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DLN: 93493133012021

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , 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 WAUSAU HOSPITAL INC

Doing business as

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

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

D Employer identification number
39-1138241

E Telephone number
(715) 847-2988

G Gross receipts \$ 586,478,452

F Name and address of principal officer:
SIDNEY C SCZYGELSKI
333 PINE RIDGE BLVD
WAUSAU, WI 54401

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.ASPIRUS.ORG

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

L Year of formation: 1970

M State of legal domicile: WI

Part I Summary

Activities & Governance

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 10
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3,222
6 Total number of volunteers (estimate if necessary) 6 434
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 232,169
b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Prior Year Current Year
3,222,621 9,765,600
552,751,382 560,714,400
12,215,362 8,551,983
2,135,938 1,922,922
570,325,303 580,954,905

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12
296,867,192 304,048,809
494,067,234 506,382,642
76,258,069 74,572,263

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20
Beginning of Current Year End of Year
539,380,506 598,510,216
180,663,166 232,431,880
358,717,340 366,078,336

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-05-05
SIDNEY C SCZYGELSKI SENIOR VP OF FINANCE & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-05-05 Check ☐ if self-employed PTIN P01833529
Firm's name ▶ WIPFLI LLP Firm's EIN ▶ 39-0758449
Firm's address ▶ 1502 LONDON ROAD SUITE 200 Phone no. (218) 722-4705
DULUTH, MN 55812

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

WE HEAL PEOPLE, PROMOTE HEALTH AND STRENGTHEN COMMUNITIES.

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

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

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

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

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

4a	(Code:) (Expenses \$ 373,351,079 including grants of \$ 954,868) (Revenue \$ 562,308,491)
See Additional Data	





















4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 373,351,079
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Part IV Checklist of Required Schedules

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

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	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	274
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)*

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Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SIDNEY C SCZYGELSKI 2200 WESTWOOD DRIVE WAUSAU, WI 54401 (715) 847-2250

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

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

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

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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,260,184	9,573,035	1,881,454

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 ▶ 115

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WI EMERGENCY MEDICAL SERVICE ASSOCIATION 3201 STANLEY STREET STEVENS POINT, WI 54481	ON CALL SERVICES	10,527,835
MIRON 2400 PINE RIDGE BLVD WAUSAU, WI 54401	CONSTRUCTION SERVICES	6,165,018
FOCUS ONE SOLUTIONS 13609 CALIFORNIA ST OMAHA, NE 68154	CONTRACT LABOR	3,295,490
SURGICAL ASSOCIATES OF WAUSAU 333 PINE RIDGE BLVD WAUSAU, WI 54401	EMERGENCY CONTRACTED PROVIDERS	1,920,935
PHI GROUP INC PO BOX 90808 LAFAYETTE, LA 705090808	FLIGHT SERVICES	1,876,258

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 ▶ 213

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Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
			(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	632,236			
	e	Government grants (contributions)	1e	9,056,135			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	77,229			
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h	Total. Add lines 1a-1f ▶	9,765,600				
Program Service Revenue	2a		Business Code				
	PATIENT SERVICE REVENUE		621400	544,399,504	544,399,504		
	b RENTAL REVENUE		532000	5,805,221	5,805,221		
	c CONTRACT SERVICE REVENUE		621400	5,082,027	5,082,027		
	d LAB REVENUE		621400	3,479,687	3,298,926	180,761	
	e MOBILE UNIT REVENUE		621400	56,980	56,980		
	f All other program service revenue.			1,890,981	1,890,981		
g Total. Add lines 2a-2f. ▶			560,714,400				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	8,504,104			8,504,104
	4		Income from investment of tax-exempt bond proceeds ▶				
	5		Royalties ▶				
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d		Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	5,523,547			
c	Gain or (loss)	7c	47,879				
d		Net gain or (loss) ▶					
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		CAFETERIA AND VENDING	722210	1,621,066	1,569,658	51,408	
b		INVESTMENT IN WESTWOOD	523000	96,662		96,662	
c							
d		All other revenue		205,194	205,194		
e		Total. Add lines 11a-11d ▶	1,922,922				
12		Total revenue. See instructions ▶	580,954,905	562,308,491	232,169	8,648,645	

Form 990 (2019)

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	954,868	954,868		
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	1,862,563		1,862,563	
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	159,281,158	136,424,340	22,856,818	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,362,522	6,233,114	1,129,408	
9 Other employee benefits	21,881,903	15,296,312	6,585,591	
10 Payroll taxes	10,990,819	10,990,819		
11 Fees for services (non-employees):				
a Management	440,424	440,424		
b Legal	183,369		183,369	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,144		34,144	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,723,393	37,734,474	5,988,919	
12 Advertising and promotion	249,645	55,703	193,942	
13 Office expenses	4,617,726	4,177,434	440,292	
14 Information technology	253,128	76,736	176,392	
15 Royalties				
16 Occupancy	19,711,905	11,206,931	8,504,974	
17 Travel	1,399,083	1,255,286	143,797	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	290,444	12,701	277,743	
20 Interest	3,887,807	118,847	3,768,960	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,942,122	13,477,849	10,464,273	
23 Insurance	845,049	190,279	654,770	
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	117,028,109	113,809,852	3,218,257	
b CORPORATE ALLOCATION	70,547,910	13,536,085	57,011,825	
c HOSPITAL TAX	9,014,064	454,182	8,559,882	
d BAD DEBT	6,904,843	6,904,843		
e All other expenses	975,644		975,644	
25 Total functional expenses. Add lines 1 through 24e	506,382,642	373,351,079	133,031,563	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		2,764,462	1	4,608,992	
	2	Savings and temporary cash investments		12,452,039	2	10,397,160	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		73,690,912	4	68,731,748	
	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		9,125,035	8	11,196,511	
	9	Prepaid expenses and deferred charges		2,351,177	9	4,172,442	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	492,828,010			
	b	Less: accumulated depreciation	10b	246,299,564	235,652,914	10c	246,528,446
	11	Investments—publicly traded securities		189,328,767	11	196,266,872	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		2,867,610	13	3,029,475	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		11,147,590	15	53,578,570	
16	Total assets. Add lines 1 through 15 (must equal line 34)		539,380,506	16	598,510,216		
Liabilities	17	Accounts payable and accrued expenses		39,421,947	17	46,872,381	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		125,869,313	20	119,386,234	
	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		15,371,906	25	66,173,265	
	26	Total liabilities. Add lines 17 through 25		180,663,166	26	232,431,880	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		356,119,685	27	366,078,336	
	28	Net assets with donor restrictions		2,597,655	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		358,717,340	32	366,078,336	
33	Total liabilities and net assets/fund balances		539,380,506	33	598,510,216		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	580,954,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	506,382,642
3	Revenue less expenses. Subtract line 2 from line 1	3	74,572,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	358,717,340
5	Net unrealized gains (losses) on investments	5	-5,977,535
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	-61,233,732
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	366,078,336

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

ASPIRUS WAUSAU HOSPITAL, INC. PROVIDES HOSPITAL SERVICES FOR RESIDENTS OF WAUSAU AND THE SURROUNDING COMMUNITIES REGARDLESS OF THEIR ABILITY TO PAY. AN INPATIENT UNIT OPENED IN STEVEN'S POINT, THE 6,000 SQUARE FOOT EXPANSION ADDS OVERNIGHT CARE FOR MEDICAL AND SURGICAL PATIENTS, INCLUDING EMERGENCY PATIENTS WHO NEED TO STAY FOR OBSERVATION. THE ABILITY TO CARE FOR PATIENTS OVERNIGHT ALSO ENABLES ASPIRUS STEVENS POINT TO OFFER SURGERIES THAT IT PREVIOUSLY COULD NOT ACCOMMODATE.

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			
BETTY VOGDS CLINICAL MEDICAL PHYSICIST	40.00					X		181,116	0	22,106
NICOLE RANGER DIAGNOSTIC MEDICAL PHYSICIST	40.00					X		173,442	0	25,889
MARK GEURTS CHIEF MEDICAL PHYSICIST	40.00					X		240,100	0	37,434
JILL MICHAUD DIRECTOR-SYSTEM PHARMACY	40.00					X		213,974	0	44,293
BRYANT HAMMIG DIRECTOR-PAYOR STRATEGY	40.00					X		204,272	0	35,385
CARI LOGEMANN SVP & GENERAL COUNSEL (THRU JUNE)	1.00 50.00				X			0	527,198	91,251
MICHAEL MCGRAIL SVP & SYSTEM CHIEF MEDICAL OFFICER	2.00 40.00				X			0	527,876	83,274
RICK NEVERS SVP-REGIONAL OPERATIONS SIO	2.00 40.00				X			0	468,168	87,163
ERIC ANDERSON SVP-SERVICE LINE & PATIENT EXP.	2.00 40.00				X			0	449,876	93,739
TODD RICHARDSON SVP & CHIEF INFORMATION OFFICER	2.00 40.00				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 40.00				X			0	450,779	79,716
RENEE SMITH EXECUTIVE DIRECTOR ANI	2.00 40.00				X			457,632	0	47,266
JOHN HEISLER SVP & CHIEF HUMAN RESOURCES OFFICER	2.00 40.00				X			0	458,655	41,443
RUTH RISLEY-GRAY SVP & SYSTEM CHIEF NURSING OFFICER	2.00 40.00				X			0	454,475	44,140
RYAN ANDREWS SR. SYS. PHYS. EXEC.-TERTIARY CARE	40.00				X			414,655	0	81,152
STEVEN PHILLIPSON MEDICAL DIRECTOR	2.00 40.00				X			0	436,378	49,181
JEANNINE NOSKO VP- PATIENT CARE & CHIEF NURSING OFFICER	2.00 40.00				X			297,069	0	66,372
STEPHEN BREWER VP- HEART VASCULAR & TERTIARY ACI	2.00 40.00				X			0	279,378	67,262
TONYA DARNER CHIEF OPERATING OFFICER	40.00 0.00				X			284,799	0	33,208
LORI PECK VP-REVENUE CYCLE	2.00 40.00				X			0	261,660	32,868

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			
JOHN MONKS VP-OPERATIONS	2.00 40.00				X			0	250,602	45,380
ROBERT SMITH VP- STEVENS POINT CAMPUS	40.00				X			249,457	0	31,588
MATTHEW HEYWOOD PRESIDENT & CEO ASPIRUS	1.00 50.00			X				0	1,351,919	222,225
SIDNEY SCZYGELSKI SR. VP OF FINANCE/CFO	1.00 50.00			X				0	742,406	126,380
DARRELL LENTZ SVP&PRESIDENT- AWH (THRU JAN)	46.00 4.00			X				543,668	0	100,169
DAVID M HECK CHAIR	1.00 2.00	X		X				0	0	0
RANDY L BALK VICE CHAIR	1.00 1.00	X		X				0	0	0
LISA S WESTPHAL VICE CHAIR (THRU JUNE)	1.00 1.00	X		X				0	0	0
CHAD H RADKE DO SECRETARY/TREASURER	1.00 3.00	X		X				0	0	0
JAMES M CYGAN MD BOARD MEMBER/PHYSICIAN	1.00 40.00	X						0	861,482	47,613

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			
LAWRENCE G LEIBERT MD BOARD MEMBER/ADC PHYSICIAN	1.00 40.00	X						0	528,397	44,497
JESSE TISCHER BOARD MEMBER/SVP OF REG. MKTS	2.00 50.00	X						0	455,557	71,884
KRISTEN R RAHN MD BOARD MEMBER (THRU JUNE)	1.00 40.00	X						0	350,550	21,925
MARY JO WENDLING MD BOARD MEMBER/PHYSICIAN	1.00 40.00	X						0	273,719	15,729
KATHY KELSEY FOLEY BOARD MEMBER	1.00 2.00	X						0	0	0
CRAIG A HACKWORTH MD BOARD MEMBER/PHYSICIAN	1.00 1.00	X						0	0	0
TODD W NAGEL BOARD MEMBER	1.00	X						0	0	0

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 WAUSAU HOSPITAL INC

Employer identification number
39-1138241

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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. ► <input type="checkbox"/>						

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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: 39-1138241
Name: ASPIRUS WAUSAU HOSPITAL 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

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 ASPIRUS WAUSAU HOSPITAL INC	Employer identification number 39-1138241
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,265
j	Total. Add lines 1c through 1i			25,265
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	A PORTION OF OUR ANNUAL WISCONSIN HOSPITAL ASSOCIATION (WHA) AND AMERICAN HOSPITAL ASSOCIATION (AHA) DUES ARE USED FOR LOBBYING ACTIVITIES. THE AMOUNTS THAT ARE SPECIFIC TO LOBBYING PURPOSES ARE: WISCONSIN HOSPITAL ASSOCIATION \$13,259 AND AMERICAN HOSPITAL ASSOCIATION \$12,006.

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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 WAUSAU HOSPITAL INC

Employer identification number
39-1138241

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

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	16,948,795		16,948,795
b	Buildings	142,629,809	82,268,024	60,361,785
c	Leasehold improvements	510,761	341,436	169,325
d	Equipment	309,888,881	163,690,104	146,198,777
e	Other	22,849,764		22,849,764
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			246,528,446

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)CSV INSURANCE	1,411,827
(2)OTHER ASSETS	3,690,606
(3)OPERATING LEASE ROU ASSET	434,526
(4)RELATED PARTY RECEIVABLES	48,041,611
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	53,578,570

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	66,173,265

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 ☐

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
AMOUNTS PAYABLE TO THRID-PARTY REIMBURSEMENT PROGRAMS	1,200,000
RETIREE HEALTHCARE BENEFITS	3,224,560
INTEREST RATE SWAP	4,574,750
DEFERRED COMPENSATION ACCRUAL	1,407,856
LONG-TERM INSURANCE LIABILITY	1,032,517
ASBESTOS LIABILITY	5,085,115
PLEDGE PAYABLES	234,118
CAPITAL AND OPERATING LEASES	1,398,682
MEDICARE ACCELERATED PAYMENTS	48,015,667

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

ASPIRUS WAUSAU HOSPITAL INC

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

Employer identification number

39-1138241

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,855,924		2,855,924	0.570 %
b Medicaid (from Worksheet 3, column a)			58,742,156	25,435,025	33,307,131	6.670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			15,702,957	11,702,957	4,000,000	0.800 %
d Total Financial Assistance and Means-Tested Government Programs			77,301,037	37,137,982	40,163,055	8.040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			7,330,097	5,148,845	2,181,252	0.440 %
f Health professions education (from Worksheet 5)			1,949,373		1,949,373	0.390 %
g Subsidized health services (from Worksheet 6)			11,765,645	6,554,438	5,211,207	1.040 %
h Research (from Worksheet 7)			304,784	82,832	221,952	0.040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			71,368		71,368	0.010 %
j Total. Other Benefits			21,421,267	11,786,115	9,635,152	1.920 %
k Total. Add lines 7d and 7j			98,722,304	48,924,097	49,798,207	9.960 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,986		1,986	0 %
7 Community health improvement advocacy						
8 Workforce development			8,947		8,947	0 %
9 Other			336		336	0 %
10 Total			11,269		11,269	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	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,118,379	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	97,461,142	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	119,995,866	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,534,724	
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:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

2

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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ASPIRUS WAUSAU HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ASPIRUS WAUSAU HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> 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? 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):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ASPIRUS.ORG/FINANCIALAID</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ASPIRUS.ORG/FINANCIALAID</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ASPIRUS.ORG/FINANCIALAID</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

ASPIRUS WAUSAU HOSPITAL INC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ASPIRUS WAUSAU HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ASPIRUS STEVEN'S POINT HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

	Yes	No
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 Yes	
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	No
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 ____		
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	
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	
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	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ____	10	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	
a		
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 STEVEN'S POINT HOSPITAL INC

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> 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? 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):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.ASPIRUS.ORG/FINANCIALAID			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.ASPIRUS.ORG/FINANCIALAID			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.ASPIRUS.ORG/FINANCIALAID			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ASPIRUS STEVEN'S POINT HOSPITAL INC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ASPIRUS STEVEN'S POINT HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 3

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	THE PATIENT/GUARANTOR, HUSBAND OR WIFE, AND DEPENDENTS MAY NOT HAVE PROPERTY IN EXCESS OF:- PRIMARY RESIDENCE IS EXEMPT FOR PATIENTS UNDER 200% FEDERAL POVERTY GUIDELINES. FOR THOSE OVER 200% EQUITY ALLOWANCE IS \$75,000 (FINANCIAL STATEMENTS AND TAX BILLS ARE REQUIRED). INCOME PRODUCING LAND (E.G., DAIRY FARM) IS EVALUATED INDIVIDUALLY ON A CASE-BY-CASE BASIS. - CASH ASSETS IN EXCESS OF \$4,000 AT THE TIME OF APPLICATION. SPECIFICALLY EXCLUDED FROM CONSIDERATION ARE IRA AND PENSION PLANS AND IRREVOCABLE BURIAL TRUST FUNDS.- TOTAL NET ASSETS CANNOT EXCEED 800% OF FEDERAL POVERTY GUIDELINES. THIS INCLUDES ALL ASSETS INCLUDING CASH ASSETS ABOVE.
PART I, LINE 7:	THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST TO CHARGE RATIO WHICH IS DEVELOPED BASED ON THE ORGANIZATION'S TOTAL OPERATING EXPENSE, LESS MEDICAID PROVIDER TAXES DIVIDED BY GROSS PATIENT SERVICE REVENUES. THIS COST TO CHARGE RATIO IS APPLIED AGAINST THE TOTAL CHARGES THAT ARE WRITTEN OFF DURING THE FISCAL YEAR TO ESTIMATE THE COST OF THE CARE OF PATIENTS THAT HAVE ACCOUNTS THAT ARE DEEMED TO BE BAD DEBTS TO THE ORGANIZATION. THE ORGANIZATION ALSO PROVIDES DISCOUNTS TO ELIGIBLE UNINSURED OR UNDERINSURED PATIENTS UNDER ITS CHARITABLE CARE POLICY. THESE AMOUNTS ARE INCLUDED IN THE CONTRACTUAL ADJUSTMENTS ON THE FINANCIAL STATEMENTS ARE NOT INCLUDED IN THE RATIO AS DESCRIBED ABOVE AND APPROVED BY THE IRS FOR USE ON FORM 990. IF CONSIDERED, THESE ADDITIONAL WRITE-OFF AMOUNTS TO UNINSURED OR UNDERINSURED ACCOUNTS WOULD ALSO INCREASE THE ESTIMATED BAD DEBT EXPENSE AMOUNT ASSOCIATED WITH THESE UNCOLLECTIBLE ACCOUNTS TO THE ORGANIZATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	THE COSTS OF SUBSIDIZED HEALTH SERVICES ARE RELATED TO THE TRAUMA UNIT, PALLIATIVE (COMFORT CARE) UNIT, OUTPATIENT DIALYSIS, AND HOSPICE HOUSE. ASPIRUS WAUSAU HOSPITAL UTILIZED AN INTERNAL DEPARTMENTAL FINANCIAL STATEMENT TO REPORT THE COST AND DIRECT OFFSETTING REVENUE THAT CALCULATES THE COMMUNITY BENEFIT EXPENSE. THE TRAUMA UNIT REPORTED COSTS OF \$3,361,419 WITH OFFSETTING REVENUE OF \$1,734,381. THE PALLIATIVE CARE UNIT REPORTED COSTS OF \$3,268,926 WITH OFFSETTING REVENUE OF \$1,370,346. THE OUTPATIENT DIALYSIS UNIT REPORTED COSTS OF \$4,047,780 WITH OFFSETTING REVENUE OF \$3,071,837. THE HOSPICE HOUSE UNIT REPORTED COSTS OF \$1,087,520 WITH OFFSETTING REVENUE OF \$377,874.
PART I, LN 7 COL(F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24B, BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN IS \$6,904,843.

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>AS ANY GOOD CORPORATE CITIZEN, ASPIRUS WAUSAU HOSPITAL IS INVOLVED IN A WIDE RANGE OF COMMUNITY BUILDING ACTIVITIES. AND WHILE SOME OF THESE ARE UNDERTAKEN SIMPLY BECAUSE THERE IS A COMMUNITY NEED AND ASPIRUS IS IN A POSITION TO HELP, OTHERS ARE UNDERTAKEN FOR MUCH MORE SPECIFIC REASONS. THE GOAL OF ASPIRUS WAUSAU HOSPITAL'S COMMUNITY BENEFITS ACTIVITIES IS TO ADDRESS KEY COMMUNITY HEALTH ISSUES AS IDENTIFIED BY THE COMMUNITY NEEDS ASSESSMENT: THE MARATHON COUNTY LIFE REPORT SPEARHEADED BY THE UNITED WAY OF MARATHON COUNTY. THE FOLLOWING IS A LIST OF "COMMUNITY BUILDING" ACTIVITIES REPORTED IN PART II AND BRIEF DESCRIPTIONS OF THEM. ECONOMIC DEVELOPMENT (F2) CENTRAL WAUSAU PROGRESS: THIS IS ANOTHER COMMUNITY DEVELOPMENT PROGRAM THAT COMBINES THE VISION, RESOURCES, AND EFFORTS OF MANY PARTNERS THROUGHOUT THE WAUSAU AREA. MCDEVCO: MARATHON COUNTY ECONOMIC DEVELOPMENT CORPORATION, IN PRIVATE AND PUBLIC PARTNERSHIP WITH MARATHON COUNTY GOVERNMENT AND THE WAUSAU REGION CHAMBER OF COMMERCE, PROVIDES LEADERSHIP FOR REVIEWING AND RECOMMENDING ALL INITIATIVES RELATED TO EDUCATION AND ECONOMIC DEVELOPMENT. MCDEVCO IS COMMITTED TO BUSINESS GROWTH, AS WELL AS PROVIDING A HIGH QUALITY OF LIFE AND BUILDING STRONG COMMUNITIES IN THE MARATHON COUNTY REGION. WAUSAU REGION CHAMBER: THE LOCAL MEMBER OF THE US CHAMBER OF COMMERCE, THE WAUSAU REGION CHAMBER DEDICATES ITSELF TO IMPROVING THE LOCAL BUSINESS COMMUNITY AND ECONOMY THROUGH ADVOCACY, GROWTH/DEVELOPMENT, MARKETING AND PROFESSIONAL DEVELOPMENT. ASPIRUS WAUSAU HOSPITAL IS A LONGTIME CHAMBER MEMBER AND PROVIDES A LEADERSHIP ROLE IN MULTIPLE WAYS. COMMUNITY SUPPORT (F3) BOY SCOUTS OF AMERICA: BSA HAS A THRIVING COUNCIL, THE SAMOSET, LOCATED IN WAUSAU. THIS ORGANIZATION ENCOURAGES THE PHYSICAL, CIVIC, SOCIAL AND EDUCATIONAL DEVELOPMENT OF BOYS AND ASPIRUS WAUSAU HOSPITAL SUPPORTS ITS EFFORTS. BSA ACTIVITIES HELP ADDRESS THE FOLLOWING MARATHON COUNTY LIFE REPORT KEY CALLS TO ACTION: ALCOHOL AND DRUG MISUSE, AND OVERWEIGHT AND OBESITY. ROTARY: ROTARY IS A WORLDWIDE ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS THAT PROVIDES HUMANITARIAN SERVICE, ENCOURAGES HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELPS BUILD GOODWILL AND PEACE IN THE WORLD. THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE. THE LOCAL CLUB HAS ABOUT 85 MEMBERS AND TRULY BENEFITS THE COMMUNITY. UNITED WAY: ASPIRUS WAUSAU HOSPITAL HAS DEEP AND LONGSTANDING INVOLVEMENT WITH THE LOCAL UNITED WAY. AS A PACESETTER ORGANIZATION, ASPIRUS DEMONSTRATES LEADERSHIP IN ITS INTERNAL SUPPORT CAMPAIGN TO BENEFIT THE UNITED WAY, WHICH HAS RESTRUCTURED TO FOLLOW A ROAD MAP TO COMMUNITY SUCCESS THAT DIRECTS ITS SUPPORT TO ORGANIZATIONS THAT IMPROVE EDUCATION, HEALTH AND INCOME IN THE COMMUNITY.</p>
PART III, LINE 2:	<p>THE PROVISION FOR BAD DEBTS IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTION CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON THESE TRENDS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER ALL COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH ASPIRUS' POLICIES. BAD DEBT POLICY AND PROCEDURE: POLICY: I. ASPIRUS' FINANCIAL POLICY #6775518 REQUIRES SETTLEMENT OF A PATIENT SELF-PAY BILL OR ACCOUNT WILL BE REFERRED FOR OUTSIDE COLLECTION. (ALSO REFER TO ASPIRUS POLICY #6762521) II. FAILURE TO MEET THESE REQUIREMENTS IN POLICY #6775518 WILL RESULT IN THE ACCOUNT BEING CONSIDERED FOR BAD DEBT ONCE ALL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. THE ACCOUNT WILL BE REMOVED FROM ACCOUNTS RECEIVABLE AND TURNED OVER TO AN OUTSIDE AGENCY OR LAW FIRM FOR COLLECTION. PRIOR TO THIS HAPPENING, THE FOLLOWING CRITERIA MUST BE MET: A. PATIENT FINANCIAL SERVICES STAFF WILL MAKE REASONABLE COLLECTION EFFORTS BY WAY OF: 1. MONTHLY STATEMENTS 2. COLLECTION LETTERS 3. COLLECTION PHONE CALLS III. ALL COLLECTION ACTIVITY AND PATIENT CONTACTS WILL BE DOCUMENTED ON THE INDIVIDUAL ACCOUNTS. IV. ALL COLLECTION ACCOUNTS ARE TO BE TREATED THE SAME REGARDLESS OF PAYOR TYPE: SELF-PAY, GENERAL INSURANCE, MEDICARE, OR MEDICAL ASSISTANCE. V. PATIENT FINANCIAL SERVICES STAFF WILL USE SOUND BUSINESS JUDGMENT WHEN WORKING WITH THE ACCOUNT. AT THE DISCRETION OF THE FINANCIAL COUNSELOR, CREDIT REPORTS WILL BE REQUESTED FROM THE CREDIT BUREAU AND PROPERTY VERIFICATION OBTAINED THROUGH THE COUNTY TREASURER'S OFFICE. PROCEDURE: I. THE FINAL STEP IS TO SUBMIT THE ACCOUNT TO A COLLECTION AGENCY OR LAW FIRM. EACH ACCOUNT IS REVIEWED TO DETERMINE IF THE ACCOUNT HAS MET THE BAD DEBT CRITERIA. ONCE IT HAS BEEN DETERMINED THAT ALL REQUIREMENTS HAVE BEEN MET, THE ACCOUNT IS TRANSFERRED FROM ACCOUNTS RECEIVABLE TO BAD DEBT BY THE FINANCIAL COUNSELOR. SPECIFIC PROCEDURES PERTAINING TO THE DETAILED PROCEDURAL STEPS FOR TRANSFERRING TO THE AGENCY CAN BE FOUND IN POLICY/PROCEDURE ID# 6762521. A. ADDITIONAL INFORMATION REGARDING MEDICARE BAD DEBTS: 1. THE DEBT MUST BE RELATED TO COVERED SERVICES AND DERIVED FROM DEDUCTIBLE AND COINSURANCE AMOUNTS. 2. ASPIRUS WAUSAU HOSPITAL MUST PROVIDE REASONABLE COLLECTION EFFORTS. 3. THE DEBT IS NOT COLLECTABLE (AT LEAST 120 DAYS OUTSTANDING FROM THE DATE OF THE FIRST BILLING TO THE PATIENT.) 4. SOUND BUSINESS JUDGMENT ESTABLISHES THAT THERE WAS NO LIKELIHOOD OF RECOVERY AT ANY TIME IN THE FUTURE. II. BAD DEBT RECOVERIES A. PAYMENTS ON MONTHLY REMITTANCE ADVISES FROM OUTSIDE COLLECTION AGENCIES WILL BE POSTED TO EACH INDIVIDUAL ACCOUNT. B. PAYMENTS MADE DIRECTLY TO ASPIRUS BUT INTENDED FOR COLLECTION ACCOUNTS WILL BE POSTED TO THE APPROPRIATE ACCOUNT AND REPORTED DAILY/WEEKLY TO COLLECTION AGENCIES FOR RECONCILIATION OF THEIR RECORDS. C. INVOICES FOR COMMISSIONS DUE TO COLLECTION AGENCIES WILL BE PROCESSED MONTHLY. INVOICE AND REMITTANCE ADVICE WILL BE REVIEWED BY THE FINANCIAL COUNSELOR TEAM LEAD AND APPROVED BY THE MANAGER/DIRECTOR, THEN SUBMITTED TO FISCAL SERVICES FOR CHECK PROCESSING AND PAYMENT TO AGENCIES FOR COMMISSIONS DUE.</p>

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Form and Line Reference	Explanation
PART III, LINE 4:	THE PROVISION FOR BAD DEBTS IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTION CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON THESE TRENDS. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN ESTIMATED ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER ALL COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH ASPIRUS' POLICIES.
PART III, LINE 8:	THE COSTING METHODOLOGY IS CMS2552 AS FILED COST REPORT. ASPIRUS WAUSAU HOSPITAL, INC. (ASPIRUS MANAGEMENT) HAS DETERMINED THAT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT. ASPIRUS IS THERE TO TREAT THE COMMUNITY AND THEY HAVE A LARGE PERCENTAGE OF MEDICARE BENEFIT PATIENTS. IF THOSE PATIENTS WERE TO BE REFUSED, THEN THEY WOULD NOT RECEIVE HEALTHCARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	UPON A PATIENT'S APPROVAL FOR FINANCIAL ASSISTANCE, THIS IS LOADED AS AN INSURANCE COVERAGE TO THE PATIENT'S 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.
PART VI, LINE 2:	IN 1996, THE UNITED WAY LED A COLLABORATIVE EFFORT TO PERFORM A COMMUNITY HEALTH ASSESSMENT THAT FOCUSED ON DATA RATHER THAN PERCEPTION. WITH SUPPORT FROM ASPIRUS AND OTHER COMMUNITY PARTNERS, THE UNITED WAY PERFORMED A COMMUNITY ASSESSMENT AND PUBLISHED IN JUNE 1997 THE FIRST ISSUE OF WHAT WAS CALLED THE MARATHON COUNTY LOCAL INDICATORS FOR EXCELLENCE (LIFE) REPORT. SINCE THAT TIME, ASPIRUS WAUSAU HOSPITAL HAS MAINTAINED STRONG INVOLVEMENT IN THE COMMUNITY ASSESSMENT PROCESS, FROM PLEDGING CASH SUPPORT AND IN-KIND DONATIONS TO STEERING COMMITTEE CHAIRS AND MEMBERS. THE TENTH AND MOST RECENT VERSION OF THE MARATHON COUNTY LIFE REPORT 2015-2017 IS BY DEFINITION AN ASSESSMENT OF COMMUNITY STRENGTHS AND CHALLENGES. IT SEEKS TO IDENTIFY KEY ISSUES AND MONITOR TRENDS THAT AFFECT THE QUALITY OF LIFE IN MARATHON COUNTY. THE LIFE REPORT IDENTIFIED THE FOLLOWING ISSUES ESTABLISHED AS PRIORITIES:- MENTAL HEALTH- SUBSTANCE ABUSE- INCOME- A GREAT START FOR KIDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.
PART VI, LINE 4:	ACCORDING THE U.S. CENSUS BUREAU, MARATHON COUNTY HAD A POPULATION OF 135,603 AS OF 2016. FOR THE PURPOSES OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT, WE WILL FOCUS ON MARATHON COUNTY AS THE "COMMUNITY" SERVED BY ASPIRUS WAUSAU HOSPITAL.WHILE THERE ARE DEMOGRAPHIC AND POPULATION DATA FOR SPECIFIC MARKETS (PRIMARY, SECONDARY, UPPER PENINSULA OF MICHIGAN, FOR EXAMPLE) MARATHON COUNTY BEARS SPECIAL ATTENTION, AS ASPIRUS WAUSAU HOSPITAL AND MANY OF THE SYSTEM'S CORPORATE FUNCTIONS RESIDE THERE. IN FACT, MARATHON COUNTY IN MANY RESPECTS IS THE "HOME" OF ASPIRUS AND IS THE SINGLE LARGEST SOURCE OF PATIENTS AMONG THE COUNTIES ASPIRUS SERVES.ASIDE FROM WAUSAU, THE COUNTY SEAT CLASSIFIED BY THE U.S. CENSUS BUREAU AS A "METROPOLITAN STATISTICAL AREA," MARATHON COUNTY IS LARGELY RURAL. WITH A TOTAL AREA OF 1,576 SQUARE MILES, IT IS THE LARGEST COUNTY IN WISCONSIN BY LAND AREA. HERE ARE SOME DETAILS ABOUT ITS POPULATION.ABOUT MARATHON COUNTY (2016):PERSONS PER SQUARE MILE 86.8PERSONS UNDER 5 YEARS OLD 5.9%PERSONS UNDER 18 YEARS OLD 23.0%PERSONS 65 YEARS AND OVER 16.9%WHITE PERSONS 91.4%ASIAN PERSONS 5.8%PERSONS PER HOUSEHOLD 2.47PERSONS BELOW POVERTY LEVEL 10.4%MEDIAN HOUSEHOLD INCOME \$54,227SOURCE: U.S. CENSUS BUREAU THE LARGEST EMPLOYERS IN MARATHON COUNTY:ASPIRUS WAUSAU HOSPITALGREENHECK FAN CORP.KOLBE & KOLBEWAUSAU SCHOOL DISTRICTFOOTLOCKER.COM/EASTBAYWAUSAU PAPER/SCAMARATHON CHEESEMARATHON COUNTY NORTH CENTRAL HEALTH CARE NORTH CENTRAL TECHNICAL COLLEGESOURCE: COMPREHENSIVE ANNUAL FINANCIAL REPORT MARATHON COUNTY, WISCONSIN FOR THE YEAR ENDED DECEMBER 31, 2018. MUCH OF ASPIRUS WAUSAU HOSPITAL'S BROADER SERVICE AREA (NORTH CENTRAL AND CENTRAL WISCONSIN AND THE UPPER PENINSULA OF MICHIGAN) IS DEFINED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AS A HEALTH PROFESSIONAL SHORTAGE AREA AND MEDICALLY UNDERSERVED AREA. MARATHON COUNTY SPECIFICALLY IS DESIGNATED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AS A HEALTH PROFESSIONAL SHORTAGE AREA, HEALTH PROFESSIONAL SHORTAGE AREA FOR MENTAL HEALTH, AND MEDICALLY UNDERSERVED AREA.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>ASPIRUS WELLNESS PROGRAMS EMPOWER POSITIVE HEALTH CHANGES THROUGH COACHING AND EDUCATION TO HELP YOU DRIVE POSITIVE HEALTH OUTCOMES FOR A HEALTHIER WORKPLACE. RISK REDUCTION AND BEHAVIOR CHANGE ARE TWO OF THE BEST STRATEGIES TO CREATE HEALTHIER LIFESTYLES, LEADING TO HEALTHIER PEOPLE. ASPIRUS WELLNESS PROGRAMS COMPLEMENT ON-SITE CLINICS OR COMPANY INITIATIVES BY WORKING TOGETHER TO CREATE THE BEST OVERALL HEALTH CULTURE. OPTIMAL RESULTS ARE ACHIEVED BY IDENTIFYING HEALTH RISKS AND IMPLEMENTING EASILY ACCESSIBLE ACTION PLANS.- BIOMETRIC SCREENINGS - ASSESS THE CURRENT HEALTH OF EACH EMPLOYEE TO IDENTIFY HEALTH RISKS.- HEALTH RISK ASSESSMENT (HRA) - HRAS PROVIDE A MEASURE OF CURRENT RISK STATUS AND A BASELINE TO TRACK IMPROVEMENTS.- WELLNESS COACHING - CERTIFIED WELLNESS COACHES MOTIVATE EMPLOYEES TO ACHIEVE LONG-LASTING LIFESTYLE CHANGES INCLUDING WEIGHT, STRESS, NUTRITION, EXERCISE, TOBACCO CESSATION AND LIFE SATISFACTION.A HEALTHY WORK/LIFE BALANCE IS IMPORTANT TO A PRODUCTIVE WORKFORCE. THERE ARE TIMES WHEN WORK PERFORMANCE MAY SUFFER DUE TO EMPLOYEE'S PERSONAL PROBLEMS. EAS IS ANOTHER PIECE OF A TOTAL HEALTH MANAGEMENT PROGRAM THAN CAN INCLUDE:- SHORT-TERM CONFIDENTIAL COUNSELING- SUPPORT FOR SUPERVISORS AND MANAGERS- MOTIVATIONAL AND EDUCATIONAL PRESENTATIONS- SUBSTANCE ABUSE PROFESSIONAL SERVICES- WELLNESS EDUCATIONASPIRUS IS HOSTS ASPIRING WOMEN EDUCATIONAL EVENTS, A COMMUNITY RELATIONS PROGRAM THAT WILL INSPIRE AND EMPOWER WOMEN TO LEAD HEALTHIER, HAPPIER AND MORE ACTIVE LIVES. WE'RE HELPING WOMEN TAKE CARE OF THEMSELVES - BECAUSE THEY TAKE CARE OF EVERYONE ELSE. MEMBERS OF ASPIRING WOMEN WILL BE AMONG THE FIRST TO RECEIVE NOTICE OF UPCOMING ASPIRING WOMEN EVENTS IN THEIR AREA, HAVE ACCESS TO A WEALTH OF WELLNESS INFORMATION, AND RECEIVE PERIODIC E-NEWSLETTERS WITH HEALTH INFORMATION AND TIPS.ASPIRUS EMPLOYEES ALSO PARTICIPATE IN NUMEROUS BOARDS AND COALITIONS THROUGHOUT MARATHON COUNTY, INCLUDING: UNITED WAY OF MARATHON COUNTY, BIG BROTHERS, BIG SISTERS, BOYS AND GIRLS CLUB, WAUSAU SCHOOL DISTRICT FOUNDATION, WAUSAU CHAMBER OF COMMERCE, EMERGING LEADERS, HEALTHY MARATHON COUNTY, THE WOMEN'S COMMUNITY, THE NEIGHBOR'S PLACE, MARATHON COUNTY EARLY YEARS COALITION, AOD PARTNERSHIP BOARD, MARATHON COUNTY FATAL OVERDOSE REVIEW TEAM, MCDAIT TASKFORCE, BRIDGE COMMUNITY HEALTH CLINIC BOARD, JUNIOR ACHIEVEMENT, MCW-CW RAAC INTERVIEW TEAM, NTC FOUNDATION BOARD, AND MARATHON COUNTY BOARD OF HEALTH.</p>
PART VI, LINE 6:	<p>ASPIRUS WAUSAU HOSPITAL IS ONE OF NINE HOSPITALS UNDER THE ASPIRUS, INC. UMBRELLA. SIX OF THE HOSPITALS ARE SMALL, CRITICAL ACCESS FACILITY, WHILE ASPIRUS WAUSAU HOSPITAL, ASPIRUS DIVINE SAVIOR AND ASPIRUS RIVERVIEW ARE REGIONAL TERTIARY CARE FACILITIES. THE ASPIRUS SYSTEM IS RELATIVELY YOUNG, ESPECIALLY IN THE UPPER PENINSULA OF MICHIGAN, WHERE FOUR OF THE CRITICAL ACCESS HOSPITALS ARE LOCATED. THESE FACILITIES ALL OPERATE AS LOCAL SOURCES OF CHARITY CARE AND STRONG CORPORATE CITIZENS. IN FACT, ASPIRUS KEWEENAW HOSPITAL RECEIVED IN JANUARY 2011 THE WINKS GUNDLACH AWARD FOR STRONG AND CONSISTENT SUPPORT OF THE KEWEENAW COMMUNITY FOUNDATION. THIS COMMITMENT TO LOCAL COMMUNITY IS REFLECTED THROUGHOUT THE ASPIRUS SERVICE AREA. IN WAUSAU, THE ASPIRUS HEALTH FOUNDATION RAISES MONEY FOR VARIOUS HEALTH RELATED INITIATIVES IN THE COMMUNITY AND WITHIN ASPIRUS. IN ADDITION TO RAISING MONEY AND RECEIVING COMMUNITY GIFTS, THE FOUNDATION ALSO DETERMINES THE BEST WAY TO UTILIZE ITS RESOURCES TO MAKE THE BIGGEST IMPACT ON THE COMMUNITY. THROUGHOUT THE ASPIRUS SERVICE AREA, AFFILIATED FOUNDATIONS SERVE THE NEEDS OF THEIR RESPECTIVE COMMUNITIES: THE COMMUNITY HEALTH FOUNDATION SERVES ANTIGO, WI AND SURROUNDINGCOMMUNITIES.ASPIRUS MEDFORD FOUNDATION SERVES MEDFORD, WI AND SURROUNDINGCOMMUNITIES.ASPIRUS ONTONAGON FOUNDATION SERVES ONTONAGON, MI AND SURROUNDINGCOMMUNITIES.GOGEbic RANGE HEALTH FOUNDATION SERVES IRONWOOD, MI AND SURROUNDINGCOMMUNITIES.ASPIRUS RIVERVIEW FOUNDATION SERVES WISCONSIN RAPIDS, WI AND SURROUNDINGCOMMUNITIES.WHILE ASPIRUS HAS GROWN AND EXPANDED ITS SERVICE AREA RAPIDLY IN THE PAST TEN YEARS, SYSTEM LEADERS ARE MAKING A CONCERTED EFFORT TO COLLABORATE INTERNALLY TO MAKE THE CONTINUUM OF CARE AS SEAMLESS AS POSSIBLE FOR CUSTOMERS. THIS MEANS PROVIDING HIGH QUALITY, EFFICIENT SERVICE FROM PRIMARY CARE TO SPECIALTY SERVICES AND POST-ACUTE CARE SUCH AS REHABILITATION AND HOME CARE. BY INTEGRATING SERVICES, AND COMMUNICATING EFFECTIVELY AMONG PROVIDERS, ASPIRUS IS BETTER ABLE TO MEET PATIENT NEEDS AND IMPROVE OUTCOMES. THIS COULD BE THE MOST IMPORTANT COMMUNITY BENEFIT OF ALL.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	<p>ASPIRUS HAS FIVE HOSPITALS IN WISCONSIN: ASPIRUS WAUSAU HOSPITAL IN WAUSAU, ASPIRUS LANGLADE HOSPITAL IN ANTIGO, ASPIRUS MEDFORD HOSPITAL IN MEDFORD, ASPIRUS RIVERVIEW HOSPITAL IN WISCONSIN RAPIDS, AND ASPIRUS DIVINE SAVIOR HOSPITAL IN PORTAGE. EACH OF THESE CENTERS FILES A SEPARATE COMMUNITY BENEFIT REPORT. ASPIRUS ALSO HAS FOUR HOSPITALS IN MICHIGAN'S UPPER PENINSULA: ASPIRUS KEWEENAW HOSPITAL IN LAURIUM, ASPIRUS IRONWOOD HOSPITAL IN IRONWOOD, ASPIRUS ONTONAGON HOSPITAL IN ONTONAGON AND ASPIRUS IRON RIVER HOSPITAL IN IRON RIVER. EACH OF THESE FACILITIES IS RESPONSIBLE FOR ITS OWN COMMUNITY BENEFITS REPORTING.</p>

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ASPIRUS WAUSAU HOSPITAL INC 333 PINE RIDGE BLVD WAUSAU, WI 54401 WWW.ASPIRUS.ORG/FIND-A-LOCATION/ASPIRU 188	X	X		X			X			
2	ASPIRUS STEVEN'S POINT HOSPITAL INC 5409 VERN HOLMES DRIVE STEVENS POINT, WI 54482 WWW.ASPIRUS.ORG/FIND-A-LOCATION/ASPIRU 324	X	X					X			

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

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

Form and Line Reference	Explanation
ASPIRUS WAUSAU HOSPITAL, INC.	PART V, SECTION B, LINE 5: IN ORDER TO ASSESS IMPORTANT ISSUES REGARDING THE QUALITY OF LIFE IN MARATHON COUNTY, THE LIFE STEERING COMMITTEE ISSUED A SURVEY TO MARATHON COUNTY RESIDENTS IN FEBRUARY OF 2019. DURING MARCH AND EARLY APRIL 2019, THE SURVEY RESEARCH CENTER (SRC) FROM UNIVERSITY OF WISCONSIN-RIVER FALLS COLLECTED DATA ON BEHALF OF THE 2019 LIFE REPORT SURVEY. THE 2019 SURVEY MIMICRED SIMILAR SURVEYS DONE IN PREVIOUS YEARS. DATA WERE GATHERED IN THREE WAYS: A SIX-PAGE SURVEY WAS SENT TO 1,434 HOUSEHOLDS IN MARATHON COUNTY. 75% OF THE SURVEYS WERE MAILED TO A RANDOM SAMPLE OF COUNTY RESIDENTS AND 25% TO THE POPULATIONS UNDER AGE 35, HOUSEHOLDS WITH INCOMES UNDER \$25,000, AND PEOPLE OF COLOR, BECAUSE WE WANTED TO ENSURE REPRESENTATION IN THE SAMPLE FROM THREE POPULATIONS THAT ARE SOMETIMES CHALLENGING TO REACH WITH SURVEYS. 100 SURVEYS WERE DISTRIBUTED TO SELECTED MARATHON COUNTY NON-PROFIT PARTNERS BY UNITED WAY OF MARATHON COUNTY. EMAILED AN INVITATION TO A PANEL OF APPROXIMATELY 2,000 MARATHON COUNTY RESIDENTS. THE SRC USED THE DILLMAN METHOD FOR THE 1,434 HOUSEHOLDS IN THE MAIL SURVEY. EACH PERSON IN THE SAMPLE WAS SENT A SURVEY INITIALLY. THOSE WHO HAD NOT RETURNED THEIR SURVEY WITHIN TWO WEEKS WERE SENT A POSTCARD REMINDING THEM TO COMPLETE THE SURVEY. TWO WEEKS AFTER THE POSTCARD, THOSE WHO HAD STILL NOT RESPONDED RECEIVED A SECOND POSTCARD. THE SRC RECEIVED THE FOLLOWING NUMBER OF RESPONSES FROM THESE THREE SOURCES: 388 PAPER SURVEYS FROM THE MAIL OUT 37 PAPER SURVEYS FROM NON-PROFIT PARTNERS 107 ON-LINE SURVEYS ACCORDING TO THE US CENSUS (2011-2015, 5-YEAR ESTIMATES) THERE ARE APPROXIMATELY 53,848 HOUSEHOLDS IN MARATHON COUNTY. BASED ON THAT NUMBER, SRC DID RECEIVE AN ADEQUATE NUMBER OF COMPLETED QUESTIONNAIRES TO PRODUCE ESTIMATES THAT ARE EXPECTED TO BE ACCURATE TO WITHIN PLUS/MINUS 5% WITH 95% CONFIDENCE.

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 WAUSAU HOSPITAL, INC.	PART V, SECTION B, LINE 6A: ASCENSION, MARSHFIELD CLINIC

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

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

Form and Line Reference	Explanation
ASPIRUS WAUSAU HOSPITAL, INC.	PART V, SECTION B, LINE 6B: EO JOHNSON BUSINESS TECHNOLOGIES, U.S. WORKSTORIES, WAUSAU POLICE DEPARTMENT, MARATHON COUNTY BOARD, NORTH CENTRAL WISCONSIN WORKFORCE DEVELOPMENT BOARD, ASPIRUS ARISE, HOMME HEIGHTS, INC., MARATHON COUNTY CONSERVATION, PLANNING AND ZONING DEPARTMENT, MARATHON COUNTY PUBLIC LIBRARY, WAUSAU SCHOOL DISTRICT, MARATHON COUNTY SHERIFF'S DEPARTMENT, ASCENSION, UNITED WAY OF MARATHON COUNTY, MARATHON COUNTY HEALTH DEPARTMENT, MARATHON COUNTY DEVELOPMENT CORPORATION, NORTHCENTRAL TECHNICAL COLLEGE, AMONG OTHER AGENCIES AS PART OF THE SUBCOMMITTEES.

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

Form and Line Reference	Explanation
ASPIRUS WAUSAU HOSPITAL, INC.	<p>PART V, SECTION B, LINE 11: TOP IDENTIFIED HEALTH NEEDS BEING ADDRESSED:ALIGNING GOALS WIT H THE ASPIRUS HEALTH FOUNDATION AND POPULATION HEALTH, IT WAS DETERMINED THAT ASPIRUS WAUS AU HOSPITAL WOULD PRIMARILY FOCUS ON THE FOLLOWING HEALTH PRIORITIES: - BEHAVIORAL HEALTH- ALCOHOL & OTHER DRUG MISUSE AND ABUSE (SPECIFICALLY OPIOID USE/MISUSE)THE FOLLOWING HEALT H PRIORITIES ARE CURRENTLY BEING SUSTAINED AND WILL BE MONITORED:- HEALTHY START FOR CHILD REN - HEALTHY WEIGHT NEEDS NOT BEING ADDRESSED AND WHY:BECAUSE AWH IS A HEALTH CARE PROVID ER, IT CANNOT MEANINGFULLY IMPACT ALL ISSUES IDENTIFIED BY THE CHNA. AWH WILL NOT BE DEVEL OPING STRATEGIES TO ADDRESS HEALTH NEEDS OF AGING OR ORAL HEALTH AS ONE OF THE TOP HEALTH PRIORITIES. AWH DOES HAVE POPULATION HEALTH GOALS IN ALIGNMENT WITH THE COMMUNITY ACTIVITI ES FOCUSED AROUND HEALTHY AGING, BEING END OF LIFE CARE. AWH WILL CONTINUE TO COLLABORATE WITH COMMUNITY PARTNERS IN ADDRESSING THIS ISSUE AS A NEED IN THE COMMUNITY. ORAL HEALTH I S ALSO PROMOTED ACROSS PROVIDERS, NOTING THAT ORAL HEALTH IS A COMPONENT OF GOOD OVERALL H EALTH. ASPIRUS MAINTAINS A GOOD RELATIONSHIP WITH DENTAL PROVIDERS IN THE COMMUNITY FOR RE FERRALS AND OTHER SERVICES.STRATEGIES AND OUTCOME MEASURES TO ADDRESS TOP HEALTH NEEDS:BEH AVIORAL HEALTH:VISION: PROMOTE WELL-BEING BY PREVENTING OR INTERVENING IN MENTAL ILLNESS S UCH AS DEPRESSION OR ANXIETY, ALONG WITH PREVENTING OR INTERVENING IN SUBSTANCE ABUSE OR O THER ADDICTIONS.GOAL STATEMENTS:- INCREASE THE PUBLIC'S AWARENESS OF THE IMPORTANCE OF GOO D MENTAL WELL-BEING AND COMMUNITY SERVICES AVAILABLE TO SUPPORT THEIR MENTAL WELL-BEING.- IMPROVE ALCOHOL & OTHER DRUG ABUSE AND MENTAL HEALTH TREATMENT SERVICES- FURTHER INTEGRATE BEHAVIORAL HEALTH WITHIN THE DELIVERY OF HEALTH CARESTRATEGIES:- BEHAVIORAL HEALTH PRIMAR Y CARE INTEGRATION- MARATHON COUNTY SCHOOL-BASED COUNSELING CONSORTIUM- YOUTH DIVERSION PI LOT PROGRAM (TRUANCY AND MENTAL HEALTH RESOURCES FOR STUDENTS)- RISE UP OF CENTRAL WISCONS INSHARED MEASUREMENT:- AVERAGE NUMBER OR POOR MENTAL HEALTH DAYS REPORTED BY MARATHON COUN TY IN THE PAST 30 DAYS, BASELINE: 2014 3.3 DAYS. SOURCE: BEHAVIORAL RISK FACTOR SURVEY SYS TEM & COUNTY HEALTH RANKINGS.- PERCENTAGE OF HIGH SCHOOL STUDENTS IN MARATHON COUNTY WHO D ESCRIBE THEIR MENTAL HEALTH AS NOT GOOD DURING THE PAST 30 DAYS AS THREE DAYS OR MORE, BAS ELINE: 2015 28.8%. SOURCE: MARATHON COUNTY YOUTH RISK BEHAVIOR SURVEY.- PERCENTAGE OF HIGH SCHOOL STUDENTS IN MARATHON COUNTY WHO FELT SO SAD OR HOPELESS ALMOST EVERY DAY FOR TWO O R MORE WEEKS IN A ROW THAT THEY STOPPED DOING SOME USUAL ACTIVITIES DURING THE 12 MONTHS B EFORE THE SURVEY, BASELINE: TO BE DETERMINED. SOURCE: MARATHON COUNTY YOUTH RISK BEHAVIOR SURVEY.- PERCENTAGE OF LIFE REPORT COMMUNITY SURVEY RESPONDENTS WHO REPORTED NOT SEEING A MENTAL HEALTH PROVIDER WHEN NEEDED, BASELINE: 2015 8%. SOURCE: 2015-2017 LIFE REPORT.ALCOH OL & OTHER DRUG MISUSE AND ABUSE:VISION: CREATING A CULTURE IN COMMUNITIES WHERE ALCOHOL I S USED RESPONSIBLY AND OTHER D</p>

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

Form and Line Reference	Explanation
ASPIRUS WAUSAU HOSPITAL, INC.	<p>RUGS (TOBACCO, PRESCRIPTION, AND ILLICIT) ARE NOT MISUSED.GOAL STATEMENTS:- CHANGE SOCIAL NORMS, ATTITUDES, AND BEHAVIORS AROUND SUBSTANCE USE- STRENGTHEN COMMUNITY COLLABORATION A ROUND SUBSTANCE ABUSE PREVENTION- INCREASE FUNDING FOR AODA PREVENTION, TREATMENT, AND ENF ORCEMENTSTRATEGIES:- PRESCRIPTION DRUG MONITORING PROGRAMS- ALCOHOL SCREENING & BRIEF INTE RVENTION- INCREASE ACCESS TO MAT - INCREASE ACCESS TO RECOVERY COACHES- MAT WITH JAIL AND OTHER VULNERABLE POPULATIONSHARED MEASUREMENT:- PAST 30-DAY USE OF SUBSTANCES IN MARATHON COUNTY HIGH SCHOOL STUDENTS, 2015 BASELINE: ALCOHOL (25.8%), MARIJUANA (5.6%), CIGARETTES (8.2%); CHEWING TOBACCO (7.2%), E-CIGARETTES (N/A), PRESCRIPTION DRUGS (3.8%), HEROIN (N/A), METHAMPHETAMINE (N/A). SOURCE: MARATHON COUNTY YOUTH RISK BEHAVIOR SURVEY.- PERCENTAGE OF HIGH SCHOOL STUDENTS WHO REPORT THAT THEIR PARENTS OR OTHER ADULTS IN THEIR FAMILY WOULD DISAPPROVE IF THEY HAD FIVE OR MORE DRINKS OF ALCOHOL IN A ROW WITHIN A COUPLE OF HOURS. 2015 BASELINE: 62.3%. SOURCE: MARATHON COUNTY YOUTH RISK BEHAVIOR SURVEY.- PERCENTAGE OF ADULTS WHO REPORTED BINGE DRINKING IN THE PAST 30 DAYS. 2015 BASELINE: 25.3%. SOURCE: 2015 -2017 LIFE SURVEY.- PERCENTAGE OF ADULTS WHO REPORTED DRINKING AND DRIVING IN THE PAST 30 DAYS. 2015 BASELINE: 7.3%. SOURCE: 2015-2017 LIFE SURVEY.- PERCENTAGE OF ADULTS WHO SAID T HERE IS A GREAT RISK IN TAKING PRESCRIPTION MEDICATION NOT PRESCRIBED. BASELINE: 2011: 46% ; 2013: 46%; 2015: 48%. SOURCE: MARATHON COUNTY MEDICATION ASSESSMENT.HEALTHY START FOR CH ILDREN: VISION: PREVENTING OR REDUCING THE IMPACT OF POTENTIALLY TRAUMATIC EVENTS THAT CAN HAVE NEGATIVE, LASTING EFFECTS ON HEALTH AND WELL-BEING. THESE EXPERIENCES RANGE FROM PHY SICAL, EMOTIONAL, OR SEXUAL ABUSE TO PARENTAL DIVORCE OR THE INCARCERATION OF A PARENT OR GUARDIAN.STRATEGIES:- EARLY CHILDHOOD HOME VISITING PROGRAM START RIGHT - CAR SEAT DISTRIB UTION & EDUCATION PROGRAMS SAFE KIDS- GROUP PARENTING AND BIRTHING CLASSESSHARED MEASUREME NT:- NUMBER OF ACES TRAININGS PROVIDED IN MARATHON COUNTY AND THE NUMBER OF GROUPS AND IND IVIDUALS TRAINED. BASELINE: TBD.- PERCENTAGE OF HIGH SCHOOL STUDENTS THAT REPORTED HAVING AT LEAST ONE TEACHER OR OTHER ADULT IN THEIR SCHOOL WHO THEY CAN TALK TO IF THEY HAD A PRO BLEM. 2015 BASELINE: 73%. SOURCE: MARATHON COUNTY YOUTH RISK BEHAVIOR SURVEY.HEALTHY WEIGH T:VISION: A WEIGHT THAT LOWERS YOUR RISK FOR HEALTH PROBLEMS, INCLUDING THOSE THAT LEAD TO CHRONIC CONDITIONS, SUCH AS DIABETES, HYPERTENSION, AND CHRONIC HEART FAILURE. ACHIEVEMEN T OR MAINTENANCE OF A HEALTHY WEIGHT INCLUDES HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY.G OAL STATEMENTS:- CONTINUE THE COLLECTIVE EFFORTS OF THE HEALTHY EATING ACTIVE LIVING (HEAL) COALITION, STRIVING TO MOVE TO THE "COLLABORATION" STATUS- IDENTIFY ASPECTS OF HEALTHY W EIGHT THAT ARE IMPORTANT TO MARATHON COUNTY RESIDENTS- STRENGTHEN THE LINK BETWEEN HEALTHY WEIGHT AND ECONOMIC PROSPERITYSTRATEGIES:- NUTRITION PRESCRIPTION FRUIT AND VEGGIE PRESCR IPTION PROGRAM- ON-SITE FARMER</p>

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

Form and Line Reference	Explanation
ASPIRUS WAUSAU HOSPITAL, INC.	S MARKET ASPIRUS FARMERS MARKETSHARED MEASUREMENT:- PERCENTAGE OF THE ADULT POPULATION THA T DURING THE PAST MONTH DID NOT PARTICIPATE IN ANY LEISURE-TIME PHYSICAL ACTIVITY OR EXERC ISE. BASELINE: 25%. SOURCE: COUNTY HEALTH RANKINGS.- PERCENTAGE OF THE POPULATION WHO LIVE REASONABLY CLOSE TO LOCATIONS FOR PHYSICAL ACTIVITY, INCLUDING PARKS OR RECREATIONAL FACI LITIES. BASELINE: 74%. SOURCE: COUNTY HEALTH RANKINGS.- WITHIN THE (NUMBER OF) SCHOOL DIST RICTS IMPLEMENTING FARM TO SCHOOL IN MARATHON COUNTY, PERCENTAGE IMPLEMENTING PROCUREMENT STRATEGIES, CURRICULUM-RELATED STRATEGIES, ENVIRONMENTAL STRATEGIES, SCHOOL GARDEN STRATEG IES, AND FIELD-WORK STRATEGIES. SOURCE: USDA FARM TO SCHOOL CENSUS.

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 WAUSAU HOSPITAL, INC.	PART V, SECTION B, LINE 13B: THIRD PARTY SEGMENTATION AND PROPENSITY TO PAY.

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 STEVEN'S POINT HOSPITAL, INC.	PART V, SECTION B, LINE 13B: THIRD PARTY SEGMENTATION AND PROPENSITY TO PAY.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Employer identification number

39-1138241

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODSON YMCA FOUNDATION INC 707 THIRD STREET WAUSAU, WI 54403	39-6066206	501(C)(3)	683,333				SPONSORSHIP
HODAG FACILITIES FOUNDATION 84 W DAVENPORT STREET SUITE 222 RHINELANDER, WI 54501	05-0572723	501(C)(3)	60,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF NORTH CENTRAL WISCONSIN 500 FIRST STREET WAUSAU, WI 54403	39-1577472	501(C)(3)	40,000				DONATION - JOJO'S JUNGLE
KEEP AREA TEENS SAFE 7713 BOMBARDIER COURT WAUSAU, WI 54401	82-2562552	501(C)(3)	30,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN OF WISCONSIN 2025 W OKLAHOMA AVENUE SUITE 116 MILWAUKEE, WI 53215	75-2844639	501(C)(3)	25,000				SPONSORSHIP
PERFORMING ARTS FOUNDATION 401 N 4TH STREET WAUSAU, WI 54403	23-7240695	501(C)(3)	15,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NTC FOUNDATION 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1266481	501(C)(3)	15,000				SPONSORSHIP
NORTHCENTRAL TECHNICAL COLLEGE 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1077093	GOV	12,000				DONATION - SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MARATHON COUNTY 705 S 24TH AVENUE STE 400B WAUSAU, WI 54401	39-0935496	501(C)(3)	9,200				SPONSORSHIP
FESTIVAL OF ARTS PO BOX 1763 WAUSAU, WI 54402	39-1292264	501(C)(3)	6,000				SPONSORSHIP

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ASPIRUS WAUSAU HOSPITAL INC		Employer identification number 39-1138241

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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	SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT 457(F) DISTRIBUTION: D. LENTZ \$45,555 S. SCZYGELSKI \$60,259 R. ANDREWS \$9,484 S. BREWER \$19,731 T. DARNER \$2,913 J. HEISLER \$41,623 C. LOGEMANN \$41,199 J. MONKS \$17,632 R. NEVERS \$38,399 J. NOSKO \$20,780 T. RICHARDSON \$39,566 R. RISLEY-GRAY \$76,355 R. SMITH \$12,181 R. SMITH \$32,734 457(F) RETIREMENT PLAN PROFILE: KEY EMPLOYEES OF THE ORGANIZATION OR A PARTICIPATING AFFILIATE ARE ELIGIBLE TO PARTICIPATE IN THE PLAN. THE PLAN YEAR IS JANUARY 1 TO DECEMBER 31ST. EMPLOYER CONTRIBUTIONS: THE CONTRIBUTION MADE BY THE EMPLOYER IS A THREE-TIERED STRUCTURE DEPENDING UPON THE EXECUTIVE'S POSITION, WHICH ARE AS FOLLOWS: 9% FOR VICE PRESIDENT, 13% FOR SENIOR LEADERSHIP COUNCIL, AND 15% FOR THE CEO. IF A PARTICIPANT TERMINATES DURING THE YEAR, THE PARTICIPANT'S EXECUTIVE ALLOWANCE IS PRORATED BASED ON THE NUMBER OF FULL CALENDAR MONTHS FROM THE BEGINNING OF THE PLAN YEAR TO THE BEGINNING OF THE CALENDAR YEAR MONTH CLOSEST TO THE CHANGE OR TERMINATION OF EMPLOYMENT. DISTRIBUTIONS: CONTINUATION OF EMPLOYMENT THROUGH THE DEFERRED VESTING DATE; THE DATE ON WHICH THE PARTICIPANT'S EMPLOYMENT IS TERMINATED AS A RESULT OF DEATH OR DISABILITY; THE DATE ON WHICH THE PARTICIPANT INCURS AN INVOLUNTARY SEPARATION FROM SERVICE WITHOUT REASONABLE CAUSE; OR THE DATE THAT IS 24 MONTHS FOLLOWING THE PARTICIPANT'S SEPARATION FROM SERVICE, BUT ONLY IF THE PARTICIPANT'S INTEREST HAS NOT BEEN FORFEITED FOR COMPETITION DURING SUCH 24 MONTH PERIOD AND THE PARTICIPANT HAS NOT ENGAGED IN COMPETITION AFTER HIS OR HER SEPARATION FROM SERVICE AND PRIOR TO HIS OR HER DEATH, THE PARTICIPANT SHALL BE VESTED AT HIS OR HER DATE OF DEATH.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1BETTY VOGDS CLINICAL MEDICAL PHYSICIST	(i)	180,958	0	158	9,990	12,116	203,222	0
	(ii)	0	0	0	0	0	0	0
1NICOLE RANGER DIAGNOSTIC MEDICAL PHYSICIST	(i)	170,224	0	3,218	9,693	16,196	199,331	0
	(ii)	0	0	0	0	0	0	0
2MARK GEURTS CHIEF MEDICAL PHYSICIST	(i)	235,009	0	5,091	7,387	30,047	277,534	0
	(ii)	0	0	0	0	0	0	0
3JILL MICHAUD DIRECTOR-SYSTEM PHARMACY	(i)	192,727	18,950	2,297	12,535	31,758	258,267	0
	(ii)	0	0	0	0	0	0	0
4BRYANT HAMMIG DIRECTOR-PAYOR STRATEGY	(i)	185,072	17,553	1,647	11,361	24,024	239,657	0
	(ii)	0	0	0	0	0	0	0
5CARI LOGEMANN SVP & GENERAL COUNSEL (THRU JUNE)	(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
7TRICK NEVERS SVP-REGIONAL OPERATIONS SIO	(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 EXP.	(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
10JENNIFER 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)	359,068	65,045	33,519	16,832	30,434	504,898	32,734
	(ii)	0	0	0	0	0	0	0
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
13RUTH RISLEY-GRAY SVP & SYSTEM CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	291,384	78,869	84,222	19,582	24,558	498,615	76,355
14RYAN ANDREWS SR. SYS. PHYS. EXEC.-TERTIARY CARE	(i)	339,853	63,884	10,918	16,832	64,320	495,807	9,484
	(ii)	0	0	0	0	0	0	0
15STEVEN PHILLIPSON MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	393,908	42,000	470	16,832	32,349	485,559	0
16JEANNINE NOSKO VP- PATIENT CARE & CHIEF NURSING OFF	(i)	231,583	43,850	21,636	13,561	52,811	363,441	20,780
	(ii)	0	0	0	0	0	0	0
17STEPHEN BREWER VP- HEART VASCULAR & TERTIARY ACI	(i)	0	0	0	0	0	0	0
	(ii)	216,847	41,275	21,256	14,216	53,046	346,640	19,731
18TONYA DARNER CHIEF OPERATING OFFICER	(i)	222,929	57,624	4,246	9,319	23,889	318,007	2,913
	(ii)	0	0	0	0	0	0	0
19LORI 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

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				
21JOHN 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
1ROBERT SMITH VP- STEVENS POINT CAMPUS	(i)	199,225	36,589	13,643	12,512	19,076	281,045	12,181
	(ii)	0	0	0	0	0	0	0
2MATTHEW HEYWOOD PRESIDENT & 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
3SIDNEY 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
4DARRELL LENTZ SVP&PRESIDENT- AWH (THRU JAN)	(i)	385,979	110,481	47,208	16,232	83,937	643,837	45,555
	(ii)	0	0	0	0	0	0	0
5JAMES M CYGAN MD BOARD MEMBER/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	856,289	0	5,193	16,832	30,781	909,095	0
6LAWRENCE G LEIBERT MD BOARD MEMBER/ADC PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	523,036	0	5,361	19,582	24,915	572,894	0
7JESSE TISCHER BOARD MEMBER/SVP OF REG. MKTS	(i)	0	0	0	0	0	0	0
	(ii)	374,250	80,770	537	1,971	69,913	527,441	0
8KRISTEN R RAHN MD BOARD MEMBER (THRU JUNE)	(i)	0	0	0	0	0	0	0
	(ii)	334,074	10,000	6,476	15,327	6,598	372,475	0
9MARY JO WENDLING MD BOARD MEMBER/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	268,593	0	5,126	14,063	1,666	289,448	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part 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

Employer identification number
39-1138241

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855		02-29-2012	32,025,000	REFUND BONDS SERIES 2012A		X		X		X
B WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855	97710BLW0	10-07-2009	27,200,000	REFUND BONDS ISSUED 3/18/2009		X		X		X
C WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855	97710BLV2	10-07-2009	20,000,000	SERIES 1998-VAR RATE DEMAND		X		X		X
D WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337855	97710B7X4	04-12-2013	47,001,087	REVENUE BONDS SERIES 2013		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	4,323,720				15,950,000		60,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	32,025,000		27,200,000		20,000,000		47,001,087	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			102,000		180,978			
8	Credit enhancement from proceeds			1,327,347		159,700			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			26,372,644				24,037,511	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	1993		2006		1999		2014	
		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		X		X		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		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X	X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?						X		X
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 ▶					0.050 %		0.550 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5					0.050 %		0.550 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
PART VI	<p>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.]</p>

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

Return Reference	Explanation
PART VI	<p>THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY REVENUE BONDS, SERIES 2017 (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY THE FOLLOWING ORGANIZATIONS: ASPIRUS RIVERVIEW HOSPITAL & CLINICS, INC. (EIN 39-0868982); ASPIRUS WAUSAU HOSPITAL (EIN 39-1138241); AND ASPIRUS IRONWOOD HOSPITAL & CLINICS, INC (EIN 38-2908586); ASPIRUS ONTONAGON HOSPITAL, INC. (EIN 26-0806477). INFORMATION REGARDING THE SERIES 2017 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 2017 BONDS LOANED TO THE ORGANIZATION. THE INFORMATION REPORTED IN PART IV RELATES TO THE ENTIRE ISSUE OF THE SERIES 2017 BONDS.</p>

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ASPIRUS WAUSAU HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part 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

Employer identification number
39-1138241

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTH	39-1337856	97712DC53	11-02-2017	39,002,258	REVENUE BONDS SERIES 2017		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	39,158,357							
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	39,158,357							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2019							
		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?		X						
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 ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
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).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
ASPIRUS WAUSAU HOSPITAL INC**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****Employer identification number**

39-1138241

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE PARENT ORGANIZATION, ASPIRUS, INC., IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ACTIONS MUST BE APPROVED BY THE SOLE MEMBER OF THE ORGANIZATION, ASPIRUS, INC .: 1) CHANGE OR AMEND THE ARTICLES OF INCORPORATION OR BYLAWS; 2) CHANGE THE MISSION, PURPOSE, OR SCOPE OF THE CORPORATION; 3) RATIFICATION OR REMOVAL OF DIRECTORS OR OFFICERS; 4) CHANGE THE FORMULA OR METHODOLOGY FOR DETERMINING PHYSICIAN COMPENSATION; 5) APPROVAL OF ANNUAL OPERATING AND CAPITAL EXPENDITURE BUDGETS, STRATEGIC AND LONG-RANGE PLANS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ACCOUNTING DEPARTMENT ACCUMULATES ALL 990 AND 990-T INFORMATION, INCLUDING THE UBIT CALCULATIONS. THESE DOCUMENTS ARE REVIEWED BY THE CFO. THE 990 AND 990-T ARE REVIEWED BY OTHER SENIOR MANAGEMENT PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE AND ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS THROUGH DIRECTOR'S DESK OR OTHER MEANS OF ELECTRONIC RETRIEVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS AND ALL MANAGERS ARE REQUIRED TO SIGN BIENNIAL CONFLICT OF INTEREST STATEMENTS. THE ORGANIZATION'S CEO AND BOARD CHAIR REVIEW THE STATEMENTS AND HIGHLIGHT POTENTIAL CONFLICTS. THE BOARD DETERMINES ON A CASE BY CASE BASIS ANY ACTIONS REQUIRED. INDIVIDUALS ARE NOT PERMITTED TO VOTE ON ANY TRANSACTION WHERE A CONFLICT HAS BEEN DETERMINED TO EXIST. ALL CONFLICTS AND PROCEEDINGS ARE NOTED IN THE MEETING MINUTES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, NOR ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY - BOND SWAP -20,245. POST RETIREMENT HEALTHCARE BENEFIT ADJUSTMENT -225,707. NET AS SET TRANSFER TO ASPIRUS, INC. -59,331,034. INTEREST RATE SWAP VALUATION ADJUSTMENT -1,351, 905. INTEREST RATE SWAP -304,841.

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 WAUSAU HOSPITAL INC

Employer identification number
39-1138241

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) STEVENS POINT SURGERY CENTER LLC 5409 VERN HOLMES DRIVE STEVENS POINT, WI 54481 20-2259562	MEDICAL SRVS	WI	-424,534	211,006	N/A

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WESTERN UPPER MICHIGAN EYE CARE LLC 131 W GENESEE STREET IRON RIVER, 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	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 3000 WESTHILL DR SUITE 303 WAUSAU, WI 54401 47-4925640	HEALTH INSURANCE PLAN	WI	N/A	C				Yes	
(4) ASPIRUS ARISE HEALTH PLAN OF WI INC 3000 WESTHILL DR SUITE 303 WAUSAU, WI 54401 36-4832569	HEALTH INSURANCE PLAN	WI	N/A	C				Yes	
(5) ASPIRUS ARISE HEALTH PLAN OF MI INC 3000 WESTHILL DR SUITE 303 WAUSAU, WI 54401 47-5448266	HEALTH INSURANCE PLAN	MI	N/A	C				Yes	
(6) ASPIRUS CAMPUS PROPERTY CONDOMINIUM OWNERS ASSOCIATION INC 2200 WESTWOOD DRIVE WAUSAU, WI 54401 84-2513742	ASSOCIATION	WI	ASPIRUS WAUSAU HOSPITAL	C			79.660 %		No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

See Additional Data Table

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1D	ALL OUTSTANDING OBLIGATED GROUP DEBT IS GUARANTEED BY ALL MEMBERS OF THE OBLIGATED GROUP.

Additional Data

Software ID:

Software Version:

EIN: 39-1138241

Name: ASPIRUS WAUSAU HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1328331	HEALTHCARE	WI	501(C)(3)	LINE 12B, II	N/A		No
333 PINE RIDGE BLVD WAUSAU, WI 54401 39-1406537	PROPERTY LEASING	WI	501(C)(3)	LINE 10	ASPIRUS INC	Yes	
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-0782130	NURSING HOME SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC		No
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1670223	MEDICAL SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC	Yes	
601 SEVENTH STREET ONTONAGON, MI 49953 26-0806477	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
520 N 32ND AVENUE WAUSAU, WI 54401 39-0808511	HOME HEALTH CARE SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS INC	Yes	
520 N 32ND AVENUE WAUSAU, WI 54401 39-1597350	PERSONAL CARE SERVICES	WI	501(C)(3)	LINE 10	ASPIRUS VNA HOME HEALTH INC	Yes	
425 PINE RIDGE BLVD WAUSAU, WI 54401 39-1256656	CHARITABLE FOUNDATION	WI	501(C)(3)	LINE 7	ASPIRUS INC	Yes	
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	
N 10561 GRAND VIEW LANE IRONWOOD, MI 49938 38-2908586	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
205 OSCEOLA STREET LAURIUM, MI 49913 38-1443361	HOSPITAL	MI	501(C)(3)	LINE 3	ASPIRUS INC	Yes	
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 INC	J	471,295	COST
ASPIRUS INC	L	115,534	COST
ASPIRUS INC	M	71,149,277	COST
ASPIRUS INC	O	217,382,304	COST
ASPIRUS INC	P	5,328,444	COST
ASPIRUS INC	Q	1,803,065	COST
ASPIRUS CLINICS INC	B	178,055	COST
ASPIRUS CLINICS INC	J	625,596	COST
ASPIRUS CLINICS INC	K	1,778,452	COST
ASPIRUS CLINICS INC	L	385,532	COST
ASPIRUS CLINICS INC	O	7,670,225	COST
ASPIRUS CLINICS INC	P	1,129,962	COST
ASPIRUS CLINICS INC	Q	4,163,757	COST
ASPIRUS EXTENDED SERVICES INC	O	416,479	COST
ASPIRUS ONTONAGON HOSPITAL INC	L	91,211	COST
ASPIRUS ONTONAGON HOSPITAL INC	M	57,189	COST
ASPIRUS ONTONAGON HOSPITAL INC	O	737,586	COST
ASPIRUS ONTONAGON HOSPITAL INC	Q	52,199	
ASPIRUS VNA HOME HEALTH INC	J	181,937	COST
ASPIRUS VNA HOME HEALTH INC	K	133,722	
ASPIRUS VNA HOME HEALTH INC	O	2,292,614	
ASPIRUS VNA HOME HEALTH INC	P	94,323	
ASPIRUS VNA HOME HEALTH INC	Q	116,401	COST
ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	O	2,149,783	COST
ASPIRUS IRONWOOD HOSPITAL & CLINICS INC	Q	174,515	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ASPIRUS IRON RIVER HOSPITAL & CLINICS INC	O	1,849,227	COST
ASPIRUS IRON RIVER HOSPITAL & CLINICS INC	Q	78,192	COST
ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	J	59,793	COST
ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	L	395,031	COST
ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	O	4,589,044	COST
ASPIRUS RIVERVIEW HOSPITAL & CLINICS INC	Q	205,699	COST
ASPIRUS BUILDINGS INC	K	472,752	COST
ASPIRUS BUILDINGS INC	P	528,196	COST
ASPIRUS BUILDINGS INC	Q	135,937	COST
ASPIRUS HEALTH FOUNDATION INC	B	332,613	COST
ASPIRUS HEALTH FOUNDATION INC	C	486,958	COST
ASPIRUS HEALTH FOUNDATION INC	O	64,132	COST
ASPIRUS KEWEENAW HOSPITAL	L	405,464	COST
ASPIRUS KEWEENAW HOSPITAL	O	2,430,229	COST
ASPIRUS KEWEENAW HOSPITAL	P	51,540	COST
ASPIRUS KEWEENAW HOSPITAL	Q	110,303	