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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
135 SOUTH GIBSON

City or town, state or province, country, and ZIP or foreign postal code
MEDFORD, WI 54451

D Employer identification number
39-0964813

E Telephone number
(715) 748-8100

G Gross receipts $ 95,853,478

F Name and address of principal officer:
DALE HUSTEDT
135 SOUTH GIBSON STREET
MEDFORD, WI 54451

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/ASPIRUSMEDFORDHOSPITAL

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

L Year of formation: 1958

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE HEAL PEOPLE, PROMOTE HEALTH AND STRENGTHEN COMMUNITIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	718
6	Total number of volunteers (estimate if necessary)	**6**	78
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,671,657
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	76,364	2,378,339
9	Program service revenue (Part VIII, line 2g)	88,955,793	88,149,017
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,450,024	3,091,126
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,761	133,022
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,608,942	93,751,504
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	205,603	47,908
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)	40,511,398	41,589,171
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)	41,281,959	39,689,121
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	81,998,960	81,326,200
19	Revenue less expenses. Subtract line 18 from line 12	11,609,982	12,425,304

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	143,860,673	162,355,211
21	Total liabilities (Part X, line 26)	25,315,645	33,388,138
22	Net assets or fund balances. Subtract line 21 from line 20	118,545,028	128,967,073

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

****** 2021-04-22
Signature of officer Date

GREG SHAW CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-04-07		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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE HEAL PEOPLE, PROMOTE HEALTH AND STRENGTHEN COMMUNITIES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	42,229,406	including grants of $	47,908) (Revenue $	59,208,248)
4b	(Code: See Additional Data)	(Expenses $	14,677,394	including grants of $	0) (Revenue $	20,578,617)
4c	(Code: See Additional Data)	(Expenses $	4,234,488	including grants of $	0) (Revenue $	5,937,014)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		61,141,288			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	94		
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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 718			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶GREG SHAW CFO 135 SOUTH GIBSON STREET MEDFORD, WI 54451 (715) 748-8100

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,775,185	7,582,783	1,611,368

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 ▶ 57

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOCUSONE SOLUTIONS LLC 13609 CALIFORNIA STREET OMAHA, NE 68154	CONTRACTED LABOR SERVICES	1,050,477
AMERICAN RADIOLOGY SC 372 E16TH PL LOMBARD, IL 60148	CONTRACTED LABOR SERVICES	448,846
SYSTEMS TECHNOLOGIES W4618 COUNTY ROAD G MERRILL, WI 54452	CONTRACTED SERVICES	386,179
WOODLAND LOGCRAFTERS LLC W6788 CENTER AVENUE MEDFORD, WI 54451	CONTRACTED CONSTRUCTION COMPANY	360,600
ASSOCIATES IN PATHOLOGY SC 2800 WESTHILL DRIVE 208 WAUSAU, WI 54401	CONTRACTED LABOR SERVICES	311,179

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 ▶ 25

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	214,713			
	e Government grants (contributions)	1e	2,064,283			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	99,343			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		2,378,339			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621110	79,890,044	79,889,323	721	
	b PHARMACY REVENUE	446110	7,505,492	5,834,556	1,670,936	
	c CONTRACT SERVICE REVENUE	621110	425,975			425,975
	d CAFETERIA	621990	190,180			190,180
	e					
	f All other program service revenue.		137,326			137,326
	g **Total.** Add lines 2a–2f.		88,149,017			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,920,475			2,920,475
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a	146,721			
	b Less: rental expenses	6b	16,105			
	c Rental income or (loss)	6c	130,616			
	d Net rental income or (loss)		130,616			130,616
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a	2,250,020	6,500		
	b Less: cost or other basis and sales expenses	7b	2,008,855	77,014		
	c Gain or (loss)	7c	241,165	-70,514		
	d Net gain or (loss)		170,651			170,651
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		2,406			2,406
	e **Total.** Add lines 11a–11d		2,406			
	12 **Total revenue.** See instructions		93,751,504	85,723,879	1,671,657	3,977,629

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	47,908	47,908		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,179,175	951,322	227,853	
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	31,331,594	25,981,006	5,350,588	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,487,625	1,223,572	264,053	
9 Other employee benefits	5,495,277	4,183,056	1,312,221	
10 Payroll taxes	2,095,500	1,720,892	374,608	
11 Fees for services (non-employees):				
a Management	1,828,000		1,828,000	
b Legal	4,312		4,312	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,417		13,417	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,039,911	4,978,073	61,838	
12 Advertising and promotion	110,887	5,772	105,115	
13 Office expenses	474,524	379,436	95,088	
14 Information technology	149,653	123,237	26,416	
15 Royalties				
16 Occupancy	2,244,313	1,030,094	1,214,219	
17 Travel	156,532	123,652	32,880	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,370	68,467	25,903	
20 Interest	550,021	18,432	531,589	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,403,325	3,234,097	1,169,228	
23 Insurance	210,314	70,159	140,155	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	11,736,710	11,340,541	396,169	
b CORPORATE ALLOCATIONS	10,724,719	3,943,720	6,780,999	
c BAD DEBT EXPENSE	1,305,015	1,305,015		
d LICENSES AND FEES	386,736	313,360	73,376	
e All other expenses	256,362	99,477	156,885	
25 **Total functional expenses.** Add lines 1 through 24e	81,326,200	61,141,288	20,184,912	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		23,069,954	1	45,025,284
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,875,104	4	9,478,711
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,283,393	8	1,490,384
	9	Prepaid expenses and deferred charges		1,392,673	9	2,668,603
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,562,068			
	b	Less: accumulated depreciation	10b 42,459,590	30,327,310	10c	30,102,478
	11	Investments—publicly traded securities		65,359,407	11	68,448,870
	12	Investments—other securities. See Part IV, line 11		1,833,003	12	1,727,790
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,719,829	15	3,413,091
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		143,860,673	16	162,355,211
Liabilities	17	Accounts payable and accrued expenses		8,021,468	17	15,797,694
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		14,671,481	20	14,342,788
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,622,696	25	3,247,656
	26	**Total liabilities.** Add lines 17 through 25		25,315,645	26	33,388,138
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		116,712,026	27	127,239,283
	28	Net assets with donor restrictions		1,833,002	28	1,727,790
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		118,545,028	32	128,967,073
	33	Total liabilities and net assets/fund balances		143,860,673	33	162,355,211

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,751,504
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,326,200
3	Revenue less expenses. Subtract line 2 from line 1	3	12,425,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,545,028
5	Net unrealized gains (losses) on investments	5	-2,040,829
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	37,570
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	128,967,073

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 39-0964813

Name: ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

HOSPITAL SERVICES - ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) OPERATES A 25-BED CRITICAL ACCESS HOSPITAL IN MEDFORD, WISCONSIN. DURING THE YEAR ENDED JUNE 30, 2020, THE HOSPITAL HAD 2,290 INPATIENT DAYS AND 78,313 OUTPATIENT VISITS. SURGERY, EMERGENCY CARE, RADIOLOGY, LABORATORY, CHEMOTHERAPY/INFUSION, DIALYSIS, AND THERAPIES ARE JUST SOME OF THE OTHER SERVICES THAT AMHC PROVIDES WITHIN THE HOSPITAL. AS A CRITICAL ACCESS HOSPITAL, AMHC PROVIDES ACCESS TO LOCAL HEALTH CARE FOR THE COMMUNITIES OF WHICH THEY SERVE.AMHC ALSO PROMISES TO THE COMMUNITY TO PROVIDE HEALTH CARE SERVICES TO THOSE IN NEED REGARDLESS OF THEIR ABILITY TO PAY AS DEFINED IN AMHC'S CHARITY AND COMMUNITY CARE POLICIES AND PROGRAMS. DURING FISCAL YEAR 2020, AMHC'S CHARITY CARE PROGRAM AWARDED APPROXIMATELY $2.144,222 IN FINANCIAL ASSISTANCE THROUGH CHARGE REDUCTIONS TO PATIENTS WHO COULD NOT OTHERWISE AFFORD CARE. ADDITIONAL INFORMATION ON THE COST OF PROVIDING CHARITY CARE TO PATIENTS CAN BE FOUND IN SCHEDULE H OF THE FORM 990. IN ADDITION TO PROVIDING CHARITY CARE SERVICES, AMHC ALSO PROVIDES A SIGNIFICANT AMOUNT OF SERVICES TO BENEFICIARIES OF THE MEDICARE AND MEDICAID PROGRAMS. DURING FISCAL YEAR 2020, APPROXIMATELY 56 PERCENT OF THE PATIENT SERVICES PROVIDED BY AMHC WERE PROVIDED TO MEDICARE AND MEDICAID PROGRAM BENEFICIARIES. THESE SERVICES ARE CONSIDERED A LARGE NEED IN THE COMMUNITY AND AMHC IS OFTEN REIMBURSED AT RATES BELOW THE COST OF PROVIDING THE CARE FOR THESE PATIENTS.

Form 990, Part III, Line 4b:

CLINIC SERVICES - AMHC OPERATES SEVEN OUTPATIENT CLINICS IN THE COMMUNITIES OF ABBOTSFORD, ATHENS, GILMAN, MEDFORD, PHILLIPS, PRENTICE AND RIB LAKE (ALL LOCATED WITHIN THE STATE OF WISCONSIN). DURING THE YEAR ENDED JUNE 30, 2020, THE CLINICS HAD 59,055 VISITS. AMHC PROVIDES ACCESS TO PRIMARY CARE PHYSICIANS IN THESE RURAL AND MEDICALLY UNDERSERVED AREAS.THE CLINICS ALSO SERVES A LARGE PORTION OF ELDERLY, DISABLED, AND LOW-INCOME PATIENTS WHO ARE COVERED UNDER THE MEDICARE AND WISCONSIN MEDICAID PROGRAMS. PATIENTS OF THE AMHC CLINICS ARE ALSO ELIGIBLE FOR CHARITY CARE AS DEFINED BY AMHC'S CHARITY CARE POLICY. CHARITY CARE AMOUNTS FOR THE CLINICS ARE INCLUDED IN THE TOTAL NOTED UNDER 4A ABOVE.

Form 990, Part III, Line 4c:

SENIOR CARE SERVICES - AMHC OPERATES A 50-BED SKILLED NURSING FACILITY (SNF), 10 CBRF APARTMENTS, AND A 28-UNIT RCAC. DURING THE YEAR ENDED JUNE 30, 2020, THE SNF HAD A DAILY CENSUS OF 47.95 AND THE RCAC HAD A DAILY CENSUS OF 22.11. THROUGH THESE SENIOR CARE SERVICES, AMHC PROVIDES CARE AND ASSISTANCE TO THE ELDERLY IN OUR COMMUNITY. A MAJORITY OF THE RESIDENTS RECEIVING SENIOR CARE SERVICES AT AMHC RECEIVE CARE UNDER THE WISCONSIN MEDICAID OR FAMILY CARE PROGRAMS. AMHC RECOGNIZES THAT THE COST OF CARING FOR THESE INDIVIDUALS OFTEN EXTENDS BEYOND THE AMOUNT THAT IS PAID TO AMHC BY THE MEDICAID PROGRAM. ADDITIONAL INFORMATION ON THE COST OF PROVIDING SERVICES TO MEDICAID PROGRAM BENEFICIARIES CAN BE FOUND IN SCHEDULE H OF THE FORM 990.

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			
SUJATHA ROBERTS PHYSICIAN	40.00					X		700,994	0	44,808
CLINT SEMRAU PHYSICIAN	40.00					X		603,658	0	38,632
DAVID VANDERKIN PHYSICIAN	40.00					X		587,096	0	39,714
KEITH BRATULICH PHYSICIAN	40.00					X		450,513	0	48,279
CARY TAUCHMAN PHYSICIAN	40.00					X		401,616	0	43,272
CARI LOGEMANN SVP & GENERAL COUNSEL	2.00 50.00				X			0	527,198	91,251
MICHAEL MCGRAIL SVP & SYSTEM CHIEF MEDICAL OFFICER	2.00 50.00				X			0	527,876	83,274
RICK NEVERS SVP- REGIONAL OPERATIONS SYSTEM INTEGRATION OFFICE	2.00 50.00				X			0	468,168	87,163
ERIC ANDERSON SVP- SERVICE LINE & PATIENT EXPERIENCE	2.00 50.00				X			0	449,876	93,739
TODD RICHARDSON SVP & CHIEF INFORMATION OFFICER	2.00 50.00				X			0	443,960	90,922

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			
JENNIFER REDMAN-SCHELL SVP & PRESIDENT- ASPIRUS CLINICS	2.00 50.00				X			0	450,779	79,716
RENEE SMITH EXECUTIVE DIRECTOR ANI	2.00 50.00				X			0	457,632	47,266
JOHN HEISLER SVP & CHIEF HUMAN RESOURCES OFFICER	2.00 50.00				X			0	458,655	41,443
LORI PECK VP- REVENUE CYCLE	2.00 40.00				X			0	261,660	32,868
JOHN MONKS VP- OPERATIONS	2.00 40.00				X			0	250,602	45,380
ROBERT MIDDLETON DIRECTOR- PHARMACY	40.00				X			178,168	0	33,636
SIDNEY SCZYGELSKI SR. VP OF FINANCE/CFO	2.00 50.00			X				0	742,406	126,380
GREG SHAW CFO	40.00 2.00			X				192,250	0	42,735
RUTH RISLEY-GRAY VICE CHAIRPERSON/SVP NURSING SYSTEM	2.00 50.00	X		X				0	454,475	44,140
DALE HUSTEDT PRESIDENT	40.00 2.00	X		X				306,806	0	38,598

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			
LEONARD HAMMAN SECRETARY	1.00 2.00	X		X				0	0	0
DEBBIE WOODS TREASURER	1.00 2.00	X		X				0	0	0
MATTHEW HEYWOOD BOARD MEMBER/CEO ASPIRUS	2.00 50.00	X						0	1,351,919	222,225
JESSE TISCHER SVP-PRES REG MARKETING	1.00 50.00	X						0	455,557	71,884
MATTHEW BREWER VP OF OPERATIONS	2.00 40.00	X						0	282,020	58,688
SUSAN FRAIZER PHYSICIAN	32.00 2.00	X						282,021	0	31,264
RACHEL DIXON PHYSICIAN	40.00 0.00	X						72,063	0	34,091
RANDY JUEDES BOARD MEMBER	1.00 2.00	X						0	0	0
MICHAEL PLOOY BOARD MEMBER (THRU OCTOBER)	1.00 2.00	X						0	0	0
MICHAEL RIGGLE BOARD MEMBER	1.00 2.00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 39-0964813

Name: ASPIRUS MEDFORD HOSPITAL & CLINICS INC

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137013621

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
ASPIRUS MEDFORD HOSPITAL & CLINICS INC	39-0964813

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		9,252
j	Total. Add lines 1c through 1i			9,252
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) PAYS ANNUAL ASSOCIATION MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND WISCONSIN HOSPITAL ASSOCIATION (WHA). THESE DUES ARE PRIMARILY TO ACCESS EDUCATIONAL MATERIALS AND FOR STAFF TRAINING AND MATERIALS. THE AHA AND WHA HAVE NOTIFIED AMHC THAT A PORTION OF THE ANNUAL DUES WERE USED IN CONJUNCTION WITH LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE OVERALL HEALTH CARE ENVIRONMENT. THE PERCENTAGES OF DUES ATTRIBUTED TO LOBBYING ARE 23.32% FOR THE AHA AND 16.7% FOR WHA FOR DOLLAR AMOUNTS OF $3,358 AND $2,929, RESPECTIVELY. AMHC IS ALSO A MEMBER OF THE RURAL WISCONSIN HEALTH COOPERATIVE (RWHC). THE RWHC PROVIDES SUPPORT SERVICES FOR SEVERAL ITS MEMBER HOSPITALS THROUGHOUT THE STATE OF WISCONSIN. SOME OF THE MANY SERVICES PROVIDED TO MEMBER HOSPITALS INCLUDE AIDING ORGANIZATIONS IN FINDING GRANT FUNDING FOR NEW PROGRAMS, LEGAL SERVICES, REIMBURSEMENT REVIEW SERVICES, ACCOUNTING ASSISTANCE, CONTRACTING FOR THERAPIST AND EMERGENCY ROOM PATIENT CARE COVERAGE, AND ADMINISTRATIVE CONSULTING SERVICES. AS A PART OF THESE SERVICES, THE RWHC ALSO PROVIDES ANALYSIS ON CURRENT HEALTH CARE ISSUES TO PROMOTE AND IMPROVE HEALTH CARE FOR HOSPITALS IN RURAL COMMUNITIES THROUGHOUT WISCONSIN. ONE OF THESE EFFORTS INCLUDES SOME LOBBYING ON THE PART OF MEMBER ORGANIZATIONS. $2,965 OR 13.6% OF THESE DUES WERE RELATED TO LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE HEALTH CARE ENVIRONMENT IN THE STATE OF WISCONSIN.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

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 ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	143,319	131,984	124,340	121,904	131,113
b Contributions					
c Net investment earnings, gains, and losses	-3,407	11,335	7,644	2,436	-9,209
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	139,912	143,319	131,984	124,340	121,904

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 86.000 %
- c Temporarily restricted endowment ▶ 14.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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		227,478		227,478
b Buildings		47,847,241	25,324,724	22,522,517
c Leasehold improvements				
d Equipment		20,844,479	14,993,460	5,851,019
e Other		3,642,870	2,141,406	1,501,464
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				30,102,478

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	2,658,945
(3) LONG-TERM INSURANCE LIABILITY	345,406
(4) FINANCE LEASE OBLIGATIONS	243,305
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,247,656

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	90,322,956
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-2,040,829		
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	-2,040,829
3	Subtract line **2e** from line **1**			3	92,363,785
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	1,387,719		
c	Add lines **4a** and **4b**			4c	1,387,719
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	93,751,504

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	80,153,194
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	86,619		
e	Add lines **2a** through **2d**			2e	86,619
3	Subtract line **2e** from line **1**			3	80,066,575
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	1,259,625		
c	Add lines **4a** and **4b**			4c	1,259,625
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	81,326,200

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0964813
Name: ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TERM-ENDOWMENT FUNDS HELD BY ASPIRUS MEDFORD FOUNDATION, INC.; ANY AMOUNT ABOVE $120,000 M AY BE USED TO PURCHASE ITEMS FOR THE COUNTRY GARDENS ASSISTED LIVING FACILITY AT ASPIRUS M EDFORD HOSPITAL & CLINICS, INC.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CHANGE IN INTEREST IN FOUNDATION 92,213. LOSS ON SALE OF FIXED ASSETS -70,514. PROVISION F OR BAD DEBTS 1,259,625. RENTAL EXPENSES -16,105. CONTRIBUTIONS RECORDED TO NET ASSETS 122, 500.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF FIXED ASSETS 70,514. RENT EXPENSE 16,105.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 1,259,625.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,057,869		1,057,869	1.320 %
b Medicaid (from Worksheet 3, column a)			12,777,782	9,583,104	3,194,678	3.980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,309,031	1,978,791	330,240	0.410 %
d **Total** Financial Assistance and Means-Tested Government Programs			16,144,682	11,561,895	4,582,787	5.710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			252,427		252,427	0.310 %
f Health professions education (from Worksheet 5)			7,631		7,631	0.010 %
g Subsidized health services (from Worksheet 6)			5,686,483	4,419,346	1,267,137	1.580 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			61,291		61,291	0.080 %
j **Total.** Other Benefits			6,007,832	4,419,346	1,588,486	1.980 %
k **Total.** Add lines 7d and 7j			22,152,514	15,981,241	6,171,273	7.690 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			123		123	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			123		123	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 643,839			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	19,313,375
6	Enter Medicare allowable costs of care relating to payments on line 5	6	19,160,837
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	152,538
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASPIRUS MEDFORD HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.ASPIRUS.ORG/COMMUNITY-RESOURCES			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url): WWW.ASPIRUS.ORG/COMMUNITY-RESOURCES			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ASPIRUS MEDFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.ASPIRUS.ORG/FINANCIALAID			
b	☑ The FAP application form was widely available on a website (list url): WWW.ASPIRUS.ORG/FINANCIALAID			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.ASPIRUS.ORG/FINANCIALAID			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ASPIRUS MEDFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

ASPIRUS MEDFORD HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **12**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	THE PATIENT/GUARANTOR, HUSBAND OR WIFE, AND DEPENDENTS MAY NOT HAVE PROPERTY IN EXCESS OF: PRIMARY RESIDENCE IS EXEMPT FOR PATIENTS UNDER 200% OF FEDERAL POVERTY GUIDELINES. FOR THOSE OVER 200%, THE EQUITY ALLOWANCE IS $75,000 (FINANCIAL STATEMENTS AND TAX BILLS ARE REQUIRED). INCOME PRODUCING LAND (E.G. DAIRY FARM) IS EVALUATED INDIVIDUALLY ON A CASE-BY-CASE BASIS. CASH ASSETS IN THE EXCESS OF $4,000 AT THE TIME OF APPLICATION. SPECIFICALLY EXCLUDED FROM CONSIDERATION ARE IRA AND PENSION PLANS AND IRREVOCABLE BURIAL TRUST FUNDS. TOTAL NET ASSETS CANNOT EXCEED 800% OF FEDERAL POVERTY GUIDELINES. THIS INCLUDES ALL ASSETS INCLUDING CASH ASSETS ABOVE.
PART I, LINE 7:	THE COSTING METHODOLOGY USED ON FORM 990, SCHEDULE H IS BASED ON A COST TO CHARGE RATIO WHICH IS DEVELOPED BASED ON THE HOSPITAL'S TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBTS DIVIDED BY GROSS PATIENT SERVICE REVENUE. THIS COST TO CHARGE RATIO IS APPLIED AGAINST VARIOUS REVENUE AND EXPENSE CATEGORIES TO COMPUTE THE ESTIMATED COMMUNITY BENEFIT EXPENSE UNDER IRS SUGGESTED COSTING METHODS FOR FORM 990.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	DIALYSIS HAD COSTS OF $1,229,841 WITH DIRECT OFFSETTING REVENUE OF $1,029,063EMERGENCY ROOM HAD COSTS OF $4,456,642 WITH DIRECT OFFSETTING REVENUE OF $3,390,283
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 1,129,843.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	ONE OF THE LARGER COMMUNITY BUILDING ACTIVITIES ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) IS INVOLVED IN IS GETTING PHYSICIANS AND HEALTH CARE WORKERS TO THE AREA TO IMPROVE THE ACCESS TO HEALTH CARE NEEDS IN THE SERVICE AREA. AMHC ALSO PROMOTES HEALTH CARE RELATED JOBS AND EDUCATION TO THE STUDENTS IN THE COMMUNITY.
PART III, LINE 2:	THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST TO CHARGE RATIO WHICH IS DEVELOPED BASED ON AMHC'S TOTAL OPERATING EXPENSES, EXCLUDING THE PROVISION FOR BAD DEBTS DIVIDED BY GROSS PATIENT SERVICE REVENUE. THIS COST TO CHARGE RATIO IS APPLIED AGAINST THE TOTAL CHARGES THAT ARE WRITTEN OFF DURING THE FISCAL YEAR TO ESTIMATE THE COST OF THE CARE OF PATIENTS THAT HAVE ACCOUNTS THAT ARE DEEMED TO BE BAD DEBTS TO AMHC. AMHC ALSO RECOGNIZES THAT IT ALSO PROVIDES A DISCOUNT TO SELF-PAY OR UNINSURED PATIENTS. THESE AMOUNTS ARE INCLUDED IN THE CONTRACTUAL ADJUSTMENTS ON THE FINANCIAL STATEMENTS AND ARE NOT INCLUDED IN THE RATIO AS DESCRIBED ABOVE AND APPROVED BY THE IRS FOR USE ON FORM 990. IF CONSIDERED, THESE ADDITIONAL WRITE-OFF AMOUNTS TO UNINSURED ACCOUNTS WOULD ALSO INCREASE THE ESTIMATED BAD DEBT EXPENSE AMOUNT ASSOCIATED WITH THESE UNCOLLECTIBLE ACCOUNTS TO AMHC.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY UNINSURED PATIENTS AND AMOUNTS FOR WHICH PATIENTS ARE PERSONALLY RESPONSIBLE, THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO A VALUATION ALLOWANCE BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION LIKELIHOOD AND THE CURRENT STATUS OF INDIVIDUAL ACCOUNTS. BALANCES THAT ARE STILL OUTSTANDING AFTER MANAGEMENT HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE VALUATION ALLOWANCE AND A CREDIT TO ACCOUNTS RECEIVABLE.
PART III, LINE 4:	PATIENT ACCOUNTS RECEIVABLE AND CREDIT POLICY: IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, AMHC ANALYZES PAST RESULTS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OR REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. SPECIFICALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, AMHC ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE AMOUNTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), AMHC RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A SEPARATE FOOTNOTE REGARDING BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE TOTAL MEDICARE REVENUE SHOWN IN SCHEDULE H OF THE FORM 990 IS BASED ON THE IRS 990 INSTRUCTIONS AND INCLUDES ONLY A PORTION OF THE GROSS MEDICARE REVENUE OF AMHC AND ALSO DOES NOT CONSIDER CONTRACTUAL ADJUSTMENTS FOR THE REIMBURSEMENT THAT IS ACTUALLY RECEIVED FROM THE MEDICARE PROGRAM. AMOUNTS LISTED FOR MEDICARE REVENUES DO NOT INCLUDE SIGNIFICANT PORTIONS OF LABORATORY, RADIOLOGY, AMBULANCE, AND REHABILITATION SERVICES PROVIDED TO MEDICARE BENEFICIARIES AS WELL AS PHYSICIAN SERVICES FOR THE COVERAGE OF THE EMERGENCY DEPARTMENT, ANESTHESIA PROFESSIONAL SERVICES, CLINICAL PHYSICIAN PROFESSIONAL SERVICES, SURGICAL PHYSICIAN PROFESSIONAL SERVICES, AND REVENUES FOR ANY PATIENTS COVERED UNDER MEDICARE ADVANTAGE PLAN PROGRAMS. PHYSICIAN SERVICES ARE REIMBURSED PRIMARILY ON FEE SCHEDULE REIMBURSEMENT AT RATES THAT ARE OFTEN BELOW THE COSTS OF CARING FOR PATIENTS. EMERGENCY, SURGICAL, AND CLINICAL SERVICES PROVIDED TO MEDICARE PATIENTS ARE VITAL TO THE WELL-BEING OF THE COMMUNITY AND AS SUCH THESE COSTS AND SHORTFALLS SHOULD ALSO BE CONSIDERED AS AN ADDITIONAL BENEFIT THAT AMHC PROVIDES TO THE COMMUNITY AND SURROUNDING AREAS. THE COSTING METHOD USED ABOVE FOR IRS 990 COMPLIANCE REPORTING IS ALSO BASED ON THE FILED MEDICARE COST REPORT FOR THE YEAR ENDED JUNE 30, 2019 AND DOES NOT CONSIDER MEDICARE NON-ALLOWABLE EXPENSES AS IT IS BASED ON TOTAL HOSPITAL PATIENT SERVICES REVENUES (IGNORING CONTRACTUAL ADJUSTMENTS ON FEE SCHEDULE REIMBURSED ITEMS AND NON-ALLOWABLE MEDICARE EXPENSES AS NOTED ABOVE).
PART III, LINE 9B:	UPON A PATIENTS APPROVAL FOR FINANCIAL ASSISTANCE, THIS IS LOADED AS AN INSURANCE COVERAGE TO THE PATIENTS ACCOUNT WITH AN EFFECTIVE AND TERMINATION DATE TO ASSURE CAPTURING ALL CHARGES FOR THE PATIENT FOR ADJUSTMENT IN A WORK QUEUE PRIOR TO ANY REMAINING BALANCE BEING MOVED TO PATIENT LIABILITY AND THEREFORE PREVENTING UNDISCOUNTED SERVICES FROM BEING BILLED TO A PATIENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) UTILIZES SEVERAL METHODS IN ASSESSING COMMUNITY HEALTH CARE NEEDS. SOME OF THEM ARE AS FOLLOWS: WORKING CLOSELY WITH THE LOCAL HEALTH DEPARTMENT, SCHOOL DISTRICT, COUNTY AGING DEPARTMENT, AND OTHER ORGANIZATIONS IN THE COMMUNITY; DEMOGRAPHIC DATA FROM SURROUNDING COMMUNITIES; AND EXTERNAL REPORTS, PARTICULARLY THOSE PUBLISHED BY THE LOCAL DEPARTMENT OF HEALTH. AMHC, AT THE END OF FISCAL YEAR 2016, COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND WILL USE THE DATA AND FINDINGS OF THIS REPORT TO GUIDE AMHC IN THE FUTURE TO BE ABLE TO RESPOND TO THOSE NEEDS.
PART VI, LINE 3:	ALL PATIENT STATEMENTS PROVIDE INFORMATION REGARDING THE ASPIRUS FINANCIAL AID PROGRAM. THIS INCLUDES A TELEPHONE NUMBER TO REQUEST IN-PERSON ASSISTANCE, INFORMATION ABOUT THE PROGRAM AS WELL AS TO REQUEST AN APPLICATION. THE STATEMENT ALSO PROVIDES THE WEB ADDRESS WHICH DIRECTS PATIENTS TO OUR FINANCIAL AID POLICY AS WELL AS THE APPLICATION AND PLAIN LANGUAGE SUMMARY. LETTERS FROM CENTRAL BILLING OFFICE STAFF INFORM PATIENTS THAT ASPIRUS HAS A FAP. THE FAP IS OFFERED AT THE TIME OF REGISTRATION ANNUALLY TO ALL PATIENTS. FINANCIAL COUNSELORS OFFER FAP TO PATIENTS DURING COLLECTION CALLS. ASPIRUS HAS CERTIFIED APPLICATION COUNSELORS THAT ARE AVAILABLE TO ASSIST WITH MARKETPLACE ENROLLMENT AT WELL AS MEDICAL ASSISTANCE APPLICATIONS. CARDON OUTREACH IS USED TO REVIEW ALL PATIENTS THAT ARE INPATIENT OR PRESENT TO THE ED TO ASSIST WITH MEDICAL ASSISTANCE APPLICATIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	ALTHOUGH ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) IS LOCATED IN MEDFORD, WISCONSIN, WE HAVE HISTORICALLY DEFINED OUR "COMMUNITY" AS A MUCH BROADER AREA, INCLUDING ALL OF TAYLOR COUNTY, THE SOUTHERN AREA OF PRICE COUNTY, THE NORTHEAST PORTION OF CLARK COUNTY, AND THE NORTHWEST CORNER OF MARATHON COUNTY. WITHIN THIS AREA OUR PRIMARY SERVICE AREA CONSISTS OF A 5 TO 20 MILE RADIUS AROUND MEDFORD. APPROXIMATELY 80% OF OUR PATIENT VOLUME COMES FROM OUR PRIMARY AREA. TAYLOR AND PRICE COUNTIES ARE LARGELY CAUCASIAN AND ARE ALMOST EXCLUSIVELY RURAL WITH 14% OF ADULTS BEING UNINSURED AND 24% OF CHILDREN IN THE MEDFORD SCHOOL DISTRICT ARE ELIGIBLE FOR FREE OR REDUCED SCHOOL LUNCHES. FROM AN EDUCATIONAL STAND POINT, 59% OF OUR SERVICE AREA ONLY HAS A HIGH SCHOOL DIPLOMA OR LESS. THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE, WHILE THE STATE AVERAGE IS ALSO BELOW THE NATIONAL AVERAGE. THE MAJOR OCCUPATIONS IN THE COMMUNITY ARE MANUFACTURING, AGRICULTURE, HEALTHCARE, AND SALES/OFFICE POSITIONS.
PART VI, LINE 5:	ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) IS IN A PHYSICIAN SHORTAGE AREA AND WORKS HARD TO RECRUIT PROVIDERS TO OUR AREA TO FILL THE NEEDS OF OUR COMMUNITY. WE ALSO HAVE EMPLOYEES THAT ARE REPRESENTING AMHC AND ARE ACTIVE IN OTHER GROUPS TO HELP IN BUILDING COMMUNITY EFFORTS TO IMPROVE HEALTHCARE IN OUR SERVICE AREA. AMHC ALSO GIVES CASH DONATIONS TO PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS IN THE COMMUNITY.ONE-THIRD OF AMHC'S GOVERNING BODY IS COMPRISED OF RESIDENTS THAT ARE IN AMHC'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE FAMILY MEMBERS THEREOF. AMHC ALSO EXTENDS MEDICAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY TO INSURE THAT OUR SERVICE AREA HAS THE HEALTHCARE NEEDED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	ASPIRUS MEDFORD HOSPITAL & CLINICS, INC. (AMHC) IS A PARTNER WITH ASPIRUS, INC. A MULTI-SPECIALTY HEALTH SYSTEM WITH A BASE LOCATION IN WAUSAU, WISCONSIN. AMHC WORKS WITH ASPIRUS TO PROMOTE HEALTH AND WELLNESS INITIATIVES IN THE COMMUNITIES THEY SERVE. AS NOTED PREVIOUSLY IN THE FORM 990, A NUMBER OF REPRESENTATIVES FROM ASPIRUS HAVE ROLES ON THE BOARD OF DIRECTORS OF AMHC AND TOGETHER PROMOTE THE MISSION OF ASPIRUS. ASPIRUS IS AN INTEGRATED, COMMUNITY-GOVERNED HEALTHCARE SYSTEM, WHICH LEADS BY ADVANCING INITIATIVES TO IMPROVING THE HEALTH OF ALL IT SERVES. ASPIRUS WORKS COLLABORATIVELY WITH OTHERS WHO SHARE ITS PASSION FOR EXCELLENCE AND COMPASSION FOR PEOPLE. ASPIRUS AND AMHC WORK COLLABORATIVELY TO STREAMLINE PROCESSES TO CONTINUE TO PROVIDE HIGH QUALITY CARE TO MEMBERS OF COMMUNITIES WHICH OTHERWISE WITHOUT THE EFFORTS OF A COMBINED PARTNERSHIP MAY NOT HAVE ACCESS TO THIS CARE LOCALLY.
PART VI, LINE 7, REPORTS FILED WITH STATES	WI

Additional Data

Software ID:

Software Version:

EIN: 39-0964813

Name: ASPIRUS MEDFORD HOSPITAL & CLINICS INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ASPIRUS MEDFORD HOSPITAL 135 SOUTH GIBSON STREET MEDFORD, WI 54451 1027	X	X			X		X			

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

Form and Line Reference	Explanation
ASPIRUS MEDFORD HOSPITAL	PART V, SECTION B, LINE 5: YES, DURING THE COURSE OF 2018, THE TAYLOR COUNTY HEALTH DEPART MENT, PRICE COUNTY HEALTH DEPARTMENT AND ASPIRUS MEDFORD HOSPITAL & CLINICS EMBARKED ON A COLLABORATIVE EFFORT TO ASSESS AND PRIORITIZE THE HEALTH NEEDS OF THE REGION AND, IN TURN, CREATE AN ACTION PLAN TO CREATE REAL AND SUSTAINED CHANGE WITHIN THE COMMUNITIES WE SERVE .WE TURNED TO RESIDENTS WITHIN THE THREE COUNTIES TO UNDERSTAND THE IMPACT THESE ISSUES HA D WITHIN OUR LOCAL COMMUNITIES. THIS INCLUDED FEEDBACK COLLECTED DURING OUR COMMUNITY HEAL TH IMPROVEMENT PLANNING SESSION HELD ON JANUARY 25, 2019. WE COMPILED THIS DATA AND PARTNE RED WITH STATE EXPERTS FOR ADDITIONAL QUANTIFIABLE DATA ON THESE ISSUES. THIS INFORMATION WAS SHARED WITH LOCAL STAKEHOLDERS DURING A HALF-DAY SESSION THAT INCLUDED ANALYZING WHAT SERVICES ARE CURRENTLY AVAILABLE AND GAPS IN SERVICES, AND PRIORITIZING KEY HEALTH CONCERN S WITHIN TAYLOR AND PRICE COUNTIES. THE COLLABORATIVE ALSO CONSIDERED THE LOCAL ASSETS AND RESOURCES CURRENTLY AVAILABLE IN THE COUNTIES THAT CAN BE MOBILIZED TO ADDRESS HEALTH. TH ESE INCLUDED BOTH PHYSICAL AND NON-PHYSICAL ASSETS AND RESOURCES. PHYSICAL ASSETS INCLUDE PARKS, OPEN SPACE, MARKETS, CLINICS AND OTHER ASPECTS OF A COMMUNITY THAT CAN AFFECT A PER SON'S OPPORTUNITY TO ACHIEVE HEALTH. NON-PHYSICAL ASSETS INCLUDE THE SKILLS OF RESIDENTS; THE POWER OF LOCAL ASSOCIATIONS LIKE SERVICE OR PROFESSIONAL GROUPS; LOCAL INSTITUTIONS LI KE FAITH-BASED GROUPS, LOCAL FOUNDATIONS, GOVERNMENT INSTITUTIONS AND INSTITUTIONS OF HIGH ER LEARNING; SOCIAL CAPITAL; COMMUNITY RESILIENCE; AND A STRONG BUSINESS COMMUNITY.COMMUNI TY STAKEHOLDERS INCLUDED (TAYLOR COUNTY): NAME TITLE ORGANIZATIONALLEN LANG PHARMACIST HEA LTHMART PHARMACYJUDY LANG EMPLOYEE HEALTHMART PHARMACYRACHEL DIXON PHYSICIAN ASSISTANT ASP IRUS MEDFORD HOSPITAL & CLINICSDIANE ALBRECHT BOARD MEMBER TAYLOR COUNTY PUBLIC HEALTHCATH ERINE LEMKE BOARD MEMBER TAYLOR COUNTYJUDY LEMASTER DISTRICT SCHOOL NURSE RIB LAKE SCHOOL DISTRICTTAMMY TOM-STEINMETZ DIRECTOR OF HUMAN SERVICES TAYLOR COUNTY HUMAN SERVICES DEPT.A NDRIA FARRAND COUNTY CLERK TAYLOR COUNTYCOLLEEN HANDRICK TAYLOR COUNTY EMERGENCY MANAGEMEN T DIRECTOR TAYLOR COUNTYMIKE WELLNER MAYOR CITY OF MEDFORDMICHELE ARMBRUST PUBLIC HEALTH C OORDINATOR TAYLOR COUNTY HEALTH DEPARTMENTINGRID PURVIS PUBLIC HEALTH NURSE TAYLOR COUNTY HEALTH DEPARTMENTDERRICK FRITZ TAYLOR COUNTY DRUG OPPOSITION PARTNERS PROJECT DIRECTOR TAY LOR COUNTY HUMAN SERVICESKRISTA BLOMBERG ASSISTANT DIRECTOR RIB LAKE PUBLIC LIBRARYNATHANA EL BROWN DIRECTOR TAYLOR COUNTY COMMISSION ON AGINGJOSEPH GREGET DIRECTOR OF SPECIAL EDUCA TION AND STUDENT SERVICES MEDFORD PUBLIC SCHOOL DISTRICTDALE HUSTEDT PRESIDENT ASPIRUS MED FORD HOSPITAL & CLINICSPATRICIA MERTENS BOARD MEMBER TAYLOR COUNTY PUBLIC HEALTHMICHELLE G RIMM COMMUNITY DEVELOPMENT UW-EXTENSIONJUSTINE THICKE OUTREACH COORDINATOR HEALTHFIRSTJOHN LANGE AVP RETAIL BANKING OFFICER NICOLET NATIONAL BANKPATTY KRUG HEALTH OFFICER TAYLOR CO UNTY HEALTH DEPARTMENTAMANDA L

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

Form and Line Reference	Explanation
ASPIRUS MEDFORD HOSPITAL	ANGE DIRECTOR OF COMMUNITY HEALTH & FOUNDATION ASPIRUS MEDFORD HOSPITAL & CLINICSCOMMUNITY STAKEHOLDERS INCLUDED (PRICE COUNTY): ASCENSION WISCONSINCHEQUAMEGON SCHOOL DISTRICTCOMMU NITY MEMBERSEMBRACE (DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM FOR WASHBURN, RUSK & PRI CE COUNTIES)UW EXTENSION- PRICE COUNTYFLAMBEAU HOME HEALTH AND HOSPICEFLAMBEAU HOSPITALLIM BERG & ASSOCIATES COUNSELING, LLCMARSHFIELD CLINIC HEALTH SYSTEMNEW HORIZONS NORTH (NOT FO R PROFIT SOCIAL SERVICES & SUPPORT AGENCY)PARK FALLS POLICE DEPARTMENTPHILLIPS PUBLIC LIBR ARYPHILLIPS SCHOOL DISTRICTPRICE COUNTY AGING AND DISABILITY RESOURCE CENTER UNITPRICE COU NTY BEHAVIORAL HEALTH UNITPRICE COUNTY BOARD OF SUPERVISORSPRICE COUNTY CHILDREN AND YOUTH UNITPRICE COUNTY PUBLIC HEALTH UNITPRICE COUNTY SHERRIFF DEPARTMENT

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

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

Form and Line Reference	Explanation
ASPIRUS MEDFORD HOSPITAL	PART V, SECTION B, LINE 6B: TAYLOR COUNTY HEALTH DEPARTMENTPRICE COUNTY HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
ASPIRUS MEDFORD HOSPITAL	PART V, SECTION B, LINE 11: ASPIRUS MEDFORD HOSPITAL & CLINICS HAS IDENTIFIED OUR TOP 3 HEALTH PRIORITIES VIA OUR COMMUNITY HEALTH NEEDS ASSESSMENT: ALCOHOL & OTHER DRUG USE (AODA), MENTAL HEALTH AND HEALTH CARE ACCESS. AODA INITIATIVES INCLUDE A MEDICATION TAKE BACK BOX, A CHRONIC OPIOID USE MONITORING PROGRAM, YOUTH AND COMMUNITY EDUCATION CAMPAIGNS, AND TOBACCO CESSATION CLASSES. THE MENTAL HEALTH PRIORITY CONTINUES TO BE ADDRESSED VIA THE CARES MODEL IN OUR LOCAL SCHOOLS, INITIATIVES TARGETING INCREASED ACCESS TO BEHAVIORAL HEALTH SERVICES INCLUDING TELEMEDICINE, AND RESOURCES SHARED THROUGHOUT THE COMMUNITY. HEALTHCARE ACCESS IS SUPPORTED VIA CONTINUING SAME DAY ACCESS INITIATIVES IN OUR CLINIC, INTERPRETATION SERVICES, TELEHEALTH SERVICES, AS WELL AS COMMUNITY PRESENTATIONS AND EDUCATION ON TIMELY HEALTH TOPICS. AMHC HAS ADOPTED OUR IMPLEMENTATION A PLAN TO ADDRESS THESE PRIORITIES THROUGH THE ESTABLISHMENT OF GOALS, OBJECTIVES AND STRATEGIES THAT TARGET SPECIFIC ISSUES IDENTIFIED BY THE PRIORITIES. MORE DETAILED INFORMATION REGARDING THESE GOALS, OBJECTIVES AND STRATEGIES CAN BE FOUND IN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN LOCATED HERE: HTTPS://WWW.ASPIRUS.ORG/UPLOAD/PUBLIC/DOCUMENTS/CHNAS/AMH-CHNA-2109.PDF

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

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

Form and Line Reference	Explanation
ASPIRUS MEDFORD HOSPITAL	PART V, SECTION B, LINE 13H: THIRD PARTY SEGMENTATION AND PROPENSITY TO PAY.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	1 - ASPIRUS MEDFORD CLINIC 143 SOUTH GIBSON STREET MEDFORD, WI 54451	OUTPATIENT CLINIC
1	2 - ASPIRUS CARE & REHAB 135 SOUTH GIBSON STREET MEDFORD, WI 54451	SKILLED NURSING FACILITY
2	3 - ASPIRUS PHARMACY - MEDFORD 139 SOUTH GIBSON STREET MEDFORD, WI 54451	RETAIL PHARMACY
3	4 - ASPIRUS THERAPY & FITNESS - MEDFORD 103 SOUTH GIBSON STREET MEDFORD, WI 54451	THERAPY FITNESS CENTER
4	5 - ASPIRUS COUNTRY GARDENS 635 WEST CEDAR STREET MEDFORD, WI 54451	ASSISTED LIVING FACILITY
5	6 - ASPIRUS KIDNEY CARE - MEDFORD 111 SOUTH GIBSON STREET MEDFORD, WI 54451	DIALYSIS CENTER
6	7 - ASPIRUS PRENTICE CLINIC 1511 RAILROAD AVENUE PRENTICE, WI 54456	OUTPATIENT CLINIC
7	8 - ASPIRUS PHILLIPS CLINIC 625 PETERSON AVENUE PHILLIPS, WI 54555	OUTPATIENT CLINIC
8	9 - ASPIRUS THERAPY - PRENTICE 619 BRIDGE STREET PRENTICE, WI 54456	THERAPY FITNESS CENTER
9	10 - ASPIRUS RIB LAKE CLINIC 1121 HIGHWAY 102 RIB LAKE WI, WI 54451	OUTPATIENT CLINIC
10	11 - ASPIRUS GILMAN CLINIC 320 EAST MAIN STREET MEDFORD, WI 54433	OUTPATIENT CLINIC
11	12 - ASPIRUS ATHENS CLINIC 729 PINE STREET ATHENS, WI 54411	OUTPATIENT CLINIC

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE, WHEN APPLICABLE, WAS ADDED TO THE INDIVIDUAL'S COMPENSATION AT FAIR MARKET VALUE. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - INCLUDED IN INCOME: J. REDMAN-SCHELL - $3,300
PART I, LINE 4B	AMHC SPONSORS A NONQUALIFIED TAX EQUALIZED ANNUITY PLAN COVERING EMPLOYED PHYSICIANS. PHYSICIANS ARE ELIGIBLE TO PARTICIPATE IN THE PLAN AFTER ONE YEAR OF SERVICE. PARTICIPANTS IN THE PLAN ARE IMMEDIATELY 100% VESTED. SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT 457(F) DISTRIBUTION: M. BREWER $22,425 R. RISLEY-GRAY $76,355 S. SCZYGELSKI $60,259 J. HEISLER $41,623 C. LOGEMANN $41,199 J. MONKS $17,632 R. NEVERS $38,399 T. RICHARDSON $39,566 R. SMITH $32,734

Additional Data

Software ID:
Software Version:
EIN: 39-0964813
Name: ASPIRUS MEDFORD HOSPITAL & CLINICS 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				
1SUJATHA ROBERTS PHYSICIAN	(i)	693,715	0	7,279	16,832	27,976	745,802	0
	(ii)	0	0	0	0	0	0	0
1CLINT SEMRAU PHYSICIAN	(i)	558,125	40,000	5,533	8,400	30,232	642,290	0
	(ii)	0	0	0	0	0	0	0
2DAVID VANDERKIN PHYSICIAN	(i)	564,787	15,000	7,309	16,832	22,882	626,810	0
	(ii)	0	0	0	0	0	0	0
3KEITH BRATULICH PHYSICIAN	(i)	404,575	40,000	5,938	17,071	31,208	498,792	0
	(ii)	0	0	0	0	0	0	0
4CARY TAUCHMAN PHYSICIAN	(i)	387,796	0	13,820	15,946	27,326	444,888	0
	(ii)	0	0	0	0	0	0	0
5CARI LOGEMANN SVP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	381,456	102,648	43,094	16,832	74,419	618,449	41,199
6MICHAEL MCGRAIL SVP & SYSTEM CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	406,549	109,773	11,554	14,438	68,836	611,150	0
7RICK NEVERS SVP- REGIONAL OPERATIONS SYSTEM INTE	(i)	0	0	0	0	0	0	0
	(ii)	339,937	83,542	44,689	19,582	67,581	555,331	38,399
8ERIC ANDERSON SVP- SERVICE LINE & PATIENT EXPERIEN	(i)	0	0	0	0	0	0	0
	(ii)	360,168	88,372	1,336	16,832	76,907	543,615	0
9TODD RICHARDSON SVP & CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	313,273	88,199	42,488	16,832	74,090	534,882	39,566
10 JENNIFER REDMAN-SCHELL SVP & PRESIDENT- ASPIRUS CLINICS	(i)	0	0	0	0	0	0	0
	(ii)	384,617	62,473	3,689	8,400	71,316	530,495	0
11RENEE SMITH EXECUTIVE DIRECTOR ANI	(i)	0	0	0	0	0	0	0
	(ii)	359,068	65,045	33,519	16,832	30,434	504,898	32,734
12JOHN HEISLER SVP & CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	317,113	85,743	55,799	16,832	24,611	500,098	41,623
13LORI PECK VP- REVENUE CYCLE	(i)	0	0	0	0	0	0	0
	(ii)	219,881	40,703	1,076	12,349	20,519	294,528	0
14JOHN MONKS VP- OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	191,583	36,077	22,942	12,836	32,544	295,982	17,632
15ROBERT MIDDLETON DIRECTOR- PHARMACY	(i)	162,280	14,762	1,126	7,666	25,970	211,804	0
	(ii)	0	0	0	0	0	0	0
16SIDNEY SCZYGELSKI SR. VP OF FINANCE/CFO	(i)	0	0	0	0	0	0	0
	(ii)	536,087	132,967	73,352	19,582	106,798	868,786	60,259
17GREG SHAW CFO	(i)	160,964	29,579	1,707	10,673	32,062	234,985	0
	(ii)	0	0	0	0	0	0	0
18RUTH RISLEY-GRAY VICE CHAIRPERSON/SVP NURSING SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	291,384	78,869	84,222	19,582	24,558	498,615	76,355
19DALE HUSTEDT PRESIDENT	(i)	227,490	63,699	15,617	8,400	30,198	345,404	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				
21MATTHEW HEYWOOD BOARD MEMBER/CEO ASPIRUS	(i)	0	0	0	0	0	0	0
	(ii)	920,866	410,719	20,334	16,832	205,393	1,574,144	0
1JESSE TISCHER SVP-PRES REG MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	374,250	80,770	537	1,971	69,913	527,441	0
2MATTHEW BREWER VP OF OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	218,546	40,203	23,271	7,294	51,394	340,708	22,425
3SUSAN FRAIZER PHYSICIAN	(i)	274,571	0	7,450	16,069	15,195	313,285	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WI HEALTH & EDUCATION FACILITIES AUTHORITY	39-1337855	97710B7X4	04-12-2013	16,902,595	CONSTRUCT, RENOVATE, AND EQUIP FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,010,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	16,902,595			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.890 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.100 %						
6	Total of lines 4 and 5		0.990 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: WI HEALTH & EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/05/2018

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

Return Reference	Explanation
PART III, LINES 3A AND 3B	ASPIRUS, INC., A MEMBER OF ASPIRUS MEDFORD HOSPITAL & CLINICS, INC., HAS POLICIES AND PROCEDURES IN PLACE TO REVIEW MANAGEMENT AND SERVICE CONTRACTS TO IDENTIFY AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCE PROPERTY. ON A CONTRACT BY CONTRACT BASIS, ASPIRUS, INC. WILL SEEK HELP FROM BOND COUNSEL AS MANAGEMENT DEEMS NECESSARY.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MATTHEW HEYWOOD, JESSE TISCHER, RUTH RISLEY-GREY, AND MATTHEW BREWER HAVE A BUSINESS RELATIONSHIP. THESE BOARD MEMBERS ARE EMPLOYED BY ASPIRUS, INC. AND IT'S AFFILIATES. (SEE INFORMATION RELATED TO ASPIRUS, INC. DESCRIBED IN FORM 990, PART VI, SECTION A, LINES 6 AND 7.)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO CORPORATE MEMBERS: MEMORIAL MEMBER ASSOCIATION, INC. (50%) AND AS PIRUS, INC. (50%), BOTH WISCONSIN NONSTOCK CORPORATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AMHC'S BOARD OF DIRECTORS IS ELECTED AS FOLLOWS: (A) FOUR DIRECTORS ARE APPOINTED BY MEMOR IAL MEMBER ASSOCIATION. (B) FOUR DIRECTORS ARE APPOINTED BY ASPIRUS, INC. (C) TWO DIRECTOR S REPRESENT PROVIDERS ASSOCIATED WITH THE CORPORATION AS FOLLOWS: TWO PROVIDER CLASS DIREC TORS, CONSISTING OF LICENSED HEALTH PROFESSIONALS IN THE ACTIVE MEDICAL OR ALLIED HEALTH C ATEGORIES OF THE MEDICAL STAFF OF THE HOSPITAL, WITH CONSIDERATION TO INPUT FROM THE CORPO RATION'S BOARD, AND ELECTED JOINTLY BY MMA & ASPIRUS INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	POWERS RESERVED TO THE CORPORATE MEMBERS: IN ADDITION TO DOING ALL THINGS REQUIRED BY LAW AND EXCEPT AS OTHERWISE PROVIDED, THE CORPORATE MEMBERS HAVE THE FOLLOWING SPECIFIC RIGHTS AND RESPONSIBILITIES: (A) INITIATE AND APPROVE ANY CHANGE IN THE PHILOSOPHY, CHARACTER, O R MISSION OF THE CORPORATION AND ITS STRATEGIC PLANS. (B) APPROVE ANY CHANGES TO THE USE O F THE HOSPITAL'S NAME AND BRANDING OF THE HOSPITAL. (C) INITIATE AND APPROVE ALL AMENDMENT S TO THE ARTICLES OF INCORPORATION. (D) AMEND THE BYLAWS OF THE CORPORATION AND ALL SUBSID IARIES. (E) TAKE ANY ACTION ABLE TO BE TAKEN BY THE JOINT MEMBERS COUNCIL. (F) INITIATE AN D APPROVE THE ADDITION OF NEW MEMBERS OF THE CORPORATION. (G) INITIATE AND APPROVE BORROWI NG OF MONEY AND OTHER FORMS OF INDEBTEDNESS. (H) INITIATE AND APPROVE THE PURCHASE, SALE, LEASE, DISPOSITION, ENCUMBRANCE OR ALIENATION OF PROPERTY WITH A VALUE IN EXCESS OF $1,000 ,000. (I) APPROVE THE ESTABLISHMENT, TRANSFER OF OWNERSHIP AND/OR DISSOLUTION OF ANY SUBSI DIARY CORPORATIONS. (J) INITIATE AND APPROVE ANY PLAN OF DISSOLUTION OR MERGER, CONSOLIDAT ION. (K) APPROVES STRATEGIC ALLIANCES AND AFFILIATIONS OF CORPORATION WITH OTHER HOSPITALS AND HEALTH SYSTEMS. (L) SELECTION AND RETENTION OF THE PRESIDENT/CEO. (M) FINAL APPROVAL OF OPERATING AND CAPITAL BUDGETS.

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 CAL CULATIONS. THESE DOCUMENTS ARE REVIEWED BY THE CFO. THE 990 AND THE 990-T ARE REVIEWED PRI OR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE AND ARE MADE AVAILABLE TO THE BOARD OF DI RECTORS 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	EACH BOARD MEMBER AND EMPLOYEE SHALL DISCLOSE TO THE APPROPRIATE LEVEL OF MANAGEMENT ANY C IRCUMSTANCE UNDER WHICH THE BOARD MEMBER, EMPLOYEE, OR AN IMMEDIATE FAMILY MEMBER, BY VIRT UE OF A FINANCIAL INTEREST, MAY BE INFLUENCED, OR MAY APPEAR TO BE INFLUENCED, EITHER IN W HOLE OR IN PART, BY ANY PURPOSE OR MOTIVE OTHER THAN THE SUCCESS AND WELL BEING OF AMHC AN D ITS SUBSIDIARIES AND THE ACHIEVEMENT OF ITS PUBLIC CHARITABLE PURPOSES. PRIOR TO ENTERIN G INTO ANY ARRANGEMENT WITH AN OUTSIDE ORGANIZATION, INDIVIDUALS MUST DISCLOSE POTENTIAL C ONFLICTS OF INTEREST TO THEIR RESPECTIVE SUPERVISOR; BOARD MEMBERS TO THE BOARD PRESIDENT. EACH CIRCUMSTANCE OF A POTENTIAL CONFLICT OF INTEREST WILL BE REVIEWED ON AN INDIVIDUAL B ASIS. THE MANAGER WILL RESPOND IN WRITING (WITH A COPY TO THE PERSONNEL FILE) AFTER CONSUL TATION WITH THE APPROPRIATE VICE PRESIDENT AS TO WHETHER THE ARRANGEMENT IS OR IS NOT ACCE PTABLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR PURPOSES OF DETERMINING COMPENSATION, ASPIRUS MEDFORD HOSPITAL & CLINICS, 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 COMPEN SATION FOR SUCH INDIVIDUALS: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR CO MPENSATION COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AMHC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, EXPLANATION OF HOURS WORKED:	SOME OFFICERS AND DIRECTORS ALSO PROVIDED SERVICE TO OTHER RELATED ORGANIZATIONS OTHER THA N ASPIRUS MEDFORD HOSPITAL & CLINICS, 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:	CHANGE IN INTEREST IN FOUNDATION 37,570.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE AUDIT COMMITTEE OF THE ASPIRUS, INC. BOARD PROVIDES OVERSIGHT OF THE AUDIT PROCESS.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ASPIRUS MEDFORD HOSPITAL & CLINICS INC

Employer identification number
39-0964813

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) WESTERN UPPER MICHIGAN EYE CARE LLC 131 W GENESEE STREET IRON RIVER, MI 49935 27-2324957	EYE CARE SERVICES	MI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)ASPIRUS NETWORK INC 3000 WESTHILL DRIVE 202 WAUSAU, WI 54401 39-1931678	HEALTH CARE SERVICES	WI	N/A	C				Yes	
(2)ASPIRUS KEWEENAW ENTERPRISES INC 205 OSCEOLA STREET LAURIUM, MI 49913 38-3390273	PHARMACY	MI	N/A	C				Yes	
(3)ASPIRUS HEALTH VENTURES INC 3000 WESTHILL DRIVE 303 WAUSAU, WI 54401 47-4925640	OTHER INS RELATED - INS HOLDING COMPANY	WI	N/A	C				Yes	
(4)ASPIRUS ARISE HEALTH PLAN OF WI INC 3000 WESTHILL DRIVE 303 WAUSAU, WI 54401 36-4832569	HEALTH INSURANCE PLANS	WI	N/A	C				Yes	
(5)ASPIRUS ARISE HEALTH PLAN OF MI INC 3000 WESTHILL DRIVE 303 WAUSAU, WI 54401 47-5448266	HEALTH INSURANCE PLANS	MI	N/A	C				Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0964813

Name: ASPIRUS MEDFORD HOSPITAL & CLINICS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
135 SOUTH GIBSON STREET MEDFORD, WI 54451 39-1777081	CHARITABLE FOUNDATION	WI	501(C)(3)	LINE 7	MEMORIAL MEMBER ASSOCIATION INC	Yes	
135 SOUTH GIBSON STREET MEDFORD, WI 54451 39-1412339	LOW INCOME HOUSING	WI	501(C)(3)	LINE 7	MEMORIAL MEMBER ASSOCIATION INC	Yes	
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1670223	MEDICAL SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC		No
601 SEVENTH ST 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 CENTER	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	
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	
333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1328331	HOSPITAL	WI	501(C)(3)	LINE 12B, II	N/A		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	Yes	
205 OSCEOLA LAURIUM, MI 49913 38-1443361	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
135 S GIBSON ST MEDFORD, WI 54451 39-2016505	MEMBER ASSOCIATION	WI	501(C)(3)	LINE 12B, II	N/A		No
2817 NEW PINERY ROAD PORTGAGE, WI 53901 39-0806250	HOSPITAL	WI	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
ASPIRUS WAUSAU HOSPITAL	M	687,269	COST
ASPIRUS WAUSAU HOSPITAL	O	4,331,256	COST
ASPIRUS WAUSAU HOSPITAL	P	245,228	COST
ASPIRUS INC	M	12,553,287	COST
ASPIRUS INC	O	36,884,783	COST
ASPIRUS INC	P	1,155,600	COST
ASPIRUS CLINICS INC	J	51,910	COST
ASPIRUS MEDFORD FOUNDATION INC	C	214,713	COST