0 190 %
g Subsidized health services (from Worksheet 6)	5	4,296	11,513,911	5,836,986	5,676,925	1 290 %
h Research (from Worksheet 7)	1		344,786	58,870	285,916	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6		50,471		50,471	0 010 %
j **Total.** Other Benefits	42	7,600	18,729,799	10,440,069	8,289,730	1 880 %
k **Total.** Add lines 7d and 7j	42	7,600	81,678,395	34,172,667	47,505,728	10 790 %

Part II Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support		200	588		588	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,036		3,036	0 %
7 Community health improvement advocacy			776		776	0 %
8 Workforce development		270	306		306	0 %
9 Other						
10 Total		470	4,706		4,706	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 1,242,915		
3	Enter 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		
4	Provide 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

5	Enter total revenue received from Medicare (including DSH and IME)	5	94,259,074
6	Enter Medicare allowable costs of care relating to payments on line 5	6	121,098,851
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-26,839,777
8	Describe 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

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "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	9b		No

Part IV Management 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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)

Name of hospital facility or letter of facility reporting group Aspirus Wausau Hospital Inc

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www aspirus org/Main/Community-Resources aspx?srcaud=Main			
b	☑ Other website (list url) http //www unitedwaymc org/lifereport htm			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www aspirus org/Main/Community-Resources asp?srcaud=Main			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, 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 (FAP)

Aspirus Wausau Hospital Inc

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☐	Insurance status			
f ☐	Underinsurance discount			
g ☐	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑	The FAP was widely available on a website (list url) www aspirus org/financialaid			
b ☑	The FAP application form was widely available on a website (list url) www aspirus org/financialaid			
c ☑	A plain language summary of the FAP was widely available on a website (list url) www aspirus org/financialaid			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Aspirus Wausau Hospital Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Aspirus Wausau Hospital Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
22	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	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	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? **23**		No
	If "Yes," explain in Section C		
24	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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	1 - Northwoods Surgery Center LLC 611 Veterans Parkway Woodruff, WI 54568	General Medical & Surgical
2	2 - Pine Ridge Surgery Center 2500 Pine Ridge Blvd Wausau, WI 54401	general Medical & Surgical
3	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	The patient/guarantor, husband or wife, and dependents may not have property in excess of - Primary residence is exempt for patients under 200% federal poverty guidelines For those over 200% equity allowance is $75,000 (financial statements and tax bills are required) Income producing land (e g , dairy farm) is evaluated individually on a case-by-case basis - Cash assets in excess of $4,000 at the time of application Specifically excluded from consideration are IRA and Pension Plans and Irrevocable Burial Trust Funds - Total net assets cannot exceed 800% of federal poverty guidelines This includes all assets including cash assets above
Part I, Line 7	The costing methodology used on Form 990 is based on a cost to charge ratio which is developed based on the organization's total operating expense, less Medicaid provider taxes divided by gross patient service revenues This cost to charge ratio is applied against the total charges that are written off during the fiscal year to estimate the cost of the care of patients that have accounts that are deemed to be bad debts to the organization The organization also provides discounts to eligible uninsured or underinsured patients under its charitable care policy These amounts are included in the contractual adjustments on the financial statements are not included in the ratio as described above and approved by the IRS for use on Form 990 If considered, these additional write-off amounts to uninsured or underinsured accounts would also increase the estimated bad debt expense amount associated with these uncollectible accounts to the organization

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	The costs of Subsidized Health Services are related to the Palliative Unit, Outpatient Dialysis, Hospice House and Ambulance Service Aspirus Wausau Hospital utilized an internal departmental financial statement to report the cost and direct offsetting revenue that calculates the community benefit expense The Palliative Unit reported costs of $3,313,839 with offsetting revenues of $1,576,542 The Outpatient Dialysis reported costs of $3,048,650 with offsetting revenues of $2,326,303 The Hospice House reported costs $948,728 with offsetting revenues of $486,121 the Ambulance Service reported costs of $9,489,112 with offsetting revenues of $8,443,076
Part I, Ln 7 Col(f)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24C, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN IS $3,486,101

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	As any good corporate citizen, Aspirus Wausau Hospital is involved in a wide range of community building activities And while some of these are undertaken simply because there is a community need and Aspirus is in a position to help, others are undertaken for much more specific reasons The goal of Aspirus Wausau Hospital's community benefits activities is to address key community health issues as identified by 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 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 is a longtime Chamber member and provides a leadership role in multiple ways Community Support (F3) Boy Scouts of America BSA has a thriving council, the Samoset, located in Wausau This organization encourages the physical, civic, social and educational development of boys and Aspirus Wausau Hospital supports its efforts BSA activities help address 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 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
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 Bad Debt Policy and Procedure POLICY I Aspirus' financial policy 5360 requires settlement of a patient self-pay bill or account will be referred for outside collection (Also refer to Aspirus Policy #7370 & 7155)II Failure to meet these requirements in policy 5360 will result in the account being considered for bad debt once all collection efforts have been exhausted The account will be removed from accounts receivable and turned over to an outside agency or law firm for collection Prior to this happening, the following criteria must be met A Patient Financial Services staff will make reasonable collection efforts by way of 1 Monthly statements2 Collection letters3 Collection phone calls III All collection activity and patient contacts will be documented on the individual accounts IV All collection accounts are to be treated the same regardless of payor type self-pay, general insurance, Medicare, or Medical Assistance V Patient Financial Services staff will use sound business judgment when working with the account At the discretion of the Financial Counselor, credit reports will be requested from the Credit Bureau and property verification obtained through the County Treasurer's Office PROCEDURE I The final step is to submit the account to a collection agency or law firm Each account is reviewed to determine if the account has met the bad debt criteria Once it has been determined that all requirements have been met, the account is transferred from accounts receivable to bad debt by the Financial Counselor Specific procedures pertaining to the detailed procedural steps for transferring to the Agency can be found in Policy/Procedure ID# 7155 dated 2/7/14 A Additional information regarding Medicare bad debts 1 The debt must be related to covered services and derived from deductible and coinsurance amounts 2 Aspirus Wausau Hospital must provide reasonable collection efforts 3 The debt is actually not collectable (at least 120 days outstanding from the date of the first billing to the patient) 3 Sound business judgment establishes that there was no likelihood of recovery at any time in the future II BAD DEBT RECOVERIESA Payments on monthly remittance advices from outside collection agencies will be posted to each individual account B Payments made directly to Aspirus, but intended for collection accounts will be posted to the appropriate account and reported daily/weekly to collection agencies for reconciliation of their records C Invoices for commissions due to collection agencies will be processed monthly Invoice and remittance advice will be reviewed by the Financial Counselor Team Lead and approved by the Manager/Director, then submitted to Fiscal Services for check processing and payment to agencies for commissions due

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	The provision for bad debts is based on management's assessment of historical and expected net collection considering business and economic conditions, trends in health care 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
Part III, Line 8	The costing methodology is CMS2552 as filed cost report Aspirus Wausau Hospital, Inc (Aspirus management) has determined 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

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Form and Line Reference	Explanation
Part III, Line 9b	We have a practice in place (see below) when is it known that a patient qualifies that we follow a different collection procedure but it is not documented in the policy Upon a patients approval for financial assistance, this is loaded as an insurance coverage to the patients account with an effective and termination date to assure capturing all charges for the patient for adjustment in a workqueue prior to any remaining balance being moved to patient liability and therefore preventing undiscounted services from being billed to a patient
Part VI, Line 2	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 has maintained strong involvement in the community assessment process, from pledging cash support and in kind donations to steering committee chairs and members The tenth and most recent version of the Marathon County LIFE Report 2015-2017 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 the following issues established as priorities - Mental Health- Substance Abuse- Income- A Great Start for Kids

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Form and Line Reference	Explanation
Part VI, Line 3	All patient statements provide information regarding the Aspirus Finacial Aid Program This includes a telephone number to request in-person assistance, information about the program as well as to request an application The statement also provides the web address which directs patients to our financial aid policy as well as the application and plain language summary Letters from Central Billing Office staff inform patients that Aspirus has a FAP The FAP is offered at the time of registration annually to all patients Financial Counselors offer FAP to patients during collection calls Aspirus has Certified Application Counselors that are available to assist with Marketplace enrollment at well as Medical Assistance applications Cardon Outreach is used to review all patients that are inpatient or present to the ED to assist with Medical Assistance applications
Part VI, Line 4	According the U S Census Bureau, Marathon County had a population of 135,603 as of 2016 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 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 (2016) Persons per square mile 86 8%Persons under 5 years old 5 9% Persons under 18 years old 23 0%Persons 65 years and over 16 9%White persons 91 4%Asian persons 5 8%Persons per household 2 47Persons below poverty level 10 4%Median household income $54,227Source US Census Bureau The Largest Employers in Marathon County Aspirus Wausau Hospital 3,120Greenheck Fan Corp 2,000Kolbe & Kolbe 1,600Wausau School District 1,300Footlocker com/Eastbay 1,100Wausau Paper/SCA 900Marathon Cheese 800Marathon County 889North Central Health Care 700North Central Technical College 650Source Comprehensive Annual Financial Report Marathon County, Wisconsin for the Year Ended December 31, 2016 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

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Form and Line Reference	Explanation
Part VI, Line 5	Today, that community leadership and vision endures Aspirus Wausau Hospital is guided by a community board of directors, which the organization's bylaws state must consist of eight or nine physicians and 11 to 14 community members This board helps ensure that strategic and operational decisions at Aspirus Wausau Hospital are made with the community's best interest in mind In addition, Aspirus Wausau Hospital maintains an open medical staff, meaning that it extends medical staff privileges to all qualified physicians in the community As a not-for-profit organization, Aspirus Wausau Hospital reinvests surplus funds in health services for the community, such as new technology that advances care and improves access Aspirus Wausau Hospital also works collaboratively with other health care and academic entities to offer professional health education opportunities that benefit the communities For example, the University of Wisconsin Wausau Family Medicine Residency Program is based on the Aspirus Wausau Hospital medical campus, and produces skilled, dedicated family medicine physicians The vast majority of residency graduates end up practicing in north central Wisconsin, making the residency program incredibly valuable to the ongoing easy access to high quality primary health care Aspirus Wausau Hospital is the vehicle by which extensive volunteer efforts are organized There are more than 1,000 Aspirus Volunteers who support the provision of excellent medical care at the hospital and in other venues These volunteers also provide valuable community outreach through the Lifeline home health monitoring program, the HANDS program that teaches young children the importance of hand hygiene, and Meals on Wheels Aspirus Wausau Hospital also supports valuable clinical research through 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, UW-Extension, and others, Aspirus can invest in programs and offer services to populations that would not have access otherwise
Part VI, Line 6	Aspirus Wausau Hospital is one of eight hospitals under the Aspirus, Inc umbrella Six of the hospitals are small, critical access facility, while Aspirus Wausau Hospital and Aspirus Riverview are regional tertiary care facilities The Aspirus system is relatively young, especially in the Upper Peninsula of Michigan, where four 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 Aspirus Medford Foundation serves Medford, WI and surrounding communities Aspirus Ontonagon Foundation serves Ontonagon, MI and surrounding communities Gogebic Range Health Foundation serves Ironwood, MI and surrounding communities Aspirus Riverview Foundation services Wisconsin Rapids, WI and surrounding communities While Aspirus has grown and expanded its service area rapidly in the past ten 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7	Aspirus has four hospitals in Wisconsin Aspirus Wausau Hospital in Wausau, Aspirus Langlade Hospital in Antigo, Aspirus Medford Hospital in Medford, and Aspirus Riverview Hospital in Wisconsin Rapids Each of these centers files a separate community benefit report Aspirus also has four hospitals in Michigan's Upper Peninsula Aspirus Keweenaw Hospital in Laurium, Aspirus Ironwood Hospital in Ironwood, Aspirus Ontonagon Hospital in Ontonagon and Aspirus Iron River Hospital in Iron River 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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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**
1	Aspirus Wausau Hospital Inc 333 Pine Ridge Blvd Wausau, WI 54401 www aspirus org/AspirusWausauHospital 188	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Aspirus Wausau Hospital, Inc	Part V, Section B, Line 5 As a result of the CHNA, Aspirus formed a Community Health Oversight Committee to determine the top health priorities of Healthy Start for Children, Mental Health (including substance abuse and addiction), and Healthy Weight They also determined the strategies Aspirus will engage in to address these priorities Aspirus was also part of the community CHIP planning in partnership with the local Health Department The top health priorities identified at AWH are also part of the Marathon County CHIP and AWH plans to continue partnering with community coalitions and organizations to address the top health priorities Interwoven into the strategies for each health priority is the goal of being aware of and including underserved, low-income and minority populations

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Aspirus Wausau Hospital, Inc	Part V, Section B, Line 6a Ministry Saint Clare's Hospital and Marshfield Clinic

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Aspirus Wausau Hospital, Inc	Part V, Section B, Line 6b Community partners include United Way of Marathon County, Marathon County Health Department, Wausau Police Department, Wausau School District, WI Department of Workforce Development, Marathon County Sheriff's Department, Wausau Region Chamber of Commerce, Marathon County Planning and Zoning Department, Ruder Ware, North Central Community Action Program, Northcentral Technical College, Marathon County Library, EO Johnson Business Technologies

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Aspirus Wausau Hospital, Inc	Part V, Section B, Line 11 The implementation strategy describes how Aspirus Wausau Hospi tal plans to address significant health priorities as identified in the Community Health N eeds Assessment The implementation strategy describes - The action the hospital plans to take, including resources it plans to commit,- Anticipated impacts of these actions,- A pl an to evaluate the impact,- Any partnerships between the hospital and other organizations Aspirus Wausau Hospital is doing the following to address needs identified in the most rec ently conducted CHNA Healthy Start for Children - Reach Out and Read The Reach Out and Re ad program partners with doctors, nurse practitioners, and other medical professionals to incorporate literacy support into regular well-child visits - Early Childhood Home Visitin g Program - Start Right Start Right provides parents with education, support and resource s to assist them in raising a happy and healthy family Start Right provides health educat ion, case management, parenting education, resource/referral, and support for families dur ing pregnancy and with children from birth to age five - Car Seat Distribution & Education Programs - Safe Kids This class teaches expecting, new, or experienced parents, grandpar ents, and caregivers about car seat safety During the 2-hour, hands-on class, you will le arn how to choose the appropriate car seat for your child, properly install a car seat in your vehicle, properly adjust the car seat to fit your child and check your seat for expi ration dates and recalls - Extracurricular activities for social engagement/physical acti vity - FitTastic FitTastic after school program teaches school age children K-5 the value of both nutritional food and physical activity as a lifelong component of positive mental , physical and social health - Group parenting and birthing classes Through Women's Healt h/Birthing Center, a wide variety of classes are offered to support healthy development of babies These classes allow for education and bonding opportunities for parents and their newborns Parents will receive education and resources on parenting, support groups, how to connect with their babies, infant massage, ultimately supporting healthy baby developme nt Behavioral Health - Telemental Health Services Mental health care services provided ov er a distance via telephone of vidoeconference Services can supplement or provide service s to individuals in areas with limited access to mental health - Prescription Drug Monitor ing Programs Prescription drug monitoring programs (PDMPs) are databases, housed in state agencies, that track prescription and dispensing of drugs PDMPs can be used by prescribe rs and pharmacists to view prescriptions written for and dispensed to individual patients, by law enforcement agencies to identify drug diversion or pill mills, or by state medical boards to identify potentially problematic prescribers - Alcohol Screening & Brief Interv ention Alcohol screening and

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Aspirus Wausau Hospital, Inc	brief intervention programs identify persons with harmful or hazardous alcohol comsumption before health and social consequences become pronounced, and motivate individuals to addr ess their existing or potential alcohol problem - Naloxone Access Naloxone is a prescipti on medication that reversed overdoses caused by opioids - Chronic Disease Self-Management Programs - Living Well with Chronic Conditions Living Well with Chronic Conditions is a 6 -week evidence based workshop for people who have one or more chronic conditions Mutual s upport and success build participants' confidence in their ability to manage their health condition to maintain active and fulfilling lives - Trauma-informed approaches to communit y building - ACE (Adverse Childhood Experience0/Trauma-informed care training event for DC Everest all staff in-service Trauma-informed school-wide interventions may increase stud ent resilience coping skills, ability to pay attention and attendance Such interventions are also associated with increased graduation rates School-based social and emotional ins truction increases academic achievement and improves mental health outcomes Training prov ided to all levels of staff to help them recognize behaviors that may be reactions to trau ma, learn how to assist and refer students to support services Staff will develop action plans to implement in the schools Healthy Weight - Multi-Component Obesity Prevention Inte rvention - Weigh to Go! Community Weight Challenge Multi-component interventions include a combination of educational, environmental, behavioral activities to support increased ph ysical activity and weight loss Weigh to Go utilizes these strategies by educating partic ipants on healthy eating, financial budgeting, stress management, while introducing them t o new physical activities they can perform in the community Participants are able to work with a health coach for the duration of the program to support positive behavior change - Nutrition Prescription - Fruit and Veggie Prescription Program Pediatricians write a pre scription for at least 5 servings of fruit and vegetables daily These prescriptions are g iven to children ages 2-16 during their well-child visit, while discussing the importance of healthy eating Participants can redeem the Rx at the local Farmers Market, good for $1 0 worth of fruits and vegetables - On-site Farmers Market - Aspirus Farmers Market Farmer 's Market is held in the parking lot of Aspirus Wausau Hospital with the goal of increasin g access and consumption of fruits and vegetables for employees and community members - El ectronic Benefit Transfer Payment and WIC & Senior Farmers' Market Nutrition Programs at A spirus Farmers' Market Electronic Benefit Transfer (EBT) is the electronic payment system of debit cards that the government uses to issue Supplemental Nutrition Assistance Progra m (SNAP) to eligible recipients Farmers' Market enabled to accept EBT, WIC and Senior Far mers' Market Nutrition Program

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Aspirus Wausau Hospital, Inc	(FMNP) provide an opportunity for low income shoppers to access fresh, locally grown food s - Grocery Store Tours A registered dietician gives a guided tour of the grocery store s howing how participants cna make choices that will hlep them lead a healthier lifestyle P articipants learn how to read food labels, pick healthy items, cock tasty, nutritious meal s at home, choose the right foods for their eating plan, understand fat, sugar, sodium, ca lories, and fiber - Worksite Obesity Prevention Interventions - Onsite Wellness Coordinato rs (Business Health) Worksite nutrition and physical activity programs use educational, e nvironmental, and behavioral strategies to improve health-related behaviors and health out comes These programs may include written materials, skill-building, individual or group c ounseling (health coaching), improved access to healthy foods, and opportunities to be mor e active at work Because Aspirus Wausau Hospital is a health care provider, it cannot mea ningfully impact all issues identified by the CHNA Aspirus Wausau Hospital will not be de veloping strategies to address "Income" as one of the top health priorities Aspirus Wausa u Hospital is the largest employer in Marathon County, provides good salaries and wages, a s well as competitive benefits Aspirus Wausau Hospital will continue to encourage employe rs to increase education levels and to attract higher income jobs as part of the community call to action

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16(I)	THE FAP PLAIN LANGUAGE SUMMARY AND FAP APPLICATION ARE TRANSLATED INTO THE PRIMARY LANGUAGES SPOKEN BY LEP POPULATIONS ASPIRUS IS CURRENTLY WORKING TO FINALIZE THE TRANSLATION OF THE FAP POLICY INTO THE PRIMARY LANGUAGES SPOKEN BY LEP POPULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7(A) AND 7(B)	LINE 7A http //www aspirus org/Main/Community-Resources aspx?srcaud=MainLINE 7B http //www unitedwaymc org/lifereport htm

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Aspirus Wausau Hospital Inc

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Additional Data

Software ID:
Software Version:
EIN: 39-1138241
Name: Aspirus Wausau Hospital Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Susan G Komen for the Cure 2025 W Oklahoma Avenue Suite 116 Milwaukee, WI 53215	75-2844639	501(c)(3)	15,000				Sponsorship
NTC Foundation 1000 West Campus Drive Wausau, WI 54401	39-1266481	501(c)(3)	22,000				Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wausau Area Mobile Meals 610 Scott Street STE G Wausau, WI 54403	39-1238060	501(c)(3)	11,000				Donation
Leigh Yawkey Woodson Art Museum 700 N Twelfth Street Wausau, WI 54403	23-7367344	501(c)(3)	10,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Woodson YMCA 707 N 3rd Street Wausau, WI 54403	39-0808463	501(c)(3)	10,000				Sponsorship
Performing Arts Foundation 401 N 4TH Street Wausau, WI 54403	23-7240695	501(c)(3)	10,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
woodson ymca foundation 707 N 3rd Street wausau, WI 54403	39-6066206	501(c)(3)	20,000				donation
united way of marathon county 705 s 24th avenue ste 400b wausau, WI 54401	39-0935496	501(c)(3)	7,700				sponsorship

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured 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" on 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 on 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 in column(B) reported as deferred on 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 D Lentz $202, M HEYWOOD $188, S Sczygelski $188, R Nevers $206, J HEISLER $181, D Danner $184, R RISLEY-GRAY $152, J Nosko $156, W Wessels $181, K McGowan $199 - Included in income Gross-up Payments K Rahn $438, M Wendling $438, L Leibert $640 - Included in income
Part I, Line 4b	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 PRESIDENT, 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 D LENTZ - $37,155 S SCZYGELSKI - $20,721 R NEVERS - $31,318 T Richardson - $47,095 D DANNER - $30,171 R Risley-Gray - $24,196 M GULAN - $15,854 W Wessels - $21,942 S Brewer - $8,466

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1James M Cygan MD Board Member/Physician	(I)	0	0	0	0	0	0	0
	(II)	786,741	0	8,438	18,830	23,183	837,192	0
1Kristen R Rahn MD Board Member/Physician	(I)	0	0	0	0	0	0	0
	(II)	307,094	0	10,139	17,228	26,920	361,381	0
2Lawrence G Leibert MD Board Member/ADC Physician	(I)	0	0	0	0	0	0	0
	(II)	493,491	0	9,240	18,830	23,511	545,072	0
3Mary Jo Wendling MD Board Member/Physician	(I)	0	0	0	0	0	0	0
	(II)	255,269	0	8,807	15,862	1,031	280,969	0
4Darrell LentzPresident AWH	(I)	271,643	61,439	41,606	18,509	58,537	451,734	0
	(II)	0	0	0	0	0	0	0
5Matthew F HeywoodCEO AI	(I)	0	0	0	0	0	0	0
	(II)	734,056	257,815	2,267	18,830	128,167	1,141,135	0
6Sidney C Sczygelski CFO AI/ Assist Treasurer	(I)	0	0	0	0	0	0	0
	(II)	441,313	93,183	27,888	18,830	74,817	656,031	0
7Rick L Nevers SVP Reg Ops System Int Off	(I)	0	0	0	0	0	0	0
	(II)	287,340	59,975	33,902	18,830	52,006	452,053	0
8JOHN HEISLER SVP AND CHIEF HR OFFICER	(I)	0	0	0	0	0	0	0
	(II)	265,586	56,537	9,104	13,026	54,029	398,282	0
9Todd Richardson SVP and CIO	(I)	0	0	0	0	0	0	0
	(II)	284,010	61,187	48,291	18,830	62,161	474,479	0
10Jacob Kempen VP Clinical Services	(I)	180,588	27,013	3,823	12,066	27,527	251,017	0
	(II)	0	0	0	0	0	0	0
11Dean Danner SVP COO of Aspirus Clinics	(I)	0	0	0	0	0	0	0
	(II)	281,530	50,514	35,537	17,796	54,578	439,955	0
12Cari Logemann Sr VP/ General Counsel	(I)	0	0	0	0	0	0	0
	(II)	295,196	63,114	1,259	18,556	57,957	436,082	0
13RUTH RISLEY-GRAY SVP NURSING SYSTEM CNO	(I)	0	0	0	0	0	0	0
	(II)	263,353	56,735	26,961	17,865	56,697	421,611	0
14Jeannine Nosko VP Patient Care/CNO	(I)	216,231	32,789	811	4,362	43,775	297,968	0
	(II)	0	0	0	0	0	0	0
15MARIA GULAN VP OPERATIONS & SERVICE DV	(I)	0	0	0	0	0	0	0
	(II)	166,377	19,924	16,814	11,054	38,885	253,054	0
16WILLIAM WESSELS MD AWH/ACI CHIEF MEDICAL OFFI	(I)	327,543	51,140	24,399	13,530	56,011	472,623	0
	(II)	0	0	0	0	0	0	0
17Steve Brewer VP Heart & Vascular	(I)	0	0	0	0	0	0	0
	(II)	203,622	29,442	9,461	10,022	42,826	295,373	0
18MichaEl McGrail MD System CMO/Care Integratio	(I)	0	0	0	0	0	0	0
	(II)	382,842	81,065	21,418	11,948	70,643	567,916	0
19Kathryne McGowan ANI Executive Director	(I)	0	0	0	0	0	0	0
	(II)	253,530	54,574	1,462	12,888	57,185	379,639	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 RENEE M SMITH MD ANI CMO, Executive Director ANI	(I)	308,666	36,933	465	18,829	22,986	387,879	0
	(II)	0	0	0	0	0	0	0
1 Bruce Hasselquist Sr Diag Medical Physicist	(I)	214,062	0	7,524	14,159	20,599	256,344	0
	(II)	0	0	0	0	0	0	0
2 Jill Michaud Director of Pharmacy	(I)	160,184	12,866	5,073	10,686	23,950	212,759	0
	(II)	0	0	0	0	0	0	0
3 Betty Vogds Clinical Medical Physicist	(I)	169,568	0	193	7,201	9,211	186,173	0
	(II)	0	0	0	0	0	0	0
4 Ivan Lukowski Manager of Pharmacy	(I)	144,755	11,901	8,568	9,673	26,452	201,349	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Aspirus Wausau Hospital Inc

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	47,001,087	REVENUE BONDS SERIES 2013		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,015,000		10,235,000	30,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	32,025,000	27,200,000	20,000,000	47,001,087
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion		2006	1999	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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?		X		X		X		X
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 %		0 380 %		0 960 %		0 460 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		1 920 %		0 380 %		0 960 %		0 460 %
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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 02/23/2013 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 Issuer Name WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH Date the Rebate Computation was Performed 06/19/2015

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

Return Reference	Explanation
Part III, Lines 2, 3a, and 3b	ASPIRUS, INC , THE PARENT ORGANIZATION OF ASPIRUS WAUSAU HOSPITAL, INC , HAS POLICIES AND PROCEDURES IN PLACE TO REVIEW LEASE AGREEMENTS, MANAGEMENT, AND SERVICE CONTRACTS TO IDENTIFY AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY ON A CONTRACT BY CONTRACT BASIS, ASPIRUS, INC WILL SEEK HELP FROM BOND COUNSEL AS MANAGEMENT DEEMS NECESSARY

Return Reference	Explanation
PART VI	THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES 2013 (ASPIRUS, INC OBLIGATED GROUP) WERE BORROWED BY THE FOLLOWING ORGANIZATIONS ASPIRUS WAUSAU HOSPITAL, INC (EIN 39-1138241), ASPIRUS MEDFORD HOSPITAL & CLINICS, INC (EIN 39-0964813), ASPIRUS GRAND VIEW (EIN 38-2908586), AND LANGLADE HOSPITAL HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN (EIN 39-0806429) INFORMATION REGARDING THE SERIES 2013 BONDS IS REPORTED IN THE SCHEDULE K FOR EACH ORGANIZATION [THE INFORMATION REPORTED IN PART I, PART II AND PART III RELATES ONLY TO THE PORTION OF THE SERIES 2013 BONDS LOANED TO THE ORGANIZATION THE INFORMATION REPORTED IN PART IV RELATES TO THE ENTIRE ISSUE OF THE SERIES 2013 BONDS]

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

OMB No 1545-0047

2016

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), section 501(c)(4), and 501(c)(29) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting 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, M D	325,138	Radiology services/medical contracts		No
(2) WI Emergency Medical Services Association	Related Party to Board Member Chad Radke, D O	7,908,910	Emergency Services/Medical Contracts		No
(3) Westphal Staffing Inc	related party to board member Lisa S Westphal	73,153	contract labor		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 990-EZ 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

2016

Open to Public Inspection

Name of the organization
Aspirus Wausau Hospital Inc

Employer identification number
39-1138241

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 the organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The following actions must be approved by the sole member of the organization, Aspirus,Inc 1) Change or amend the articles of incorporation or bylaws, 2) Change the mission, purp ose, 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 a nnual operating and capital expenditure budgets, strategic and long-range plans

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The accounting department accumulates all 990 and 990-T information, including the UBIT calculations These documents are reviewed by the CFO The 990 and 990-T are reviewed by other senior management prior to submission to the internal revenue service and are made available to the Board of Directors through Director's Desk or other means of electronic retrieval

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Board members and key employees are required to sign annual conflict of interest statements and all managers are required to sign biannual conflict of interest statements The organization's CEO and board chair review the statements and highlight potential conflicts The Board determines on a case by case basis any actions required Individuals are not permitted to vote on any transaction where a conflict has been determined to exist All conflicts and proceedings are noted in the meeting minutes

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	For the purposes of determining compensation, Aspirus, Inc relied on related organization s to establish the compensation of the CEO, other officers, and key employees The related organizations used the following practices for establishing compensation for such individ uals Compensation Committee, independent compensation consultant, written employment cont ract, compensation survey or study, and approval by the Board or Compensation Committee

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Corporate Allocations Program service expenses 32,740,609 Management and general expense s 35,053,125 Fundraising expenses 0 Total expenses 67,793,734 Other fees Program servi ce expenses 20,349,171 Management and general expenses 21,786,468 Fundraising expenses 0 Total expenses 42,135,639

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Interest rate swap valuation adjustment 1,360,246 Interest rate swap -344,682 Post retir ement healthcare benefit adjustment 659,494 net asset transfer to Aspirus, Inc -21,000,0 00 Equity - Bond Swap -20,245

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2C	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 independent accountant There was no chan ge in this process in the past year

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

OMB No 1545-0047

2016

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	608,022	226,563	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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Western Upper Michigan Eye Care LLC 131 W Genesee Street Iron River, MI 49935 27-2324957	Eye Care Services	MI	N/A									

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	(i) No
(1)ASPIRUS NETWORK 3000 WESTHILL DRIVE SUITE 300 WAUSAU, WI 54401 39-1931679	MEDICAL CONTRACTS	WI	N/A	C				Yes	
(2)ASPIRUS KEWEENAW ENTERPRISES INC 205 OSCEOLA STREET LAURIUM, MI 49913 38-3390273	PHARMACY	MI	N/A	C				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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1D	All outstanding obligated group debt is guaranteed by all members of the obligated group

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) 333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1328331	HEALTHCARE	WI	501(c)(3)	Line 12b, II	N/A		No
(1) 333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1406537	property leasing	WI	501(c)(3)	Line 10	ASPIRUS INC	Yes	
(2) 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-0782130	NURSING HOME SERVICES	WI	501(c)(3)	Line 10	ASPIRUS INC	Yes	
(3) 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1670223	MEDICAL SERVICES	WI	501(c)(3)	Line 10	ASPIRUS INC	Yes	
(4) 601 SEVENTH STREET ONTONAGON, MI 49953 26-0806477	HOSPITAL	MI	501(c)(3)	Line 3	ASPIRUS INC	Yes	
(5) 520 N 32ND AVENUE WAUSAU, WI 54401 39-0808511	HOME HEALTH CARE SERVICES	WI	501(c)(3)	Line 10	ASPIRUS INC	Yes	
(6) 520 N 32ND AVENUE WAUSAU, WI 54401 39-1597350	PERSONAL CARE SERVICES	WI	501(c)(3)	Line 10	ASPIRUS VNA HOME HEALTH INC	Yes	
(7) 425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1256656	CHARITABLE FOUNDATION	WI	501(c)(3)	Line 7	ASPIRUS INC	Yes	
(8) 1400 W ICE LAKE ROAD IRON RIVER, MI 49935 38-3236977	HOSPITAL	MI	501(c)(3)	Line 3	ASPIRUS INC	Yes	
(9) 410 DEWEY STREET WISCONSIN RAPIDS, WI 54494 39-0868982	HOSPITAL	WI	501(c)(3)	Line 3	ASPIRUS INC	Yes	
(10) N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2908586	HOSPITAL	MI	501(c)(3)	Line 3	ASPIRUS INC	Yes	
(11) N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 23-7178363	GIFT SHOP, LIFELINE, FUNDRAISING & MISC	MI	501(c)(3)	Line 10	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	Yes	
(12) 205 OSCEOLA STREET LAURIUM, MI 49913 38-1443361	HOSPITAL	MI	501(c)(3)	Line 3	ASPIRUS INC	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ASPIRUS INC	B	21,000,000	COST
(1)	ASPIRUS INC	J	855,106	COST
(2)	ASPIRUS INC	L	191,767	COST
(3)	ASPIRUS INC	M	68,535,253	COST
(4)	ASPIRUS INC	O	17,539,620	COST
(5)	ASPIRUS INC	P	1,136,337	COST
(6)	ASPIRUS INC	Q	2,285,716	COST
(7)	ASPIRUS CLINICS INC	J	2,328,287	COST
(8)	ASPIRUS CLINICS INC	K	1,704,320	COST
(9)	ASPIRUS CLINICS INC	L	1,348,730	COST
(10)	ASPIRUS CLINICS INC	M	527,901	COST
(11)	ASPIRUS CLINICS INC	O	53,040,085	COST
(12)	ASPIRUS CLINICS INC	P	1,184,359	COST
(13)	ASPIRUS CLINICS INC	Q	1,863,317	COST
(14)	ASPIRUS EXTENDED SERVICES INC	O	961,490	COST
(15)	ASPIRUS ONTONAGON HOSPITAL INC	L	94,946	COST
(16)	ASPIRUS ONTONAGON HOSPITAL INC	M	51,828	COST
(17)	ASPIRUS ONTONAGON HOSPITAL INC	O	1,321,865	COST
(18)	ASPIRUS VNA HOME HEALTH INC	J	127,986	COST
(19)	ASPIRUS VNA HOME HEALTH INC	K	168,922	COST
(20)	ASPIRUS VNA HOME HEALTH INC	O	4,956,042	COST
(21)	ASPIRUS VNA HOME HEALTH INC	Q	191,874	COST
(22)	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	O	3,690,568	Cost
(23)	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	Q	152,457	COST
(24)	ASPIRUS IRON RIVER HOSPITAL & CLINICS INC	O	3,661,168	COST

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	aspirus rivERVIEW HOSPITAL & CLINICS INC	K	83,596	cost
(1)	aspirus rivERVIEW HOSPITAL & CLINICS INC	L	100,740	COST
(2)	aspirus rivERVIEW HOSPITAL & CLINICS INC	O	6,499,371	cost
(3)	aspirus rivERVIEW HOSPITAL & CLINICS INC	P	131,034	cost
(4)	aspirus rivERVIEW HOSPITAL & CLINICS INC	Q	95,046	COST
(5)	ASPIRUS BUILDINGS INC	J	347,901	COST
(6)	ASPIRUS BUILDINGS INC	P	163,619	COST
(7)	ASPIRUS BUILDINGS INC	Q	128,478	COST
(8)	ASPIRUS HEALTH FOUNDATION INC	B	313,700	COST
(9)	ASPIRUS HEALTH FOUNDATION INC	C	259,963	COST
(10)	ASPIRUS HEALTH FOUNDATION INC	O	286,979	COST
(11)	ASPIRUS KEWEENAW HOSPITAL	K	118,627	COST
(12)	ASPIRUS KEWEENAW HOSPITAL	L	404,521	COST
(13)	ASPIRUS KEWEENAW HOSPITAL	O	3,763,290	COST
(14)	ASPIRUS KEWEENAW HOSPITAL	Q	70,299	COST