

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization DIVINE SAVIOR HEALTHCARE, INC.		D Employer identification number 39-0806250
	Doing business as ASPIRUS DIVINE SAVIOR HOSPITAL &		E Telephone number 608-742-4131
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 387, 2817 NEW PINERY ROAD		G Gross receipts \$ 100,619,244.
	City or town, state or province, country, and ZIP or foreign postal code PORTAGE, WI 53901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer SIDNEY C. SCZYGELSKI 2200 WESTWOOD DRIVE, WAUSAU, WI 54401		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ASPIRUS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation: 1917 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 <input type="checkbox"/> 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)	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1142
	6 Total number of volunteers (estimate if necessary)	76
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 39	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 127,117. Current Year 6,886,934.
	9 Program service revenue (Part VIII, line 2g)	101,856,492. 92,114,615.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697,798. 1,131,604.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,833. 276,595.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,878,240. 100,409,748.
	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)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,032,288. 60,132,487.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,478,020. 41,157,871.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	103,514,558. 101,296,358.	
19 Revenue less expenses - Subtract line 18 from line 12	-636,318. -886,610.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 129,261,888. End of Year 144,456,917.
	21 Total liabilities (Part X, line 26)	52,252,824. 60,885,613.
	22 Net assets or fund balances - Subtract line 21 from line 20	77,009,064. 83,571,304.

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 <i>Sidney C. Sczygelski</i>	Date 05/17/2021
	SIDNEY C. SCZYGELSKI, CFO/SENIOR VP OF FINANCE Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J PETERSON, CPA	Preparer's signature MICHAEL J PETERSON,
	Date 05/17/21	Check <input type="checkbox"/> if self-employed PTIN P01833529
Firm's name	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449
	Firm's address ▶ 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812	Phone no 218.722.4705

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒ X

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 \$ 70,384,536. including grants of \$ 6,000.) (Revenue \$ 68,309,269.)

DIVINE SAVIOR HEALTHCARE, INC. IS AN ACUTE CARE 73-BED HOSPITAL LOCATED IN PORTAGE, WI. INPATIENT SERVICES INCLUDED ADMISSIONS OF ADULTS AND PEDIATRIC PATIENTS WHICH TOTALED 1,437 IN FISCAL YEAR 2020 WITH PATIENT DAYS OF 4,985. THERE WERE ALSO 377 NEWBORN PATIENT DAYS AND 114 SWING BED PATIENT DAYS, AS WELL AS 853 OBSERVATION DAYS. DIVINE SAVIOR HEALTHCARE ALSO OFFERS A WIDE ARRAY OF OUTPATIENT SERVICES TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. EMERGENCY ROOM, URGENT CARE, SURGERY, AMBULANCE, RENAL DIALYSIS, AND REHABILITATION SERVICES ARE AMONG MANY OF THE OUTPATIENT SERVICES PROVIDED. KEY OUTPATIENT SERVICE STATISTICS IN FISCAL YEAR 2020 INCLUDED 14,354 EMERGENCY ROOM VISITS, 6,168 URGENT CARE VISITS, 21,797 X-RAYS AND 3,173 INFUSION THERAPY VISITS WERE AMONG MANY OF THE PATIENT SERVICES AS NOTED.

4b (Code) (Expenses \$ 13,546,640. including grants of \$) (Revenue \$ 13,147,221.)

DIVINE SAVIOR HEALTHCARE, INC. ALSO OWNS AND OPERATES PHYSICIAN PRACTICES IN PORTAGE, OXFORD AND PARDEEVILLE, WI. TOTAL CLINIC VISITS FOR FISCAL YEAR 2020 WERE 61,601. THESE CLINICS PROVIDE FAMILY PRACTICE, INTERNAL MEDICINE, PHYSIATRY, OB, ORTHOPEDICS AND SURGICAL SERVICES, AMONG MANY OTHER CLINICAL SERVICES OFFERED TO PATIENTS IN THE COMMUNITY, AND WORK TOGETHER WITH THE HOSPITAL SERVICES OF DIVINE SAVIOR HEALTHCARE IN AN EFFORT TO COORDINATE HOSPITAL AND CLINICAL CARE TO PROVIDE CONVENIENT, COST-EFFECTIVE CARE TO MEMBERS OF THE COMMUNITY. THE RURAL OXFORD CLINIC IS IN A HEALTH SHORTAGE AREA TO BETTER MEET THE RESIDENTS OF THIS COMMUNITY CLOSER TO THEIR HOMES.

THE CLINICS SERVICE A LARGE PORTION OF ELDERLY, DISABLED, AND

4c (Code) (Expenses \$ 10,981,924. including grants of \$) (Revenue \$ 10,658,125.)

DIVINE SAVIOR HEALTHCARE, INC. ALSO OWNS AND OPERATES AN 83-BED EXTENDED CARE FACILITY AND 40-BED ASSISTED LIVING FACILITY. THE EXTENDED CARE FACILITY OFFERS SKILLED AND INTERMEDIATE CARE NURSING FOR RESIDENTS WHO REQUIRE SHORT-TERM REHABILITATION PROGRAMS OR LONG-TERM CARE. THE FACILITY ALSO OFFERS MEDICATION MANAGEMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, IV THERAPY, AND NUTRITION SERVICES, AS WELL AS ACCESS TO OTHER HEALTHCARE AND HOSPITAL SERVICES OFFERED BY DIVINE SAVIOR HEALTHCARE'S HOSPITAL PROGRAMS. IN 2020, 23,800 RESIDENT DAYS OF CARE AND 12,695 ASSISTED LIVING DAYS WERE PROVIDED BY THE EXTENDED CARE FACILITY. A MAJORITY OF THE RESIDENTS RECEIVE CARE UNDER THE WISCONSIN MEDICAL ASSISTANCE OR FAMILY CARE PROGRAMS. DIVINE SAVIOR HEALTHCARE RECOGNIZES THAT THE COST OF CARING

4d Other program services (Describe on Schedule O)

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

4e Total program service expenses 94,913,100.

Form 990 (2019)

ABCDHIS ROK

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*
- 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*
 - 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*
 - 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*
 - 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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - 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*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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*
- 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*
- 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*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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*

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a	X	
20b	X	
21		X

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	X	
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	X	
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	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
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		X
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		X
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		X
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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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		X
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 1099. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1142
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

Form 990 (2019)

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

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

☒ X**Section A. Governing Body and Management**

- 1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.
- 1b Enter the number of voting members included on line 1a, above, who are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 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?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 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 on Schedule O.

	Yes	No
1a	11	
1b	11	
2	X	
3		X
4	X	
5		X
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

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

- 10a Did the organization have local chapters, branches, or affiliates?
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- 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.
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 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
- b Other officers or key employees of the organization
- 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?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19 Describe on 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 - 715-847-2250**
2200 WESTWOOD DRIVE, WAUSAU, WI 54401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule U contains a response or note to any line in this Part VII ☐**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK WALTER PHYSICIAN	40.00				X			916,077.	0.	61,887.
(2) DOUGLAS ARNOLD PHYSICIAN	40.00				X			815,295.	0.	66,387.
(3) JOSHUA POGORELEC PHYSICIAN	40.00				X			652,302.	0.	62,438.
(4) BRENDA JENKIN PHYSICIAN	40.00				X			423,987.	0.	19,635.
(5) ERIC ANDERSON PHYSICIAN	40.00				X			405,208.	0.	36,493.
(6) CARI LOGEMANN SVP & GENERAL COUNSEL	1.00 50.00				X			0.	527,198.	91,251.
(7) MICHAEL MCGRAIL SVP & SYSTEM CHIEF MEDICAL OFFICER	1.00 50.00				X			0.	527,876.	83,274.
(8) RICK NEVERS SVP- REGIONAL OPERATIONS SIO	1.00 50.00				X			0.	468,168.	87,163.
(9) ERIC ANDERSON SVP- SERVICE LINE & PATIENT EXP.	1.00 50.00				X			0.	449,876.	93,739.
(10) TODD RICHARDSON SVP & CHIEF INFORMATION OFFICER	1.00 50.00				X			0.	443,960.	90,922.
(11) RENEE SMITH EXECUTIVE DIRECTOR ANI	1.00 50.00				X			0.	457,632.	47,266.
(12) JOHN HEISLER SVP & CHIEF HUMAN RESOURCES OFFICER	1.00 50.00				X			0.	458,655.	41,443.
(13) RUTH RISLEY-GRAY SVP & SYSTEM CHIEF NURSING OFFICER	1.00 50.00				X			0.	454,475.	44,140.
(14) JENNIFER REDMAN-SHELL SVP & PRESIDENT- ASPIRUS CLINICS	1.00 50.00				X			0.	450,779.	79,716.
(15) MICHAEL WALTERS VP PHYSICIAN & CLINICAL SERVICES	40.00				X			392,771.	0.	64,438.
(16) MATTHEW HEYWOOD PRESIDENT & CEO ASPIRUS	1.00 50.00			X				0.	1,351,919.	222,225.
(17) SIDNEY SCZYGELSKI SR. VP OF FINANCE/CFO	1.00 50.00			X				0.	742,406.	126,380.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL DECKER CEO	40.00			X				545,470.	0.	45,149.
(19) MARLIN NELSON VP FINANCE	40.00			X				357,928.	0.	41,731.
(20) TRAVIS HEMELE CHAIRPERSON	3.00	X		X				0.	0.	0.
(21) JUDY WARMUTH, PH.D. VICE CHAIRPERSON	2.50	X		X				0.	0.	0.
(22) LOUIS HEITKE, DDS SECRETARY	2.50	X		X				0.	0.	0.
(23) PETE WELSH TREASURER	2.50	X		X				0.	0.	0.
(24) JOHN HEISLER BOARD MEMBER/CHIEF HR OFFICER	0.00 40.00	X		X				0.	458,655.	36,508.
(25) JESSE TISCHER BOARD MEMBER/SVP & PRESIDENT- RGNL M	0.00 40.00	X		X				0.	455,557.	65,357.
(26) BOB CRAWFORD BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								4,509,038.	7,247,156.	150,754.2.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,509,038.	7,247,156.	150,754.2.

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 **61**

- 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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
JACKSON & COKER LOCUMTENENS, 3000 OLD ALABAMA RD, STE 119-608, ALPHARETTA, WI	JOB SEARCH/STAFF	193,698.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,770,106.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	116,828.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			6,886,934.			
	Program Service Revenue	Business Code					
2 a		HOSPITAL PATIENT SERVICE REVENUE	621990	68,309,269.	68,309,269.		
b		CLINIC REVENUE	623000	13,147,221.	13,147,221.		
c		EXTENDED CARE FACILITY REVENUE	621110	10,658,125.	10,658,125.		
d							
e							
f		All other program service revenue					
g Total. Add lines 2a-2f			92,114,615.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,341,100.			1,341,100.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(i) Personal			
			6a	15,850.			
			6b	0.			
	c	Rental income or (loss)	6c	15,850.			
	d	Net rental income or (loss)		15,850.			15,850.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(i) Other			
			7a				
			7b	161,035.	48,461.		
	c	Gain or (loss)	7c	-161,035.	-48,461.		
	d	Net gain or (loss)		-209,496.			-209,496.
	8 a	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						
9 a	Gross income from gaming activities See Part IV, line 19						
		9a					
b	Less direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11 a	CAFETERIA REVENUE	722514	197,830.			197,830.
	b						
	c						
	d	All other revenue	900099	62,915.			62,915.
e	Total. Add lines 11a-11d		260,745.				
12	Total revenue. See instructions			100,409,748.	92,114,615.	0.	1,408,199.

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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	6,000.	6,000.		
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.	990,277.		990,277.	
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.	47,249,262.	45,078,947.	2,170,315.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,148,128.	6,727,934.	420,194.	
9 Other employee benefits.	1,575,404.	1,520,059.	55,345.	
10 Payroll taxes.	3,169,416.	2,967,094.	202,322.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	93,419.		93,419.	
c Accounting.	46,225.		46,225.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	47,930.		47,930.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,560,970.	6,756,761.	804,209.	
12 Advertising and promotion.	210,295.	1,206.	209,089.	
13 Office expenses.	370,745.	370,745.		
14 Information technology.	1,260,997.	1,260,997.		
15 Royalties.				
16 Occupancy.	1,751,124.	1,751,124.		
17 Travel.	69,502.	68,966.	536.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	178,186.	166,402.	11,784.	
20 Interest.	1,231,240.	1,164,639.	66,601.	
21 Payments to affiliates.	287,110.		287,110.	
22 Depreciation, depletion, and amortization.	5,270,835.	4,984,167.	286,668.	
23 Insurance.	345,590.	345,590.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	12,372,070.	11,746,396.	625,674.	
b BAD DEBT EXPENSE	6,196,085.	6,196,085.		
c REPAIRS AND MAINTENANCE	2,163,403.	2,162,209.	1,194.	
d HOSPITAL ASSESSMENT	1,515,836.	1,515,836.		
e All other expenses.	186,309.	121,943.	64,366.	
25 Total functional expenses. Add lines 1 through 24e.	101,296,358.	94,913,100.	6,383,258.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,761,088.	1	4,720,124.
	2 Savings and temporary cash investments	2,547,108.	2	10,003,254.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	15,771,268.	4	12,455,395.
	5 Loans and other receivables from 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	718,258.	7	
	8 Inventories for sale or use	1,973,383.	8	1,850,158.
	9 Prepaid expenses and deferred charges	2,096,109.	9	1,896,983.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 133,945,324.		
	b Less: accumulated depreciation	10b 65,601,690.	10c	68,343,634.
	11 Investments - publicly traded securities	38,109,232.	11	43,161,984.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,429,758.	15	2,025,385.
16 Total assets. Add lines 1 through 15 (must equal line 33)	129,261,888.	16	144,456,917.	
Liabilities	17 Accounts payable and accrued expenses	8,805,522.	17	10,493,129.
	18 Grants payable		18	
	19 Deferred revenue	821,056.	19	1,266,746.
	20 Tax-exempt bond liabilities	41,636,744.	20	39,728,898.
	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	989,502.	25	9,396,840.
	26 Total liabilities. Add lines 17 through 25	52,252,824.	26	60,885,613.
	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		76,880,221.	27	83,537,524.
28 Net assets with donor restrictions		128,843.	28	33,780.
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		77,009,064.	32	83,571,304.
33 Total liabilities and net assets/fund balances		129,261,888.	33	144,456,917.

Form 990 (2019)

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	100,409,748.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,296,358.
3	Revenue less expenses Subtract line 2 from line 1	3	-886,610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,009,064.
5	Net unrealized gains (losses) on investments	5	543,664.
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 on Schedule O)	9	6,905,186.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	83,571,304.

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O	X	
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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

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 **section 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 fails 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 grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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 from 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"/>		

Schedule A (Form 990 or 990-EZ) 2019

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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? 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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 For result greater than zero, explain in Part VI . See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result 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			

Schedule A (Form 990 or 990-EZ) 2019

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).

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 organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,257.
j Total. Add lines 1c through 1i			7,257.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DIVINE SAVIOR HEALTHCARE, INC. PAYS ANNUAL ASSOCIATION MEMBERSHIP DUES TO THE WISCONSIN HOSPITAL ASSOCIATION (WHA). THESE DUES ARE PRIMARILY TO ACCESS EDUCATIONAL MATERIALS AND FOR STAFF TRAINING AND MATERIALS. THE WHA HAS NOTIFIED DIVINE SAVIOR HEALTHCARE, INC. THAT APPROXIMATELY \$3,754 OF THE ANNUAL DUES WERE USED IN CONJUNCTION WITH LOBBYING

Part IV Supplemental Information (continued)

ACTIVITIES WITH THE GOAL OF IMPROVING THE OVERALL HEALTHCARE ENVIRONMENT.

DIVINE SAVIOR HEALTHCARE, INC. IS ALSO A MEMBER OF THE RURAL WISCONSIN HEALTH COOPERATIVE (RWHC). EACH YEAR, DIVINE SAVIOR HEALTHCARE, INC. PAYS MEMBERSHIP FEES TO THE RWHC. THE RWHC PROVIDES SUPPORT SERVICES FOR A NUMBER OF ITS MEMBER HOSPITALS THROUGHOUT THE STATE OF WISCONSIN. SOME OF THE MANY SERVICES PROVIDED TO MEMBER HOSPITALS INCLUDE PROVIDING ASSISTANCE TO ORGANIZATIONS IN FINDING GRANT FUNDING FOR NEW PROGRAMS, LEGAL SERVICES, REIMBURSEMENT REVIEW SERVICES, ACCOUNTING ASSISTANCE, CONTRACTING FOR THERAPIST AND EMERGENCY ROOM PATIENT CARE COVERAGE, AND ADMINISTRATIVE CONSULTING SERVICES. AS A PART OF THESE SERVICES, THE RWHC ALSO DOES PROVIDE ANALYSIS ON CURRENT HEALTHCARE ISSUES IN AN EFFORT TO PROMOTE AND BETTER HEALTHCARE FOR HOSPITALS IN RURAL COMMUNITIES THROUGHOUT WISCONSIN. ONE OF THESE EFFORTS ALSO INCLUDES SOME LOBBYING ON THE PART OF THE MEMBER ORGANIZATIONS. RWHC DETERMINED THAT APPROXIMATELY \$3013 OF THE FEES PAID BY DIVINE SAVIOR HEALTHCARE IN FISCAL YEAR 2020 RELATED TO LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE HEALTHCARE ENVIRONMENT IN THE STATE OF WISCONSIN.

DIVINE SAVIOR HEALTHCARE, INC. PAYS ANNUAL ASSOCIATION MEMBERSHIP DUES TO THE CATHOLIC HOSPITAL ASSOCIATION (CHA). THESE DUES ARE PRIMARILY TO ACCESS EDUCATIONAL MATERIALS AND FOR STAFF TRAINING AND MATERIALS. THE CHA HAS NOTIFIED DIVINE SAVIOR HEALTHCARE, INC. THAT APPROXIMATELY \$490 OF THE ANNUAL DUES WERE USED IN CONJUNCTION WITH LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE OVERALL HEALTHCARE ENVIRONMENT.

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

2019Open to Public
Inspection

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number
39-0806250**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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 FASB 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 FASB 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 FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2019

932051 10-02-19

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 make 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 program

e ☐ Other _____

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

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 Term 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 line 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		5,041,760.		5,041,760.
1b Buildings		92,941,928.	39,079,819.	53,862,109.
1c Leasehold improvements				
1d Equipment		33,037,162.	25,643,442.	7,393,720.
1e Other		2,924,474.	878,429.	2,046,045.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				68,343,634.

Schedule D (Form 990) 2019

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. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED INSURANCE LIABILITIES	1,184,943.
(3) MEDICARE ACCELERATED PAYMENTS	8,211,897.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

9,396,840.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
- If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care
- ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
- ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			445,802.		445,802.	.47%
b Medicaid (from Worksheet 3, column a)			15823321.	13671675.	2151646.	2.26%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			16269123.	13671675.	2597448.	2.73%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			51,338.	285.	51,053.	.05%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			51,338.	285.	51,053.	.05%
k Total. Add lines 7d and 7j			16320461.	13671960.	2648501.	2.78%

	(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						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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	
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	6,196,085.
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	3,098,043.
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	18,404,920.
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	12,955,683.
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	5,449,237.
8	Describe in Part VI the extent to which any shortfall reported on 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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	9a	X
9b	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	X

[illegible]

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16, 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.

DIVINE SAVIOR HEALTHCARE, INC.:

PART V, SECTION B, LINE 5: AS PART OF THE CHNA PROCESS, DIVINE SAVIOR HEALTHCARE'S BOARD OF DIRECTORS APPOINTED A TASK FORCE CONSISTING OF REPRESENTATIVES FROM DIVINE SAVIOR' HEALTHCARE'S BOARD OF DIRECTORS, EMPLOYEES AND MANAGEMENT OF DIVINE SAVIOR HEALTHCARE, AND COMMUNITY MEMBERS AND LEADERS IN ORDER TO HAVE A WIDE PERSPECTIVE OF NEED AND INFORMATION BEING REPRESENTED IN THE COMMUNITY TO ACHIEVE BENEFICIAL RESULTS FOR THE CHNA FOR THE HOSPITAL IN PLANNING FOR THE FUTURE.

QUANTITATIVE DATA INCLUDING STATISTICS AND DEMOGRAPHIC INFORMATION WERE OBTAINED FROM COUNTY HEALTH STUDIES OF COMMUNITY HEALTH NEEDS BY THE TWO COUNTIES IN DIVINE SAVIOR HEALTHCARE'S PRIMARY SERVICE AREA (COLUMBIA AND MARQUETTE COUNTIES) AS WELL AS PATIENT STATISTICS AND TRENDS FROM DIVINE SAVIOR HEALTHCARE'S OWN INTERNAL RECORDS. OTHER PUBLISHED SOURCES OF INFORMATION WERE ALSO REFERENCED FOR STATISTICAL AND INFORMATIONAL PURPOSES WHEN NEEDED THROUGHOUT THE PROCESS.

INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS AND INDIVIDUALS WHO WERE REGARDED AS HAVING EXPERTISE IN PUBLIC HEALTH, INDIVIDUALS EMPLOYED WITH GOVERNMENT AGENCIES WITH COMMUNITY HEALTH NEEDS INFORMATION, INDIVIDUALS REPRESENTING COMMUNITY EMPLOYERS, AND INDIVIDUALS WHO WOULD BE ABLE TO ACCESS HEALTH NEEDS INFORMATION FROM A WIDE DEMOGRAPHIC MAKE-UP OF THE POPULATION. DURING INTERVIEWS, PARTICIPANTS FROM THE COMMUNITY WERE ASKED FOR THEIR INPUT REGARDING BOTH HEALTH NEEDS AND POSSIBLE SOLUTIONS TO IDENTIFIED NEEDS. THIS INFORMATION WAS GATHERED, ALONG WITH THE QUANTITATIVE INFORMATION NOTED ABOVE, AND WAS SUMMARIZED FOR THE BOARD OF DIRECTORS OF THE ORGANIZATION TO REVIEW AND SUMMARIZE IN TERMS OF A

Part V Facility Information (continued)

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

PRIORITY SETTING EXERCISE. FROM THIS EXERCISE, KEY OR PRIORITY NEEDS WERE IDENTIFIED TO BE ADDRESSED AS A RESULT OF THE INFORMATION GATHERED ON HEALTH NEEDS IN THE COMMUNITY AND PRIMARY SERVICE AREA OF DIVINE SAVIOR HEALTHCARE.

DIVINE SAVIOR HEALTHCARE, INC.:

PART V, SECTION B, LINE 11: THERE WERE ITEMS IDENTIFIED IN THE CHNA WHICH WERE NOT ADDRESSED BY DIVINE SAVIOR HEALTHCARE; HOWEVER, ALL ITEMS WERE CONSIDERED IF A NEED WAS BROUGHT TO THE ATTENTION OF THE GROUP DURING THE INFORMATION GATHERING PHASE OF THE CHNA PROCESS. SEVERAL OF THE ITEMS WHICH WERE NOT ADDRESSED DUE TO THE FINANCIAL CONSTRAINT OF PROVIDING A NEW SERVICE FOR A LIMITED POPULATION OF PEOPLE WITHIN THE PRIMARY SERVICE AREA OR AT THE PRESENT TIME IT WAS DETERMINED THAT A PARTNER ORGANIZATION MAY BE NEEDED TO MAKE A NEW HEALTH SERVICE A FINANCIALLY VIABLE OPTION IN THE LOCAL COMMUNITY. TWO EXAMPLES OF THESE ITEMS WHICH WERE NOTED IN THE CHNA PROCESS WERE ACCESS TO CANCER CARE AND MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. IT WAS DETERMINED THAT DIVINE SAVIOR HEALTHCARE DOES NOT HAVE THE POPULATION BASED TO PROVIDE RADIATION ONCOLOGY SERVICES AS THIS WAS MOST EFFECTIVELY AND EFFICIENTLY PROVIDED IN THE MADISON, WISCONSIN AREA WHICH IS WITHIN 30 MINUTES OF THE HOSPITAL. SOME ONCOLOGY SERVICES, INCLUDING CHEMOTHERAPY AND FOLLOW-UP VISITS, ARE PROVIDED BY DIVINE SAVIOR'S PRIMARY CARE PROVIDERS AS WELL AS VISITING SPECIALISTS, SO IT WAS DETERMINED THAT THE CANCER CARE IN THIS AREA WAS ADEQUATE AT THE CURRENT TIME FOR THE POPULATION, HOWEVER, DIVINE SAVIOR HEALTHCARE WILL ALSO BE CONSIDERING AN INTERVENTIONAL RADIOLOGY PROGRAM IN THE FUTURE TO ASSIST SOME CANCER PATIENTS IF THERE IS A SIGNIFICANT NEED FOR THIS SERVICE IN

Part V Facility Information *(continued)*

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

THE FUTURE. FOR THE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, DIVINE SAVIOR HEALTHCARE IDENTIFIED THAT THERE IS A SIGNIFICANT GAP IN FUNDING AVAILABLE FOR MANY PATIENTS IN NEED OF THESE SERVICES; HOWEVER, THERE IS A PRIMARY CARE MENTAL HEALTH CLINIC IN THE COMMUNITY WHICH PROVIDES A SIGNIFICANT AMOUNT OF MENTAL HEALTH SERVICES TO AREA RESIDENTS. DIVINE SAVIOR HEALTHCARE DETERMINED THAT DUE TO THE VAST FINANCIAL AND SOCIAL NEEDS OF MANY OF THE PATIENTS IN NEED OF THE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS, THAT MANY GROUPS MAY NEED TO PARTNER TOGETHER IN THE FUTURE TO WORK ON PLANNING EFFORTS FOR THESE SERVICES IN THE FUTURE AS THIS IS A VERY COMPLEX ISSUE.

SEVERAL OTHER NEEDS WERE NOT ADDRESSED BY DIVINE SAVIOR HEALTHCARE AS ANOTHER ORGANIZATION WITHIN THE COMMUNITY ALREADY PROVIDES THESE SERVICES WHICH ARE NOT IN DIVINE SAVIOR HEALTHCARE'S PRIMARY AREA OF HEALTHCARE EXPERTISE. ONE EXAMPLE OF THESE TYPES OF SERVICES IS A FREE DENTAL CLINIC TO PROVIDE ACCESS TO PATIENTS WHO ARE OTHERWISE UNABLE TO AFFORD PROPER DENTAL CARE. IN RECENT YEARS, A COMMUNITY GROUP HAS ORGANIZED A FREE DENTAL CLINIC TO PROCESS ACCESS TO DENTAL CARE FOR INDIVIDUALS WITH FINANCIAL NEEDS THAT LIMIT THEIR ACCESS TO DENTAL SERVICES.

DIVINE SAVIOR HEALTHCARE, INC.:

PART V, SECTION B, LINE 13H: THE CHARITABLE CARE POLICY OF DIVINE SAVIOR HEALTHCARE, INC. ALSO ALLOWS FOR AN ADMINISTRATIVE DETERMINATION FOR A PATIENT THAT MAY UNDERGO A CATASTROPHIC EVENT OR UNIQUE CIRCUMSTANCE. THIS ADDITIONAL PROVISION ALLOWS FOR ADMINISTRATION TO MAKE A DETERMINATION THAT MAY ASSIST A PATIENT IN A UNIQUE TIME OF FINANCIAL NEED.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 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.

DIVINE SAVIOR HEALTHCARE, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.ASPIRUS.ORG/FINANCIALAID

DIVINE SAVIOR HEALTHCARE, INC.:

PART V, SECTION B, LINE 16J: * DUE THE CHANGE IN AFFILIATION WITH ASPIRUS, INC. DURING THE FY THE LINKS PROVIDED FOR THE CHNA AND FAP ARE CURRENT AS OF THE DATE OF FILING. THE ORGANIZATION'S PREVIOUS WEBSITE LOCATIONS ARE NO LONGER ACTIVE.

DIVINE SAVIOR HEALTHCARE, INC.:

PART V, SECTION B, LINE 20E: THE FINANCIAL ASSISTANCE POLICY IS POSTED IN EACH OF THE HOSPITAL'S PHYSICIAN CLINICS. FINANCIAL ASSISTANCE INFORMATIONAL CARDS ARE ALSO GIVEN TO ANYONE INDICATING FINANCIAL HARDSHIP, AND THEY ARE ENCOURAGED TO CONTACT A FINANCIAL COUNSELOR FOR FURTHER INFORMATION ON THE FINANCIAL ASSISTANCE POLICY.

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group DIVINE SAVIOR HEALTHCARE, INC.

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
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	X
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	X
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 <u>20 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	X
6a 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	X
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	X
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	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, PAGE 8</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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url) <u>SEE PART V, PAGE 8</u>		
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	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group DIVINE SAVIOR HEALTHCARE, INC.

- 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
- a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 %
and FPG family income limit for eligibility for discounted care of 300 %
- b ☒ Income level other than FPG (describe in Section C)
- c ☒ Asset level
- d ☒ Medical indigency
- e ☐ Insurance status
- f ☐ Underinsurance status
- g ☒ Residency
- h ☒ Other (describe in Section C)
- 14** Explained the basis for calculating amounts charged to patients?
- 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)
- a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e ☐ Other (describe in Section C)
- 16** Was widely publicized within the community served by the hospital facility?
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)
- a ☒ The FAP was widely available on a website (list url) WWW.ASPIRUS.ORG/FINANCIALAID
- b ☒ The FAP application form was widely available on a website (list url) WWW.ASPIRUS.ORG/FINANCIALAID
- c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, PAGE 8
- d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
- j ☒ Other (describe in Section C)

	Yes	No
13	X	
14	X	
15	X	
16	X	

Schedule H (Form 990) 2019

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group DIVINE SAVIOR HEALTHCARE, INC.

- 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?
- 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:
- a ☐ Reporting to credit agency(ies)
 - b ☐ Selling an individual's debt to another party
 - c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
 - d ☐ Actions that require a legal or judicial process
 - e ☐ Other similar actions (describe in Section C)
 - f ☒ None of these actions or other similar actions were permitted
- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
- If "Yes," check all actions in which the hospital facility or a third party engaged:
- a ☐ Reporting to credit agency(ies)
 - b ☐ Selling an individual's debt to another party
 - c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
 - d ☐ Actions that require a legal or judicial process
 - e ☐ Other similar actions (describe in Section C)
- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):
- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
 - b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
 - c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
 - d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
 - e ☒ Other (describe in Section C)
 - f ☐ None of these efforts were made

	Yes	No
17	X	
19		X

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?
- If "No," indicate why:
- a ☐ The hospital facility did not provide care for any emergency medical conditions
 - b ☐ The hospital facility's policy was not in writing
 - c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 - d ☐ Other (describe in Section C)

	Yes	No
21	X	

Schedule H (Form 990) 2019

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

PART I, LINE 6A:

DIVINE SAVIOR HEALTHCARE, INC. PREPARES A COMMUNITY BENEFIT REPORT ANNUALLY AND FILES IT WITH THE WISCONSIN HOSPITAL ASSOCIATION (WHA). THE REPORT IS AVAILABLE TO THE GENERAL PUBLIC ON WHA'S WEBSITE.

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 HOSPITAL'S TOTAL OPERATING EXPENSES, EXCLUDING THE PROVISION FOR BAD DEBTS, DIVIDED BY GROSS PATIENT SERVICE REVENUE. THIS COST TO CHARGE RATIO IS APPLIED AGAINST VARIOUS REVENUE AND EXPENSE CATEGORIES TO COMPUTE THE ESTIMATED COMMUNITY BENEFIT EXPENSE UNDER IRS SUGGESTED COSTING METHODS FOR THE FORM 990.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 6,196,085.

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

DIVINE SAVIOR HEALTHCARE, INC. PROVIDES SERVICES AND EDUCATIONAL OPPORTUNITIES EITHER FREE OF CHARGE OR AT A NOMINAL FEE IN AN ATTEMPT TO PROVIDE THESE OPPORTUNITIES TO THOSE MEMBERS OF THE COMMUNITIES WHO OTHERWISE MAY NOT BE ABLE TO AFFORD OR HAVE ACCESS TO THESE PROGRAMS. THESE EFFORTS ARE PROVIDED THROUGH A VARIETY OF EDUCATIONAL SPEAKER FORUMS, SUPPORT GROUPS, HEALTH SCREENINGS, HEALTH EDUCATION FORUMS, AND OTHER EDUCATIONAL OPPORTUNITIES FOR STUDENTS.

PART III, LINE 2:

THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST TO CHARGE RATIO WHICH IS DEVELOPED BASED ON THE HOSPITAL'S TOTAL OPERATING EXPENSES, EXCLUDING THE PROVISION FOR BAD DEBTS, DIVIDED BY GROSS PATIENT SERVICE REVENUE. THIS COST TO CHARGE RATIO IS APPLIED AGAINST THE TOTAL CHARGES THAT ARE WRITTEN OFF DURING THE FISCAL YEAR TO ESTIMATE THE COST OF THE CARE OF PATIENTS THAT HAVE ACCOUNTS THAT ARE DEEMED TO BE BAD DEBTS TO THE HOSPITAL. THE HOSPITAL 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 AND ARE NOT INCLUDED IN THE RATIO AS DESCRIBED ABOVE AND APPROVED BY THE IRS FOR USE ON FORM 990. IF CONSIDERED, THESE ADDITIONAL WRITE-OFF AMOUNTS TO UNINSURED OR UNDERINSURED ACCOUNTS WOULD ALSO INCREASE THE ESTIMATED BAD DEBT EXPENSE AMOUNT ASSOCIATED WITH THESE UNCOLLECTIBLE ACCOUNTS TO THE HOSPITAL.

PART III, LINE 3:

MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY UNINSURED PATIENTS AND AMOUNTS PATIENTS ARE PERSONALLY RESPONSIBLE FOR, •

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION LIKELIHOOD AND THE CURRENT STATUS OF INDIVIDUAL PATIENT ACCOUNTS. BALANCES THAT ARE STILL OUTSTANDING AFTER THE ORGANIZATION HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A CREDIT TO PATIENT ACCOUNTS RECEIVABLE.

MANY TIMES PATIENTS ARE UNABLE TO COMPLETE THE REQUIRED CHARITY CARE APPLICATION AND ARE TRANSFERRED TO COLLECTION SERVICES EVEN THOUGH THE ORGANIZATION PROVIDES THIS INFORMATION TO ALL PATIENTS AND ASSISTANCE WITH THE APPLICATIONS. DUE TO NO RESPONSES FROM SOME PATIENTS A SIGNIFICANT AMOUNT OF BAD DEBTS COULD BE CONSIDERED AS CHARITY CARE.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE AND CREDIT POLICY:

IN EVALUATING THE COLLECTIBILITY OF PATIENT ACCOUNTS RECEIVABLE, THE ORGANIZATION ANALYZES PAST RESULTS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. SPECIFICALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE ORGANIZATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS AND PATIENTS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

REALIZATION OF AMOUNTS DUE UNLIKELY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE ORGANIZATION RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE FOR. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A SEPARATE FOOTNOTE REGARDING BAD DEBT EXPENSE.

PART III, LINE 8:

THE TOTAL MEDICARE REVENUE SHOWN IN SCHEDULE H TO THE FORM 990 IS BASED ON THE IRS 990 INSTRUCTIONS AND INCLUDES ONLY A PORTION OF THE GROSS MEDICARE REVENUE OF THE HOSPITAL AND ALSO DOES NOT CONSIDER CONTRACTUAL ADJUSTMENTS FOR THE REIMBURSEMENT THAT IS ACTUALLY RECEIVED FROM THE MEDICARE PROGRAM. AMOUNTS LISTED FOR MEDICARE REVENUES DO NOT INCLUDE SIGNIFICANT PORTIONS OF LABORATORY, RADIOLOGY, AMBULANCE, AND REHABILITATION SERVICES PROVIDED TO MEDICARE BENEFICIARIES AS WELL AS PHYSICIAN SERVICES FOR THE COVERAGE OF THE EMERGENCY DEPARTMENT, ANESTHESIA PROFESSIONAL SERVICES, CLINICAL PHYSICIAN PROFESSIONAL SERVICES, SURGICAL PHYSICIAN PROFESSIONAL SERVICES, HOSPITALIST PHYSICIAN PROFESSIONAL SERVICES, AND REVENUES FOR ANY PATIENTS COVERED UNDER MEDICARE ADVANTAGE PLAN PROGRAMS. PHYSICIAN SERVICES ARE REIMBURSED PRIMARILY ON FEE SCHEDULE REIMBURSEMENT AT RATES THAT ARE OFTEN

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

BELOW THE COSTS OF CARING FOR PATIENTS. EMERGENCY, SURGICAL, AND CLINICAL SERVICES PROVIDED TO MEDICARE PATIENTS ARE VITAL TO THE WELL-BEING OF THE COMMUNITY AND AS SUCH THESE COSTS AND SHORTFALLS SHOULD ALSO BE CONSIDERED AS AN ADDITIONAL BENEFIT THAT DIVINE SAVIOR HEALTHCARE, INC. PROVIDES TO THE COMMUNITY AND SURROUNDING AREAS. THE COSTING METHOD USED ABOVE FOR IRS 990 COMPLIANCE REPORTING IS ALSO BASED ON THE FILED MEDICARE COST REPORT FOR THE YEAR ENDED JUNE 30, 2020 AND DOES NOT CONSIDER MEDICARE NON-ALLOWABLE EXPENSES AS IT IS BASED ON TOTAL HOSPITAL PATIENT SERVICE REVENUES (IGNORING CONTRACTUAL ADJUSTMENTS ON FEE SCHEDULE REIMBURSED ITEMS AND NON-ALLOWABLE MEDICARE EXPENSES AS NOTED ABOVE).

WHETHER THERE IS A SHORTFALL OR SURPLUS ON SERVICES PROVIDED TO MEDICARE BENEFICIARIES, THESE PEOPLE, WHICH ARE TYPICALLY ELDERLY OR DISABLED MEMBERS OF THE COMMUNITY, ARE AN UNDERSERVED POPULATION WHO EXPERIENCE ISSUES WITH ACCESS TO HEALTHCARE SERVICES. WITHOUT TAX-EXEMPT HOSPITALS PROVIDING MEDICARE PATIENT SERVICES, THE CENTERS FOR MEDICARE AND MEDICAID (CMS) WOULD BEAR THE BURDEN OF DIRECTLY PROVIDING SERVICES TO THE ELDERLY AND DISABLED MEMBERS OF THE COMMUNITY.

PART III, LINE 9B:

UNDER THE HOSPITAL'S COLLECTION AND CHARITABLE CARE POLICIES, DIVINE SAVIOR HEALTHCARE, INC. MAKES EVERY ATTEMPT TO IDENTIFY AND PROMOTE CHARITY CARE TO PATIENTS. INCLUDED IN THE HOSPITAL'S CHARITABLE CARE POLICY IT IS NOTED THAT PATIENTS MAY QUALIFY FOR CHARITY CARE EITHER PRIOR TO ADMISSION OR FOLLOWING DISCHARGE. ALL INPATIENT SELF-PAY ADMISSIONS ARE SCREENED BY THE HOSPITAL'S FINANCIAL COUNSELOR TO ALLOW THESE PATIENTS THE ABILITY TO COMPLETE THEIR APPLICATION DURING THEIR STAY AT THE HOSPITAL, DEPENDING UPON THE PATIENT'S CONDITION, OR THE PATIENT'S

Part VI Supplemental Information (Continuation)

RESPONSIBLE PARTY MAY BE CONTACTED TO COMPLETE AND RETURN THE FORMS AT A LATER TIME WHEN THEIR CARE ALLOWS THIS COMPLETION.

PART VI, LINE 2:

DIVINE SAVIOR HEALTHCARE, INC. PROVIDES SIGNIFICANT CHARITY CARE AND OTHER COMMUNITY BENEFITS AS DEFINED BY THE IRS AND IN ADDITION, THE ORGANIZATION BELIEVES THAT IT PROVIDES A CRITICALLY IMPORTANT COMMUNITY BENEFIT WHICH IS NOT QUANTIFIED. DIVINE SAVIOR HEALTHCARE, INC., LIKE MOST COMMUNITY HOSPITALS, WAS CREATED AND IS MAINTAINED IN ORDER TO PROVIDE CARE LOCALLY WHICH WITHOUT THE HOSPITAL, WOULD NOT BE AVAILABLE LOCALLY. BEYOND INPATIENT HOSPITALIZATIONS, THE HOSPITAL PROVIDES LOCAL ACCESS TO MANY HEALTH SERVICES INCLUDING: BIRTHING CENTER, DIAGNOSTICS, EMERGENCY SERVICES, URGENT CARE, HOME CARE, RENAL DIALYSIS, INFUSION SERVICES, SWING BED SERVICES, NURSING HOME SERVICES, ASSISTED LIVING SERVICES, CLINICAL SERVICES, LABORATORY SERVICES, OCCUPATIONAL HEALTH, REHABILITATION SERVICES, SPECIALTY MEDICINE, SLEEP CENTER, SPEECH PATHOLOGY, SURGICAL SERVICES, WOMEN'S SERVICES, AND AMBULANCE SERVICES, TO NAME SOME OF THE MAJOR SERVICES PROVIDED.

PART VI, LINE 3:

UNINSURED AND UNDER INSURED PATIENTS ARE ASKED TO MEET WITH ONE OF THE ORGANIZATION'S FINANCIAL COUNSELORS EITHER AT THE TIME SERVICE IS PROVIDED OR WHEN THE PATIENT'S BILL IS GENERATED. THE FINANCIAL COUNSELOR EXPLAINS THE VARIOUS PAYMENT OPTIONS AVAILABLE TO THE PATIENT AS WELL AS THE HOSPITAL'S CHARITY AND COMMUNITY CARE PROGRAM AND OFFERS THE CHARITY CARE APPLICATION WHEN APPROPRIATE. IF OTHER PROGRAMS ARE AVAILABLE TO THE PATIENT, SUCH AS THE WISCONSIN MEDICAL ASSISTANCE OR BADGERCARE PROGRAMS, THESE PATIENTS ARE REFERRED TO THE APPROPRIATE GOVERNMENT AGENCY FOR

Part VI Supplemental Information (Continuation)

FURTHER ASSISTANCE.

PART VI, LINE 4:

THE PRIMARY SERVICE AREA FOR DIVINE SAVIOR HEALTHCARE, INC. ENCOMPASSES ALL PERSONS LIVING WITHIN A 20 TO 30 MILE RADIUS OF THE HOSPITAL. SOME OF THE COMMUNITIES INCLUDED IN THIS AREA ARE PORTAGE, PARDEEVILLE, WISCONSIN DELLS, LAKE DELTON, BRIGGSVILLE, WYOCENA, POYNETTE, AND ARLINGTON, WISCONSIN, AMONG MANY OTHERS. THE HOSPITAL PROVIDES A SIGNIFICANT PORTION OF ITS PATIENT CARE SERVICES TO BENEFICIARIES OF THE MEDICARE AND MEDICAID PROGRAMS ESPECIALLY THOSE BENEFICIARIES WHO RESIDE IN THE ORGANIZATION'S EXTENDED AND LONG-TERM CARE FACILITIES OR PATIENTS WHO RECEIVE HOME HEALTH SERVICES FROM THE ORGANIZATION. IN 2020, THESE MEDICARE AND MEDICAID PATIENTS ACCOUNTED FOR APPROXIMATELY 47 PERCENT OF THE PATIENT SERVICES PROVIDED BY THE ORGANIZATION DURING THE YEAR.

PART VI, LINE 6:

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

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

WI

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number
39-0806250

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?

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.

[illegible]

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Employer identification number

39-0806250

DIVINE SAVIOR HEALTHCARE, INC.

Part I Questions Regarding Compensation

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 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 indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?

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?
- b** Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANK WALTER PHYSICIAN	(i) 703,844. (ii) 0.	178,581. 0.	33,652. 0.	29,390. 0.	32,497. 0.	977,964. 0.	0. 0.
(2) DOUGLAS ARNOLD PHYSICIAN	(i) 706,230. (ii) 0.	67,816. 0.	41,249. 0.	29,390. 0.	36,997. 0.	881,682. 0.	0. 0.
(3) JOSHUA FOGORELEC PHYSICIAN	(i) 570,450. (ii) 0.	52,633. 0.	29,219. 0.	27,266. 0.	35,172. 0.	714,740. 0.	0. 0.
(4) BRENDA JENKIN PHYSICIAN	(i) 311,958. (ii) 0.	108,465. 0.	3,564. 0.	9,183. 0.	10,452. 0.	443,622. 0.	0. 0.
(5) ERIC ANDERSON PHYSICIAN	(i) 340,872. (ii) 0.	44,856. 0.	19,480. 0.	15,836. 0.	20,657. 0.	441,701. 0.	0. 0.
(6) CARI LOGEMANN SVP & GENERAL COUNSEL	(i) 381,456. (ii) 0.	102,648. 0.	43,094. 0.	16,832. 0.	74,419. 0.	618,449. 0.	41,199. 0.
(7) MICHAEL MCGRATH SVP & SYSTEM CHIEF MEDICAL OFFICER	(i) 406,549. (ii) 0.	109,773. 0.	11,554. 0.	14,438. 0.	68,836. 0.	611,150. 0.	0. 0.
(8) RICK NEVERS SVP- REGIONAL OPERATIONS SIO	(i) 339,937. (ii) 0.	83,542. 0.	44,689. 0.	19,582. 0.	67,581. 0.	555,331. 0.	38,399. 0.
(9) ERIC ANDERSON SVP- SERVICE LINE & PATIENT EXP.	(i) 360,168. (ii) 0.	88,372. 0.	1,336. 0.	16,832. 0.	76,907. 0.	543,615. 0.	0. 0.
(10) TODD RICHARDSON SVP & CHIEF INFORMATION OFFICER	(i) 313,273. (ii) 0.	88,199. 0.	42,488. 0.	16,832. 0.	74,090. 0.	534,882. 0.	39,566. 0.
(11) RENEE SMITH EXECUTIVE DIRECTOR ANI	(i) 359,068. (ii) 0.	65,045. 0.	33,519. 0.	16,832. 0.	30,434. 0.	504,898. 0.	32,734. 0.
(12) JOHN HEISLER SVP & CHIEF HUMAN RESOURCES OFFICER	(i) 317,113. (ii) 0.	85,743. 0.	55,799. 0.	16,832. 0.	24,611. 0.	500,098. 0.	41,623. 0.
(13) RUTH RISLEY-GRAY SVP & SYSTEM CHIEF NURSING OFFICER	(i) 291,384. (ii) 0.	78,869. 0.	84,222. 0.	19,582. 0.	24,558. 0.	498,615. 0.	76,355. 0.
(14) JENNIFER REDMAN-SHELL SVP & PRESIDENT- ASPIRUS CLINICS	(i) 384,617. (ii) 0.	62,473. 0.	3,689. 0.	8,400. 0.	71,316. 0.	530,495. 0.	0. 0.
(15) MICHAEL WALTERS VP PHYSICIAN & CLINICAL SERVICES	(i) 351,747. (ii) 0.	39,782. 0.	1,242. 0.	27,265. 0.	37,173. 0.	457,209. 0.	0. 0.
(16) MATTHEW HEYWOOD PRESIDENT & CEO ASPIRUS	(i) 920,866. (ii) 0.	410,719. 0.	20,334. 0.	16,832. 0.	205,393. 0.	1,574,144. 0.	0. 0.

Schedule J (Form 990) 2019

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.

PART I, LINE 1A:

MARLIN NELSON RECEIVED HEALTH CLUB DUES AS NON-TAXABLE COMPENSATION.

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:

THE FOLLOWING OFFICERS AND HIGHEST COMPENSATED EMPLOYEES PARTICIPATED IN A NON-QUALIFIED 457(F) RETIREMENT PLAN AND REPORTED THE FOLLOWING INCREASE IN THEIR RESPECTIVE PLANS:

MIKE DECKER: \$51,925

MARLIN NELSON: \$27,740

SCHEDULE J, PART I, LINE 4B RELATED PARTY INFORMATION - SUPPLEMENTAL

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.

NONQUALIFIED RETIREMENT 457(F) DISTRIBUTION:

S. SCZYGELSKI \$60,259

J. HEISLER \$41,623

C. LOGEMANN \$41,199

R. NEVERS \$38,399

T. RICHARDSON \$39,566

R. RISLEY-GRAY \$76,355

R. SMITH \$32,734

KEY EMPLOYEES OF THE RELATED 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.

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.

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.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public,
Inspection

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number
39-0806250

Part I Bond Issues
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
WISCONSIN HEALTH AND A EDUCATIONAL FACILITIES A	39-1337855	NONE	06/29/20	39808745.	REFINANCE OF 2006, 2009, 2012,		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?								
16 Has the final allocation of proceeds been made?								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

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

Schedule K (Form 990) 2019

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						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
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 non-governmental 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						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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-mediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFINANCE OF 2006, 2009, 2012, 2014, 2016, 2019 REVENUE BONDS

SCHEDULE K, PART III, LINE 9:

SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS: POLICY STATES WE WILL SEEK BOND COUNSEL OPINION ON ALL REMEDIAL ACTIONS.

PART VI

THE PROCEEDS OF THE WISCONSIN HEALTH AND EDUCATION FACILITIES AUTHORITY REVENUE BONDS, SERIES 2020 BONDS (ASPIRUS, INC. OBLIGATED GROUP) WERE BORROWED BY DIVINE SAVIOR HEALTHCARE, INC. (EIN 39-0806250). THE PROCEEDS OF THE SERIES 2020 BONDS WERE USED TO REFINANCE THE DIVINE SAVIOR HEALTHCARE, INC., SERIES 2016 BONDS (REFINANCING OF SERIES 2006 BONDS) AND SERIES 2019 BONDS (REFINANCING OF SERIES 2009, 2012, 2014 BONDS). INFORMATION REGARDING THE SERIES 2020 BONDS IS REPORTED IN SCHEDULE K FOR THAT ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION REPORTED IN PART I, PART II AND PART III OF SCHEDULE K RELATES ONLY TO THE PORTION OF THE SERIES 2020 BONDS LOANED TO THE

Part VI Supplemental information. Provide additional information for responses to questions on Schedule K. See instructions. (continued)
ORGANIZATION. FOR THE ENTITY THAT BORROWED FUNDS, THE INFORMATION
REPORTED IN PART IV OF SCHEDULE K RELATES TO THE ENTIRE ISSUE OF THE
SERIES 2020 BONDS.

PART III, LINES 2, 3A AND 3B
ASPIRUS, INC., THE PARENT ORGANIZATION OF DIVINE SAVIOR HEALTHCARE,
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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number
39-0806250

FORM 990, PART I, DOING BUSINESS AS:

ASPIRUS DIVINE SAVIOR HOSPITAL & CLINICS, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIVINE SAVIOR HEALTHCARE ALSO PROVIDES SPECIALIZED HOME CARE SERVICES
TO INDIVIDUALS WHO NEED CARE WITHIN THEIR OWN HOME. THESE PERSONALIZED
SERVICES INCLUDE SKILLED NURSING SERVICES, HOME HEALTH AIDES, PHYSICAL
THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, IV THERAPY, AND
PALLIATIVE CARE FOR TERMINAL ILLNESS.

DIVINE SAVIOR HEALTHCARE PROMISES TO THE COMMUNITY TO PROVIDE
HEALTHCARE SERVICES TO THOSE IN NEED REGARDLESS OF THEIR ABILITY TO PAY
AS DEFINED IN THE HOSPITAL'S CHARITY AND COMMUNITY CARE POLICIES AND
PROGRAMS. DURING FISCAL YEAR 2020, DIVINE SAVIOR HEALTHCARE'S CHARITY
CARE PROGRAM AWARDED APPROXIMATELY \$1,114,471 IN GROSS CHARGES FOR
FINANCIAL ASSISTANCE TO PATIENTS WHO COULD NOT OTHERWISE AFFORD CARE.

IN ADDITION TO INPATIENT AND OUTPATIENT HOSPITAL SERVICES, DIVINE
SAVIOR HEALTHCARE ALSO PROVIDES EDUCATIONAL AND PREVENTATIVE SERVICES
AT FREE OR REDUCED COSTS TO COMMUNITY MEMBERS. SOME OF THESE EVENTS
OFFERED TO THE PUBLIC INCLUDE:
LOW COST EXERCISE CLASSES, FREE BLOOD PRESSURE SCREENINGS, LOW COST
CHOLESTEROL SCREENINGS, LOW COST CHILDBIRTH EDUCATION CLASSES, BLOOD
DRIVES, FREE BREASTFEEDING WORKSHOPS, SUPPORT GROUPS, AND LOW-COST CPR
AND FIRST AID CLASSES.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

IN FISCAL YEAR 2016, DIVINE SAVIOR OPENED A MEDICALLY INTEGRATED
FITNESS CENTER IN RESPONSE TO THE COMMUNITY NEEDS ASSESSMENT PERFORMED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LOW-INCOME PATIENTS WHO ARE COVERED UNDER THE MEDICARE AND WISCONSIN
MEDICAL ASSISTANCE PROGRAMS. APPROXIMATELY 44.71 PERCENT OF REVENUES
GENERATED IN THE DIVINE SAVIOR HEALTHCARE CLINICS IN 2020 WERE COVERED
UNDER THE MEDICARE AND MEDICAL ASSISTANCE PROGRAMS. THE CLINICS ARE
OFTEN REIMBURSED FROM THESE PROGRAMS AT RATES WELL BELOW THE COST OF
CARING FOR THESE PATIENTS, HOWEVER, IT IS DIVINE SAVIOR HEALTHCARE'S
MISSION IN THE COMMUNITY TO PROVIDE CARE TO THESE PATIENTS.

PATIENTS OF THE DIVINE SAVIOR HEALTHCARE CLINICS ARE ALSO ELIGIBLE FOR
THE ORGANIZATION'S CHARITY AND COMMUNITY CARE PROGRAMS WHICH PROVIDE
FREE OR REDUCED CARE TO INDIVIDUALS AND FAMILIES BASED ON INCOME AND
ASSET GUIDELINES. THE FIGURES PRESENTED IN STATEMENT 4A OF THE
HOSPITAL PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE CHARITY CARE AMOUNTS
PROVIDED TO CLINIC PATIENTS AS WELL. ADDITIONAL INFORMATION ON THE
CHARITY CARE POLICIES CAN ALSO BE FOUND IN SCHEDULE H (HOSPITALS) OF
THE FORM 990.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR THESE INDIVIDUALS OFTEN EXTENDS BEYOND THE AMOUNT THAT IS PAID TO
THE FACILITY BY THE MEDICAL ASSISTANCE PROGRAM. DURING FISCAL YEAR
2020, 16,050 DAYS OF CARE WERE PROVIDED TO MEDICAL ASSISTANCE AND
FAMILY CARE RECIPIENTS IN THE EXTENDED CARE FACILITY. RESIDENTS OF THE
EXTENDED CARE FACILITY AT DIVINE SAVIOR HEALTHCARE WHO HAVE EXHAUSTED

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

ALL OTHER PROGRAMS SUCH AS MEDICAL ASSISTANCE OR THE WISCONSIN FAMILY CARE PROGRAM ARE ALSO ABLE TO APPLY FOR DISCOUNTED OR FREE CARE FOR HOSPITAL OR CLINICAL SERVICES UNDER THE ORGANIZATION'S CHARITY AND COMMUNITY CARE PROGRAMS AS DESCRIBED IN STATEMENTS 4A AND 4B NOTING THE HOSPITAL AND CLINIC PROGRAM SERVICE ACCOMPLISHMENTS. SINCE MOST EXTENDED CARE CHARGES ARE COVERED UNDER WISCONSIN MEDICAL ASSISTANCE PROGRAMS WHEN INCOME LEVELS ARE BELOW ESTABLISHED GOVERNMENT STANDARDS, THESE PROGRAMS ARE MOST OFTEN UTILIZED AS A SOURCE OF PAYMENTS FOR MANY RESIDENTS. IF THESE MEDICAL ASSISTANCE PROGRAMS ARE NOT AVAILABLE DUE TO A UNIQUE CIRCUMSTANCE, THE RESIDENT'S STAY MAY BE EVALUATED FOR CHARITY OR COMMUNITY CARE ON A CASE BY CASE BASIS BY ADMINISTRATION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS TRAVIS HAMELE AND CHAD STEVENSON HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS AND ARTICLES OF INCORPORATION FOR ITS NEW SOLE MEMBER - ASPIRUS, INC. THE ROLE OF THIS MEMBER IS FURTHER DESCRIBED BELOW.

FORM 990, PART VI, SECTION A, LINE 6:

THE PARENT ORGANIZATION, ASPIRUS, INC., IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

ASPIRUS, INC. HAS THE ABILITY TO ELECT AT LEAST 10 OF THE 11 BOARD MEMBERS AS DESCRIBED IN THE BYLAWS.

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

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 OFFICER; 4) CHANGE THE FORMULA OR METHODOLOGY FOR DETERMINING PHYSICIAN COMPENSATION; 5) APPROVAL OF ANNUAL OPERATING AND CAPITAL EXPENDITURE BUDGETS, STRATEGIC AND LONG-RANGE PLANS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ACCOUNTING DEPARTMENT ACCUMULATES ALL 990 INFORMATION, INCLUDING THE UBI CALCULATIONS. THESE DOCUMENTS ARE REVIEWED BY THE CFO. THE 990 AND THE 990-T ARE REVIEWED BY OTHER SENIOR MANAGEMENT PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE AND ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS THROUGH DIRECTOR'S DESK OR OTHER MEANS OF ELECTRONIC RETRIEVAL.

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.

FORM 990, PART VI, SECTION B, LINE 15:

FOR PURPOSES OF DETERMINING COMPENSATION, DIVINE SAVIOR HEALTHCARE, INC..

Name of the organization

DIVINE SAVIOR HEALTHCARE, INC.

Employer identification number

39-0806250

RELIES 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.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON REFINANCING OF BONDS	-2,551,575.
WRITE UP OF ASSETS DUE TO MERGER	9,456,761.
TOTAL TO FORM 990, PART XI, LINE 9	6,905,186.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF ASPIRUS, INC., THE PARENT ORGANIZATION, ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE CONSOLIDATED AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS WAS A CHANGE IN PROCESS FROM THE PRIOR YEAR SELECTION AND OVERSIGHT.

Part II Continuation of 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 organization?	
						Yes	No
DIVINE SAVIOR HOLY ANGELS HIGH SCHOOL, INC. - 39-0929898, 4257 NORTH 100TH STREET, MILWAUKEE, WI 53222	EDUCATION	WISCONSIN	501(C)(3)	LINE 1	SISTERS OF THE DIVINE SAVIOR		X
ASPIRUS, INC. - 39-1328331 425 PINE RIDGE BLVD WAUSAU, WI 54401	HEALTH CARE SYSTEM MANAGEMENT	WISCONSIN	501(C)(3)	LINE 12B, II	N/A		X
ASPIRUS WAUSAU HOSPITAL, INC. - 39-1138241 333 PINE RIDGE BLVD WAUSAU, WI 54401	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	ASPIRUS, INC.	X	
ASPIRUS BUILDINGS, INC. - 39-1406537 333 PINE RIDGE BLVD WAUSAU, WI 54401	PROPERTY LEASING	WISCONSIN	501(C)(3)	LINE 10	ASPIRUS, INC.	X	
ASPIRUS EXTENDED SERVICES, INC. - 39-0782130 425 PINE RIDGE BLVD WAUSAU, WI 54401	NURSING HOME SERVICES	WISCONSIN	501(C)(3)	LINE 10	ASPIRUS, INC.		X
ASPIRUS CLINICS, INC. - 39-1670223 425 PINE RIDGE BLVD WAUSAU, WI 54401	MEDICAL SERVICES	WISCONSIN	501(C)(3)	LINE 10	ASPIRUS, INC.	X	
ASPIRUS ONTONAGON HOSPITAL, INC. - 26-0806477, 601 SEVENTH STREET, ONTONAGON, MI 49953	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	ASPIRUS, INC.	X	
ASPIRUS VNA HOME HEALTH, INC. - 39-0808511 520 N 32ND AVENUE WAUSAU, WI 54401	HOME HEALTHCARE SERVICES	WISCONSIN	501(C)(3)	LINE 10	ASPIRUS, INC.	X	
ASPIRUS VNA EXTENDED CARE, INC. - 39-1597350 520 N 32ND AVENUE WAUSAU, WI 54401	PERSONAL CARE SERVICES	WISCONSIN	501(C)(3)	LINE 10	ASPIRUS VNA HOME HEALTH, INC.	X	
ASPIRUS IRON RIVER HOSPITAL & CLINICS, INC. - 38-3236977, 1400 W ICE LAKE RD, IRON RIVER, MI 49935	HOSPITAL	MICHIGAN	501(C)(3)	LINE 3	ASPIRUS, INC.	X	
ASPIRUS HEALTH FOUNDATION, INC. - 39-1256656 425 PINE RIDGE BLVD WAUSAU, WI 54401	CHARITABLE FOUNDATION	WISCONSIN	501(C)(3)	LINE 7	ASPIRUS, INC.	X	
ASPIRUS RIVERVIEW HOSPITAL & CLINICS, INC. - 39-0868982, 410 DEWEY STREET, WISCONSIN RAPIDS, WI 54494	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	ASPIRUS, INC.	X	

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	
WESTERN UPPER MICHIGAN EYE CARE, LLC. - 27-2324957, 131 W GENESEE STREET, IRON RIVER, MI 49935	EYE CARE SERVICES	MI	ASPIRUS IRONWOOD HOSPITAL & CLINICS, INC.	RELATED					N/A	X		51.00%

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
ASPIRUS NETWORK, INC. - 39-1931679 3000 WESTHILL DRIVE #202									
WAUSAU, WI 54401	HEALTH CARE NETWORK	WI	N/A	C CORP	N/A	N/A	N/A		X
ASPIRUS KEWENAW ENTERPRISES - 38-3390273 205 OSCEOLA STREET									
LAURIUM, MI 49913	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A		X
ASPIRUS HEALTH VENTURES - 47-4925640 3000 WESTHILL DRIVE #303									
WAUSAU, WI 54401	HEALTH INSURANCE PLAN	WI	N/A	C CORP	N/A	N/A	N/A		X
ASPIRUS ARISE HEALTH PLAN OF WI INC - 36-4832569, 3000 WESTHILL DRIVE #303,									
WAUSAU, WI 54401	HEALTH INSURANCE PLAN	WI	N/A	C CORP	N/A	N/A	N/A		X
ASPIRUS ARISE HEALTH PLAN OF MI INC - 47-5448266, 3000 WESTHILL DRIVE #303,									
WAUSAU, WI 54401	HEALTH INSURANCE PLAN	MI	N/A	C CORP	N/A	N/A	N/A		X

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)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASPIRUS, INC.	Q	1,310,437.COST	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

WESTERN UPPER MICHIGAN EYE CARE, LLC.

DIRECT CONTROLLING ENTITY: ASPIRUS IRONWOOD HOSPITAL & CLINICS, INC.

SCHEDULE R, PART V, LINE 1D

ALL OUTSTANDING OBLIGATED GROUP DEBT IS GUARANTEED BY ALL MEMBERS OF
THE OBLIGATED GROUP.