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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
ASPIRUS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
333 PINE RIDGE BLVD

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

D Employer identification number
39-1328331

E Telephone number
(715) 847-2250

G Gross receipts \$ 113,995,652

F Name and address of principal officer:
MATTHEW HEYWOOD
2200 WESTWOOD DRIVE
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: 1979

M State of legal domicile: WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO SUPPORT ITS RELATED HEALTH CARE ORGANIZATIONS AND PROVIDE HEALTHCARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 10
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1,575
6 Total number of volunteers (estimate if necessary) 6 8
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 573,258
b Net unrelated business taxable income from Form 990-T, line 34 7b -2,195

Revenue

8 Contributions and grants (Part VIII, line 1h) 109,657 112,614
9 Program service revenue (Part VIII, line 2g) 1,737,054 1,633,989
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,543,133 14,246,766
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,389,844 15,993,369

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 126,667 73,533
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) 0 0
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) -2,193,584 -2,263,668
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -2,066,917 -2,190,135
19 Revenue less expenses. Subtract line 18 from line 12 8,456,761 18,183,504

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 346,871,018 402,216,154
21 Total liabilities (Part X, line 26) 25,291,098 25,981,576
22 Net assets or fund balances. Subtract line 21 from line 20 321,579,920 376,234,578

Part II

Signature Block

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

Sign Here

Signature of officer
Date
SIDNEY C SCZYGELSKI SENIOR VP OF FINANCE & CFO
Type or print name and title

2020-06-01
Date

Paid Preparer Use Only

Print/Type preparer's name
Preparer's signature
Date 2020-06-01
Check ☐ if self-employed
PTIN P01833529
Firm's name ▶ WIPFLI LLP
Firm's EIN ▶ 39-0758449
Firm's address ▶ 1502 LONDON ROAD SUITE 200
DULUTH, MN 55812
Phone no. (218) 722-4705

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

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

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

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

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.

4b	(Code:) (Expenses \$	including grants of \$	(Revenue \$
	See Additional Data		

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O.)	(Expenses \$	including grants of \$	(Revenue \$
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4e	Total program service expenses ▶	65,347
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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 Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 144	
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	

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		
	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		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, WI 54401 (715) 847-2250

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 ☒

☒

● 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.

[illegible]

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)								8,285,980	1,140,530	1,632,059

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 ► **80**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CDW GOVERNMENT INC 75 REMITTANCE DRIVE SUITE 1515 CHICAGO, IL 606751515	IT SERVICES	7,287,324
AHEAD LLC 76 REMITTANCE DRIVE DEPT 6980 CHICAGO, IL 606756980	IT SERVICES	5,846,289
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 532880314	EMR SYSTEM	4,467,630
KARMA GROUP INC PO BOX 7 GREEN BAY, WI 543050007	MARKETING	2,405,416
MICROSOFT CORPORATION PO BOX 841639 DALLAS, TX 752841639	IT SERVICES	2,148,702

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 ► **106**

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII ☐						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b	88,176			
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	24,438			
	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 ▶		112,614				
Program Service Revenue			Business Code			
	2a CONTRACT SERVICE REVENUE	621110	955,106	381,848	573,258	
	b MEDICAL TRANSCRIPT REVENUE	621110	464,894	464,894		
	c OTHER	621110	213,989	213,989		
	d _____					
	e _____					
	f All other program service revenue.					
g Total. Add lines 2a-2f ▶		1,633,989				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		8,579,585			8,579,585
	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	103,669,464				
	b Less: cost or other basis and sales expenses	98,002,283				
	c Gain or (loss)	5,667,181				
	d Net gain or (loss) ▶		5,667,181			5,667,181
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions. ▶		15,993,369	1,060,731	573,258	14,246,766	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	73,533	73,533		
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				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	-2,255,482		-2,255,482	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 PROVISION OF BAD DEBTS	-8,186	-8,186		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	-2,190,135	65,347	-2,255,482	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 SheetCheck 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		48,921,729	1	70,146,765	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		-544,772	4	-2,141,565	
	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		348,017	7	114,229	
	8	Inventories for sale or use		21,962	8	10,413	
	9	Prepaid expenses and deferred charges		6,525,561	9	6,930,332	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	74,289,213			
	b	Less: accumulated depreciation	10b	47,247,600	26,740,629	10c	27,041,613
	11	Investments—publicly traded securities		120,579,953	11	144,261,345	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		129,180,647	13	143,070,069	
	14	Intangible assets			14	650,000	
	15	Other assets. See Part IV, line 11		15,097,292	15	12,132,953	
16	Total assets. Add lines 1 through 15 (must equal line 34)		346,871,018	16	402,216,154		
Liabilities	17	Accounts payable and accrued expenses		17,057,286	17	20,230,866	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	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		582,289	23	0	
	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		7,651,523	25	5,750,710	
	26	Total liabilities. Add lines 17 through 25		25,291,098	26	25,981,576	
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		321,579,920	27	376,234,578	
	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		321,579,920	33	376,234,578		
34	Total liabilities and net assets/fund balances		346,871,018	34	402,216,154		

Part XI Reconciliation of Net AssetsCheck 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	15,993,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	-2,190,135
3	Revenue less expenses. Subtract line 2 from line 1	3	18,183,504
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	321,579,920
5	Net unrealized gains (losses) on investments	5	-4,717,966
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	41,189,120
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	376,234,578

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

TO PROVIDE HEALTH CARE SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. ASPIRUS, INC. PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS COMMUNITY CARE POLICY WITHOUT CHARGE. THE ESTIMATED COST OF PROVIDING CARE UNDER THIS POLICY AGGREGATED TO APPROXIMATELY \$7,700,000 IN FY2019. (THIS COST INCLUDES ASPIRUS, INC. AND ITS CONSOLIDATED AFFILIATES.) THE COST WAS CALCULATED BY MULTIPLYING THE RATIO OF COST TO GROSS CHARGES FOR ASPIRUS, INC. BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING THE COMMUNITY CARE.AS PART OF ITS PATIENT SERVICES, ASPIRUS, INC. ALSO PROVIDES SERVICES TO BENEFICIARIES OF THE MEDICARE AND MEDICAID PROGRAMS WHICH OFTEN REIMBURSE THE ORGANIZATION BASED ON PREDETERMINED FEE SCHEDULES WHICH ARE OFTEN BELOW THE COST OF PROVIDING CARE TO THESE INDIVIDUALS. THESE PROGRAMS PROVIDE HEALTH CARE SERVICES TO A LARGE PORTION OF THE ELDERLY, LOW INCOME, AND DISABLED MEMBERS OF THE COMMUNITY WHO NEED ACCESS TO HIGH QUALITY CARE.

Form 990, Part III, Line 4b:

ASPIRUS, INC. PROVIDES CORPORATE FUNCTIONAL SUPPORT SERVICES TO THE AFFILIATED ENTITIES IN ORDER TO ALLOW THOSE ENTITIES TO FOCUS ON THEIR MISSIONS OF PROVIDING HEALTH CARE SERVICES TO PATIENTS 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			
MATTHEW D ROWE CHAIR	1.00 1.00	X		X				0	0	0
RICHARD V POIRIER VICE CHAIR	1.00 0.00	X		X				0	0	0
KATHY J STRASSER TREASURER	1.00 1.00	X		X				0	0	0
GRAHAM CHIP COURTNEY SECRETARY	1.00 0.00	X		X				0	0	0
KATHY KELSEY FOLEY BOARD MEMBER	1.00 1.00	X						0	0	0
JOSEPH V FONTI BOARD MEMBER	1.00 0.00	X						0	0	0
MATTHEW F HEYWOOD BOARD MEMBER & PRESIDENT/CEO	50.00 4.00	X		X				1,156,743	0	195,564
SHERRI L LEMMER BOARD MEMBER	1.00 1.00	X						0	0	0
BRIAN J PRUNTY BOARD MEMBER	1.00 1.00	X						0	0	0
NOEL K SONNEK MD BOARD MEMBER	1.00 40.00	X						0	336,758	30,057

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			
PAUL DAVID ASSISTANT GENERAL COUNSEL	40.00 0.00					X		214,945	0	13,177
CHRISTOPHER TONER ASSISTANT GENERAL COUNSEL	40.00 0.00					X		203,555	0	47,382
CHRIS FALLIN DIRECTOR - SYSTEM TECHNICAL SERVICES	40.00 0.00					X		184,702	0	38,393
F DEAN DANNER JR TERMED 618 SVP AMBULATORY SVCS & PRESIDENT ACI	50.00 0.00						X	386,225	0	27,706

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ASPIRUS INC

Employer identification number
39-1328331

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

The organization is not a private foundation because it is: (For lines 1 through 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

15
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	15				0	4,353,185

Part II

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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 in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>		
1		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
3a		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
5a		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
6		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
9b		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
9c		No
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)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
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.		
11a		No
11b		No
11c		No

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		No

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)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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 (explain in Part VI). 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE G(VI)	ASPIRUS, INC. IS A NON-PROFIT, COMMUNITY-DIRECTED HEALTH SYSTEM BASED IN WAUSAU, WISCONSIN . WITH MORE THAN 7,000 EMPLOYEES, ASPIRUS SERVES COMMUNITIES THROUGHOUT 14 COUNTIES IN NORTHERN AND CENTRAL WISCONSIN, AS WELL AS THE WESTERN UPPER PENINSULA OF MICHIGAN. ASPIRUS, INC.'S INTEGRATED HEALTH SYSTEM INCLUDES FOUR HOSPITALS IN MICHIGAN AND FOUR HOSPITALS IN WISCONSIN, 50 CLINICS, HOME HEALTH AND HOSPICE CARE, PHARMACIES, CRITICAL CARE AND HELICOPTER TRANSPORT, MEDICAL GOODS, NURSING HOMES, AND HIGH-QUALITY AFFILIATED PHYSICIANS. ASPIRUS IS AN INTEGRATED, COMMUNITY GOVERNED HEALTHCARE SYSTEM. THE ASPIRUS MISSION - WE HEAL PEOPLE, PROMOTE HEALTH AND STRENGTHEN COMMUNITIES. THE ASPIRUS VISION - ASPIRUS IS A CATALYST FOR CREATING HEALTHY, THRIVING COMMUNITIES, TRUSTED AND ENGAGED ABOVE ALL OTHERS. ASPIRUS, INC. PROVIDES SUPPORT TO THE SUPPORTED ORGANIZATIONS IN MORE WAYS THAN JUST MONETARY SUPPORT INCLUDING BUT NOT LIMITED TO HUMAN RESOURCES, REVENUE CYCLE MANAGEMENT, INFORMATION TECHNOLOGY SERVICES, AND OTHER MANAGEMENT SERVICES.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	ASPIRUS, INC.'S GOVERNING DOCUMENTS DO NOT LIST EACH INDIVIDUAL ENTITY AS A SUPPORTING ORGANIZATION. HOWEVER THE GOVERNING DOCUMENTS INDICATE ASPIRUS, INC. MAY SUPPORT ORGANIZATIONS FROM TIME TO TIME AS LONG AS AT LEAST ONE OFFICER OR DIRECTOR ARE IN COMMON AT ALL TIMES , AND THE OFFICERS AND DIRECTORS OF ASPIRUS, INC. SHALL ENDEAVOR TO HAVE A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE OFFICERS AND DIRECTORS OF ASPIRUS, INC.'S VARIOUS NONPROFIT SUPPORTED ORGANIZATIONS. IN ADDITION, ASPIRUS, INC. IS THE SOLE CORPORATE MEMBER FOR MAJORITY OF THE SUPPORTED ORGANIZATIONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION C, LINE 1	EACH SUPPORTED ORGANIZATION HAS ITS OWN DIRECTORS/TRUSTEES. HOWEVER, LEADERSHIP OF ASPIRUS , INC. HAVE SEATS ON EACH OF THE SUPPORTED ORGANIZATION'S BOARDS. IN ADDITION, ASPIRUS, IN C. IS THE SOLE CORPORATE MEMBER FOR THE MAJORITY OF THE SUPPORTED ORGANIZATIONS.

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ASPIRUS WAUSAU HOSPITAL INC	391138241	3	Yes		0	0
(A) ASPIRUS BUILDINGS INC	391406537	10	Yes		0	0
(B) ASPIRUS CLINICS INC	391670223	10	Yes		0	0
(C) ASPIRUS VNA HOME HEALTH INC	390808511	10	Yes		0	0
(D) ASPIRUS VNA EXTENDED CARE INC	391597350	10	Yes		0	0
(E) ASPIRUS EXTENDED SERVICES INC	390782130	10	Yes		0	0
(F) ASPIRUS HEALTH FOUNDATION INC	391256656	7	Yes		0	0
(G) ASPIRUS ONTONAGON HOSPITAL INC	260806477	3	Yes		0	0
(H) ASPIRUS IRONWOOD HOSPITAL & CLINICS	382908586	3	Yes		0	623,253
(I) ASPIRUS IRON RIVER HOSPITAL & CLINICS INC	383236977	3	Yes		0	0
(J) ASPIRUS RIVERVIEW HOSPITAL & CLINICS	390868982	3	Yes		0	2,711,691
(K) ASPIRUS GRAND VIEW HOSPITAL AUXILIARY	237178363	3		No	0	0
(L) ASPIRUS MEDFORD HOSPITAL & CLINICS INC	390964813	3	Yes		0	0
(M) LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	390806429	3	Yes		0	747,724
(N) ASPIRUS KEWEENAW HOSPITAL	381443361	3	Yes		0	270,517

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ASPIRUS INC

Employer identification number
39-1328331

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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 7/25/06, 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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2018

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back

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:

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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				
b Buildings		683,670	378,429	305,241
c Leasehold improvements		70,981,638	46,869,171	24,112,467
d Equipment				
e Other		2,623,905		2,623,905
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				27,041,613

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) EQUITY IN EARNINGS OF LANGLADE HOSPITAL, INC.	82,398,634	C
(2) EQUITY IN EARNINGS OF MEDFORD HOSPITAL & CLINICS, INC.	58,356,013	C
(3) EQUITY IN EARNINGS OF ASPIRUS EXTENDED SERVICES, INC.	2,315,422	C
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	143,070,069	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	5,491,036
DUE TO AFFILIATES	-1,043,397
RETIREE HEALTHCARE BENEFITS	1,303,071
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	5,750,710

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
ASPIRUS INC

Employer identification number
39-1328331

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:	IN AN EFFORT TO STREAMLINE THE PROCESS FOR EXPLORING EXTERNAL GRANT FUNDING AT ASPIRUS AND TO ENSURE LEADERSHIP SUPPORT PRIOR TO PURSUIT OF GRANT PROJECTS AND SUBMISSION APPLICATIONS, THE FOLLOWING APPROVAL PROCESS IS UTILIZED: ALL GRANTS REQUIRE THE INVOLVEMENT OF THE FOUNDATION AND APPROVAL BY FISCAL. THE FOLLOWING TYPES OF GRANT PROPOSALS REQUIRE APPROVAL FROM THE RESPECTIVE PRESIDENT AND VICE PRESIDENT, PLUS PRESENTATION TO CEC BY AHF AND THE APPROPRIATE DEPARTMENT/ENTITY REPRESENTATIVE: 1. NEW GRANTS OVER \$50,000 2. NEW GRANTS REQUIRING OR INCLUDING FINANCIAL MATCH OF ANY AMOUNT OR ADDITIONAL FTES 3. REAPPLICATION FOR GRANTS ACHIEVED IN THE PAST FOR OVER \$100,000 REGARDLESS OF MATCHING FUND REQUIREMENT THE FOLLOWING TYPES OF GRANT PROPOSALS REQUIRE APPROVAL FROM THE RESPECTIVE PRESIDENT AND VICE PRESIDENT ONLY. AN INFORMATIONAL REPORT OR MEMO WOULD BE PROVIDED TO CEC: 1. REAPPLICATION FOR GRANTS ACHIEVED IN THE PAST THAT ARE LESS THAN \$100,000 AND DO NOT HAVE MAJOR CHANGES TO SCOPE OF WORK 2. NEW GRANTS UNDER \$50,000 THAT DO NOT REQUIRE MATCHING FUNDS OR ADDITIONAL FTES

Additional Data

Software ID:
Software Version:
EIN: 39-1328331
Name: ASPIRUS 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
UNITED WAY OF MARATHON COUNTY 705 S 24TH STREET SUITE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	53,533				SPONSORSHIP
CENTERGY INC 100 N 72ND AVE SUITE 215 WAUSAU, WI 54401	39-1643470	501(C)(4)	5,000				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
WAUSAU AREA CHAMBER FOUNDATION 200 WASHINGTON STREET SUITE 120 WAUSAU, WI 54403	23-7117237	501(C)(3)	15,000				SPONSORSHIP

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ASPIRUS INC		Employer identification number 39-1328331

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported 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.

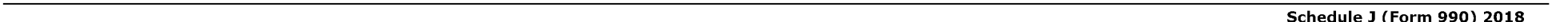
[illegible]

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, WHEN APPLICABLE, WAS ADDED TO THE INDIVIDUAL'S COMPENSATION AT FAIR MARKET VALUE. M. HEYWOOD - \$177 S. SCZYGELSKI - \$273 E. ANDERSON - \$237 R. NEVERS - \$273 R. RISLEY-GRAY - \$199 J. HEISLER - \$177 R. SMITH - \$135 J. MONKS - \$199 M. BREWER - \$237 L. PECK - \$135 J. HARDESTY - \$237 S. LUSIGNAN - \$177 T. BURCH - \$135

Return Reference	Explanation
PART I, LINE 4B	SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT 457(F) DISTRIBUTION: S. SCZYGELSKI \$ 49,137 S. BREWER \$ 19,003 R. NEVERS \$ 38,383 C. NELSON \$ 34,297 T. RICHARDSON \$ 38,563 R. RISLEY-GRAY \$ 45,015 S. LUSIGNAN \$ 22,547 C. LOGEMANN \$ 19,856 G. RAKES \$ 17,722 L. ROWE-PEPLINSKI \$ 20,316 R. SMITH \$ 33,431 E. ANDERSON \$ 11,262 J. HEISLER \$ 40,214 L. PECK \$ 21,417 T. BURCH \$ 38,809 D.DANNER \$66,173 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 THAT IS 24 MONTHS FOLLOWING 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.



Additional Data

Software ID:
Software Version:
EIN: 39-1328331
Name: ASPIRUS 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			(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				
MATTHEW F HEYWOOD BOARD MEMBER & PRESIDENT/CEO	(i)	869,672	267,317	19,754	16,506	179,058	1,352,307	0
	(ii)	0	0	0	0	0	0	0
NOEL K SONNEK MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	331,595	0	5,163	16,081	13,976	366,815	0
SIDNEY C SCZYGELSKI SENIOR VP OF FINANCE & CFO	(i)	514,118	87,791	52,974	16,506	101,162	772,551	49,137
	(ii)	0	0	0	0	0	0	0
CARI LOGEMANN SR VP & GENERAL COUNSEL	(i)	372,200	58,440	21,758	16,506	65,130	534,034	19,856
	(ii)	0	0	0	0	0	0	0
RICK NEVERS SVP REG OPS SYSTEM INT OFF	(i)	356,162	55,425	44,966	16,506	62,775	535,834	38,383
	(ii)	0	0	0	0	0	0	0
CHARLES NELSON TERMED 918 REGIONAL CEO UP	(i)	228,200	52,435	40,905	15,209	61,928	398,677	34,297
	(ii)	0	0	0	0	0	0	0
TODD RICHARDSON SVP AND CIO	(i)	297,875	56,000	41,412	16,506	71,874	483,667	38,563
	(ii)	0	0	0	0	0	0	0
JOHN HEISLER SVP AND CHIEF HR OFFICER	(i)	304,853	56,609	54,606	16,506	23,636	456,210	40,214
	(ii)	0	0	0	0	0	0	0
RUTH RISLEY-GRAY SVP NURSING SYSTEM CNO	(i)	286,934	52,327	52,861	16,506	60,755	469,383	45,015
	(ii)	0	0	0	0	0	0	0
LORI PECK VP OF REVENUE CYCLE	(i)	204,731	25,003	22,601	11,067	19,822	283,224	21,417
	(ii)	0	0	0	0	0	0	0
MICHAEL MCGRAIL MD SVP SYSTEM CMO	(i)	400,085	73,833	11,606	14,262	66,485	566,271	0
	(ii)	0	0	0	0	0	0	0
SARA LUSIGNAN TERMED 119 VP OF FINANCE	(i)	221,639	27,914	23,675	10,593	46,593	330,414	22,547
	(ii)	0	0	0	0	0	0	0
TODD BURCH TERMED 419 CEO ASPIRUS RIVERVIEW	(i)	0	0	0	0	0	0	38,809
	(ii)	255,663	48,280	44,269	16,168	71,493	435,873	0
GARY RAKES VP SUPPLY CHAIN MANAGEMENT	(i)	204,299	25,142	22,375	11,459	22,250	285,525	17,722
	(ii)	0	0	0	0	0	0	0
LISA ROWE-PEPLINSKI VP OF CORPORATE QUALITY IMPROVEMENT	(i)	204,926	25,269	21,686	12,362	21,168	285,411	20,316
	(ii)	0	0	0	0	0	0	0
JOHN L MONKS VP OF OPERATIONS - AI	(i)	183,169	22,909	4,589	11,032	31,383	253,082	0
	(ii)	0	0	0	0	0	0	0
RENEE M SMITH EXECUTIVE DIRECTOR ANI	(i)	0	0	0	0	0	0	0
	(ii)	348,984	64,382	42,194	16,506	29,102	501,168	33,431
MATT BREWER VP OF OPERATIONS - AI	(i)	213,660	26,807	1,058	6,269	49,714	297,508	0
	(ii)	0	0	0	0	0	0	0
ERIC ANDERSON SVP SERVICE LINE & PATIENT	(i)	274,871	45,840	13,291	15,344	64,786	414,132	11,262
	(ii)	0	0	0	0	0	0	0
JON HARDESTY VP CORPORATE HR	(i)	229,234	27,896	13,905	5,424	49,917	326,376	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name 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				
STEPHEN BREWER VP HEART & VASCULAR	(i)	211,912	26,802	20,522	12,800	51,417	323,453	19,003
	(ii)	0	0	0	0	0	0	0
MARIA K GULAN TERMED 619 VP PATIENT EXPERIENCE & CONSUMERISM	(i)	193,987	24,127	1,596	10,407	40,452	270,569	0
	(ii)	0	0	0	0	0	0	0
PAUL DAVID ASSISTANT GENERAL COUNSEL	(i)	214,497	0	448	12,160	1,017	228,122	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER TONER ASSISTANT GENERAL COUNSEL	(i)	202,956	0	599	12,234	35,148	250,937	0
	(ii)	0	0	0	0	0	0	0
CHRIS FALLIN DIRECTOR - SYSTEM TECHNICAL SERVICES	(i)	166,996	11,731	5,975	9,371	29,022	223,095	0
	(ii)	0	0	0	0	0	0	0
F DEAN DANNER JR TERMED 618 SVP AMBULATORY SVCS & PRESIDENT ACI	(i)	161,114	111,152	113,959	14,413	13,293	413,931	66,173
	(ii)	0	0	0	0	0	0	0

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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ASPIRUS INC

Employer identification number
39-1328331

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance 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) SUSAN COURTNEY	SPOUSE OF GRAHAM COURTNEY, BOARD MEMBER, EMPLOYEE OF ASPIRUS, INC.	45,039	EMPLOYMENT COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493156006230
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2018
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization ASPIRUS INC	Employer identification number 39-1328331		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	ASPIRUS, INC. IS A MEMBER OF THE ASPIRUS, INC. OBLIGATED GROUP. THE ORGANIZATION HAS ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM. THE ORGANIZATION'S POLICY STATES IT WILL SEEK BOND COUNSEL'S OPINION FOR ALL REMEDIAL ACTIONS. THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES 1998 (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY ASPIRUS WAUSAU HOSPITAL, INC. (EIN 39-1138241). THESE WERE REFINANCED INTO THE 2009 BONDS. INFORMATION REGARDING THE SERIES 2009 BONDS IS REPORTED IN THE SCHEDULE K FOR THAT ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II AND PART III OF SCHEDULE K RELATES ONLY TO THE PORTION OF THE SERIES 2009 BONDS LOANED TO THE ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART IV OF SCHEDULE K RELATES TO THE ENTIRE ISSUE OF THE SERIES 2009 BONDS. THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES 2004 (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY ASPIRUS WAUSAU HOSPITAL, INC. (EIN 39-1138241). THESE BONDS WERE REFINANCED INTO THE 2009 BONDS. INFORMATION REGARDING THE SERIES 2009 BONDS IS REPORTED IN THE SCHEDULE K FOR THAT ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II AND PART III OF SCHEDULE K RELATES ONLY TO THE PORTION OF THE SERIES 2009 BONDS LOANED TO THE ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART IV OF SCHEDULE K RELATES TO THE ENTIRE ISSUE OF THE SERIES 2009 BONDS. THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES 2012A (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY ASPIRUS WAUSAU HOSPITAL, INC. (EIN 39-1138241). INFORMATION REGARDING THE SERIES 2012A BONDS IS REPORTED IN THE SCHEDULE K FOR THAT ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II AND PART III OF SCHEDULE K RELATES ONLY TO THE PORTION OF THE SERIES 2012A BONDS LOANED TO THE ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART IV OF SCHEDULE K RELATES TO THE ENTIRE ISSUE OF THE SERIES 2012A BONDS. 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 GRANDVIEW (EIN 38-2908586); AND LANGLADE HOSPITAL - HOTEL DIEU OF ST. JOSEPH OF ANTIGONISH (EIN 39-0806429). INFORMATION REGARDING THE SERIES 2013 BONDS IS REPORTED IN THE SCHEDULE K FOR EACH ORGANIZATION, RESPECTIVELY. FOR EACH ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II AND PART III OF SCHEDULE K RELATES ONLY TO THE PORTION OF THE SERIES 2013 BONDS LOANED TO THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	NED TO THE ORGANIZATION, RESPECTIVELY. FOR EACH ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART IV OF SCHEDULE K RELATES TO THE ENTIRE ISSUE OF THE SERIES 2013 BONDS. THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES 2015 (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY THE FOLLOWING ORGANIZATIONS: A SPIRUS RIVERVIEW HOSPITAL & CLINICS, INC. (EIN 39-0868982); ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC. (EIN 38-3236977); AND ASPIRUS KEWEENAW HOSPITAL (EIN 38-1443361). INFORMATION REGARDING THE SERIES 2015 BONDS IS REPORTED IN THE SCHEDULE K FOR EACH ORGANIZATION. FOR EACH ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II AND PART III RELATES ONLY TO THE PORTION OF THE SERIES 2015 BONDS LOANED TO THE ORGANIZATION, RESPECTIVELY. FOR EACH ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART IV RELATES TO THE ENTIRE ISSUE OF THE SERIES 2015 BONDS. THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, SERIES 2017 (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY ASPIRUS WAUSAU HOSPITAL, INC. (EIN 39-1138241), ASPIRUS RIVERVIEW HOSPITAL & CLINICS, INC. (EIN 39-0868982), ASPIRUS IRONWOOD HOSPITAL & CLINICS, INC. (EIN 38-2908586), AND ASPIRUS ONTONAGON HOSPITAL, INC. (EIN 26-0806477). INFORMATION REGARDING THE SERIES 2017 BONDS IS REPORTED IN SCHEDULE K FOR THAT ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II, AND PART III OF SCHEDULE K RELATES ONLY TO THE PORTION OF THE SERIES 2017 BONDS LOANED TO THAT ORGANIZATION. FOR THE ENTITY THAT BORROWED THE FUNDS, THE INFORMATION REPORTED IN PART IV OF SCHEDULE K RELATES TO THE ENTIRE ISSUE OF THE SERIES 2017 BONDS.

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 UBI CALCULATIONS. THESE DOCUMENTS ARE REVIEWED BY THE CFO. THE 990 AND THE 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 BIENNIAL CONFLICT OF INTEREST STATEMENTS. THE ORGANIZATION'S CEO AND BOARD CHAIR REVIEW THE STATEMENTS AND HIGHLIGHT POTENTIAL CONFLICTS. THE BOARD DETERMINES ON A CASE BY CASE BASIS IF ANY ACTIONS ARE REQUIRED. INDIVIDUALS ARE NOT PERMITTED TO VOTE ON ANY TRANSACTION WHERE A CONFLICT HAS BEEN DETERMINED TO EXIST. ALL CONFLICTS AND PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR PURPOSES OF DETERMINING COMPENSATION, ASPIRUS, INC. RELIED ON RELATED ORGANIZATIONS TO ESTABLISH THE COMPENSATION OF THE CEO, OTHER OFFICERS, AND KEY EMPLOYEES. THE RELATED ORGANIZATIONS USED THE FOLLOWING PRACTICES FOR ESTABLISHING COMPENSATION FOR SUCH INDIVIDUALS: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

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, SECTION A PART VII, LINE 1A - EXPLANATION FOR HOURS WORKED:	SOME OFFICERS, DIRECTORS, AND KEY EMPLOYEES ALSO PROVIDED SERVICE TO OTHER RELATED ORGANIZATIONS OTHER THAN ASPIRUS, INC. THESE HOURS ARE REFLECTED IN LINE 2 OF COLUMN B.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	POSTRETIREMENT HEALTHCARE BENEFIT ADJUSTMENT 176,064. ASPIRUS MEDFORD HOSPITAL & CLINICS EQUITY ADJUSTMENTS 118,420. ARISE HEALTH VENTURES EQUITY ADJUSTMENTS -825,000. ASPIRUS LANGLADE HOSPITAL EQUITY ADJUSTMENTS 7,633. TRANSFER TO VNA -338,489. TRANSFER FROM AES 27,047. TRANSFER FROM AWH 53,668,556. TRANSFER FROM ABI 162,371. TRANSFER FROM AIW 1,877,070. TRANSFER FROM ARH 535,508. TRANSFER TO AIR -12,033,820. TRANSFER FROM ACI 48,010,645. TRANSFER TO AKH -40,621,079. TRANSFER TO AOH -5,916,596. TRANSFER FROM ANI 48,000. EQUITY CHANGE IN INVESTMENT IN AMH 5,456,263. EQUITY CHANGE IN INVESTMENT IN ALH 8,723,446. EQUITY CHANGE IN INVESTMENT IN ARISE HEALTH VENTURES -18,803,596. EQUITY CHANGE IN INVESTMENT IN ASPIRUS EXTENDED SERVICES -344,387. EQUITY CHANGE IN ARISE 1,301,242. OTHER CHANGES IN EQUITY -40,178.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C - INDEPENDENT ACCOUNTANT OVERSIGHT:	THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF ASPIRUS, INC., THE PARENT ORGANIZATION, ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE CONSOLIDATED AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THERE WAS NO CHANGE IN THIS PROCESS IN THE PAST YEAR.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493156006230	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2018
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization ASPIRUS INC				Employer identification number 39-1328331	

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

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	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) Disproportionate 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	
(1) WESTERN UPPER MICHIGAN EYE CARE LLC 131 W GENESEE STREET IRON RIVER, WI 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	No
(1) ASPIRUS NETWORK INC 3000 WESTHILL DRIVE 202 WAUSAU, WI 54401 39-1931678	HEALTH CARE SERVICES	WI	ASPIRUS INC	C	2,508,130	1,701,243	100.000 %	Yes	
(2) ASPIRUS KEWEENAW ENTERPRISES INC 205 OSCEOLA STREET LAURIUM, MI 49913 38-3390273	PHARMACY	MI	N/A	C				Yes	
(3) ASPIRUS HEALTH VENTURES 3000 WESTHILL DR SUITE 303 WAUSAU, WI 54401 47-4925640	HEALTH INSURANCE PLAN	WI	ASPIRUS INC	C	53,466,629	53,236,295	100.000 %	Yes	
(4) ASPIRUS ARISE HEALTH PLAN OF WI INC 3000 WESTHILL DR SUITE 303 WAUSAU, WI 54401 36-4832569	HEALTH INSURANCE PLAN	WI	ASPIRUS HEALTH VENTURES	C	53,466,629	53,062,205	100.000 %	Yes	
(5) ASPIRUS ARISE HEALTH PLAN OF MI INC 3000 WESTHILL DR SUITE 303 WAUSAU, WI 54401 47-5448266	HEALTH INSURANCE PLAN	MI	ASPIRUS HEALTH VENTURES	C			100.000 %	Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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: 39-1328331
Name: ASPIRUS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1138241	HOSPITAL	WI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1406537	PROPERTY LEASING	WI	501(C)(3)	LINE 10	ASPIRUS INC	Yes	
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-0782130	NURSING HOME SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC		No
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1670223	MEDICAL SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC	Yes	
601 SEVENTH STREET ONTONAGON, MI 49953 26-0806477	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
520 N 32ND AVENUE WAUSAU, WI 54401 39-0808511	HOME HEALTHCARE SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC	Yes	
520 N 32ND AVENUE WAUSAU, WI 54401 39-1597350	PERSONAL CARE SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS VNA HOME HEALTH INC	Yes	
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1256656	CHARITABLE FOUNDATION	WI	501(C)(3)	LINE 7	ASPIRUS INC	Yes	
N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2908586	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 23-7178363	SUPPORTING ORGANIZATION TO HOSPITAL AND LIFELINE EMERGENCY SYSTEM	MI	501(C)(3)	LINE 10	ASPIRUS IRONWOOD HOSPITAL AND CLINICS INC	Yes	
1400 W ICE LAKE ROAD IRON RIVER, MI 49935 38-3236977	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
410 DEWEY STREET WISCONSIN RAPIDS, WI 54494 39-0868982	HOSPITAL	WI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
135 SOUTH GIBSON MEDFORD, WI 54451 39-0964813	HOSPITAL	WI	501(C)(3)	LINE 3	N/A		No
112 EAST FIFTH AVENUE ANTIGO, WI 54409 39-0806429	HOSPITAL	WI	501(C)(3)	LINE 3	RELIGIOUS HOSPITALLERS OF ST JOSEPH HEALTH CORPORATION		No
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 WAUSAU HOSPITAL INC	K	381,742	COST
(1)	ASPIRUS WAUSAU HOSPITAL INC	L	70,133,528	COST
(2)	ASPIRUS WAUSAU HOSPITAL INC	M	175,026	COST
(3)	ASPIRUS WAUSAU HOSPITAL INC	O	93,109,180	COST
(4)	ASPIRUS WAUSAU HOSPITAL INC	P	2,160,733	COST
(5)	ASPIRUS WAUSAU HOSPITAL INC	Q	2,252,365	COST
(6)	ASPIRUS CLINICS INC	D	6,000,000	COST
(7)	ASPIRUS CLINICS INC	L	13,561,368	COST
(8)	ASPIRUS CLINICS INC	O	28,903,028	COST
(9)	ASPIRUS CLINICS INC	Q	933,776	COST
(10)	ASPIRUS EXTENDED SERVICES INC	L	518,088	COST
(11)	ASPIRUS EXTENDED SERVICES INC	O	1,510,777	COST
(12)	ASPIRUS ONTONAGON HOSPITAL INC	D	312,907	COST
(13)	ASPIRUS ONTONAGON HOSPITAL INC	L	1,857,532	COST
(14)	ASPIRUS ONTONAGON HOSPITAL INC	O	2,809,138	COST
(15)	ASPIRUS ONTONAGON HOSPITAL INC	Q	182,259	COST
(16)	ASPIRUS VNA HOME HEALTH INC	L	2,060,688	COST
(17)	ASPIRUS VNA HOME HEALTH INC	O	6,346,027	COST
(18)	ASPIRUS VNA HOME HEALTH INC	Q	616,559	COST
(19)	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	L	8,151,807	COST
(20)	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	O	13,112,119	COST
(21)	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	P	231,391	COST
(22)	ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	Q	826,890	COST
(23)	ASPIRUS IRON RIVER HOSPITAL & CLINICS INC	L	5,475,057	COST
(24)	ASPIRUS IRON RIVER HOSPITAL & CLINICS INC	O	7,774,607	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 IRON RIVER HOSPITAL & CLINICS INC	Q	874,919	COST
(1)	ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	L	15,286,992	COST
(2)	ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	O	25,958,785	COST
(3)	ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	P	146,706	COST
(4)	ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	Q	3,867,105	COST
(5)	ASPIRUS BUILDINGS INC	K	478,565	COST
(6)	ASPIRUS BUILDINGS INC	L	282,081	COST
(7)	ASPIRUS BUILDINGS INC	P	82,296	COST
(8)	ASPIRUS NETWORK INC	L	221,600	COST
(9)	ASPIRUS NETWORK INC	O	535,147	COST
(10)	ASPIRUS HEALTH FOUNDATION	L	138,461	COST
(11)	ASPIRUS HEALTH FOUNDATION	O	110,936	COST
(12)	ASPIRUS KEWEENAW HOSPITAL	L	7,462,507	COST
(13)	ASPIRUS KEWEENAW HOSPITAL	O	10,311,562	COST
(14)	ASPIRUS KEWEENAW HOSPITAL	Q	933,570	COST
(15)	LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	L	12,754,450	COST
(16)	LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	O	18,829,131	COST
(17)	LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	P	151,853	COST
(18)	LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	Q	705,386	COST
(19)	ASPIRUS MEDFORD HOSPITAL & CLINICS INC	L	10,181,955	COST
(20)	ASPIRUS MEDFORD HOSPITAL & CLINICS INC	O	14,848,916	COST
(21)	ASPIRUS MEDFORD HOSPITAL & CLINICS INC	P	57,155	COST
(22)	ASPIRUS MEDFORD HOSPITAL & CLINICS INC	Q	407,357	COST