Form 990-T	E	Exempt Organization Bus	sines	ss Income T	ax Return	<b>)</b>	OMB No 1545-0687			
	(and proxy tax under section 6033(e))									
	For ca	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019								
Department of the Treasury Internal Revenue Service	<b>•</b>	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed		Name of organization (		(Emp	oyer identification number lloyees' trust, see uctions)					
B Exempt under section	Print	ASPIRUS CLINICS, INC.					9-1670223			
$X = 501(C \mathcal{P}_3)$	or Type	Number, street, and room or suite no. If a P.O. box	x, see ins	structions.			lated business activity code instructions)			
408(e)220(e)	Type	425 PINE RIDGE BLVD				4				
408A 530(a) 529(a)		City or town, state or province, country, and ZIP o WAUSAU, WI 54401	r foreign	postal code		621	110			
C Book value of all assets at end of year		F Group exemption number (See instructions )	<u> </u>							
60,018,6		G Check organization type ► X 501(c) corp		501(c) trust	401(a)		Other trust			
			2		the only (or first) ur					
		EE STATEMENT 1			complete Parts I-V					
		ce at the end of the previous sentence, complete Pa	rts I and	II, complete a Schedule	M for each addition	ai trade	or .			
business, then complete		-V. oration a subsidiary in an affiliated group or a parer	at ouboid	han controlled group?	GmMm 3 ► [	¥ v	es No			
		oration a subsidiary in an animated group or a parentifying number of the parent corporation	แ-รนบรเน	nary controlled group?	DIMI DE	<u> </u>	55 NO			
J The books are in care of		SIDNEY C. SCZYGELSKI		Teleph	one number 🕨 7	15-	847-2250			
		de or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale	s						/ 1			
b Less returns and allow		c Balance ▶	1c		<u>`</u>		/			
2 Cost of goods sold (S	chedule	A, line 7)	2							
3 Gross profit. Subtract	line 2 fr	om line 1c	3				//			
4 a Capital gain net incom	ie (attac	h Schedule D)	4a				/			
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	T DECE	WED.	<u> </u>				
c Capital loss deduction			4c	RECE			<del>                                     </del>			
		thip or an S corporation (attach statement)	5	(0)	္က လ		<del></del>			
6 Rent income (Schedu			6	₩ JUN 2	4 2020	<u> </u>	<del>                                     </del>			
7 Unrelated debt-finance		,	7	<u> </u>	- 18 8	<del> </del>				
		nd rents from a controlled organization (Schedule F)	9	OGDE		-	/			
		in 501(c)(7), (9), or (17) organization (Schedule G)	10	CGDE	IN, OI	<del>                                     </del>	<del>/                                    </del>			
10 Exploited exempt active 11 Advertising income (S	-	•	11		-	_/				
12 Other income (See ins		·	12		/.	<del>/ -</del>				
13 Total. Combine lines			13	0.						
Part II Deductio	ns No	t Taken Elsewhere (See instructions for					·			
(Except for d	contribu	itions, deductions must be directly connected	with th	e unrelated business	income)					
14 Compensation of off	cers, di	rectors, and trustees (Schedule K)				14				
15 Salaries and wages						15				
16 Repairs and mainten	ance					16				
17 Bad debts						17				
18 Interest (attach sche	dule) (se	ee instructions)		/		18				
19 Taxes and licenses		e instructions for limitation rules) STATEME	ent 4	4 SEE STAI	iewexim 2	19	0.			
	•	<i></i>	MAI. 4		EMENT Z	20	0.			
21 Depreciation (attach				21 22a		22b				
· ·	iirriea oi	s Schedule A and elsewhere on return		[224]		23				
<ul><li>23 Depletion</li><li>24 Contributions to defe</li></ul>	erred co	mnensation plans				24				
25 Employee benefit pro		The state of the s				25				
26 Excess exempt exper	•	hedule I)				26				
27 Excess readership co						27				
28 Other deductions (at						28				
29 Total deductions. A						29	0.			
30 Unrelated business to	axable ır	ncome before net operating loss deduction. Subtrac				30	0.			
31 Déduction for net op	eratıng l	oss arising in tax years beginning on or after Janua	ry 1, 201	8 (see instructions)		31				
		ncome. Subtract line 31 from line 30				32	0.			
823701 01-09-19 I HA FO	r Paner	work Reduction Act Notice, see instructions					Form <b>990-T</b> (2018)			

F <b>o</b> rm 990-			39-16	<u>70223                                   </u>	Page 2
Part !	//  Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instruc	tions)	33	0.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	STMT 5	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
	lines 33 and 34		~	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		(35)	8 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36.		7	
	enter the smaller of zero or line 36	,		38	0.
Part I				7 4-1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38	3 from:	-	<u></u>
70	Tax rate schedule or Schedule D (Form 1041)	011 11110 01	,	40	
41	Proxy tax See instructions			41	
42	Alternative minimum tax (trusts only)		•	42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \		<del></del>		1 44	
		450		T T	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	·	- "	
b	Other credits (see instructions)	45b		-	
C .	General business credit. Attach Form 3800	45c		-∤	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		- <del> </del>	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44		0.11	46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 88	366	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49	0.
	Payments: A 2017 overpayment credited to 2018	50a	<del></del> _	- - - - - - - - - - - - - - - - - - - -	
	2018 estimated tax payments	50b		-	
	Tax deposited with Form 8868	50c		-	
	Foreign organizations, Tax paid or withheld at source (see instructions)	50d		- :'	
	Backup withholding (see instructions)	50e	·	-	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		-	
g					
	Form 4136	50g		_	
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		, ▶	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax		Refunded <b>&gt;</b>	55	0.
Part \	<del></del>				<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign c	ountry		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	o, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	_			
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	itements, ar r has anv kr	nd to the best of my knowle nowledge	edge and belief	, it is true,
Sign	SENIOR SENIOR		F 📻	Aav the IRS dis	cuss this return with
Here	didny L'Amelle 105/2020 FINANCE	& C	TA .	he preparer sho	
	Signature of officer Date Title		i	nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Dat	te	Check	ıf PTIN	
Paid	MICHAEL J PETERSON, MICHAEL J		self- employed		
Prepa	rer CPA PETERSON, CPA 06	/01/	20	P01	833529
Use C	- NIDELT LID		Firm's EIN	39-	0758449
-J-G- C	1502 LONDON ROAD, SUITE 200				
	Firm's address ► DULUTH, MN 55812		Phone no.	218.72	2.4705
823711 01-	09-19			Fo	orm <b>990-T</b> (2018)

Schedule A - Cost of Goods	S Sold. Enter method of inve	ntory valuation N/A	1	
1 Inventory at beginning of year	1	6 Inventory at end of year	ar	6
2 Purchases	2	7 Cost of goods sold. S		
3 Cost of labor	3	from line 5 Enter here		
4 a Additional section 263A costs		line 2	,	7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	<b>–</b>	acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5	the organization?		<del></del> -
Schedule C - Rent Income			eased With Real Pro	perty)
(see instructions)		•		
Description of property				
(1)				
(2)				
(3)				
(4)		· ·		
	2. Rent received or accrued			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than of rent for	and personal property (if the percenta personal property exceeds 50% or if ent is based on profit or income)	ge 3(a) Deductions direct columns 2(a)	tly connected with the income in and 2(b) (attach schedule)
(1)				
(2)				
(3)			···	
(4)				
Total	() Total		0.	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>.</b> 0.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)		
		2. Gross income from	<ol> <li>Deductions directly controlled to debt-final</li> </ol>	onnected with or allocable nced property
Description of debt-fin	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%	_	
(4)		%	-	
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		•	0	0.
Total dividends-received deductions in	cluded in column 8			0.
······································	· · · · · · · · · · · · · · · · · · ·			Form 990-T (2018)

1. Name of periodical

2. Gross advertising solution income

3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

2. Gross advertising solution and recommends advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

5. Circulation income

6. Readership costs (column 6, but not more than column 4)

7. Excess readership costs (column 6, but not more than column 4)

7. Excess readership costs (column 6, but not more than column 4)

Form 990-T (2018)

823731 01-09-19

Total. Enter here and on page 1, Part II, line 14

 $\triangleright$ 

Form 990-T (2018) ASPIRUS CLINICS, INC. 39-16702
Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis ) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2. Gross 3. Direct 5. Circulation 6 Readership advertising income 1. Name of periodical advertising costs costs (1) (2) (3) (4) 0. 0. 0. Totals from Part i Enter here and on page 1, Part I, line 11, col (A) Enter here and Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees 3 Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1. Name % (1) % (2) (3) % % (4) 0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

### DIETARY PROGRAM & OUTPATIENT PHARMACY

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRI	BUTIONS	STATEMENT 2				
DESCRIPTION/KIND O	F PROPERTY	METHOD	USED 1	O DETERMIN	E FMV	AMOUNT	
CHARITABLE CONTRIB	1,98						
TOTAL TO FORM 990-	T, PAGE 1, L	INE 20				1,	982.
FORM 990-T PARE	NT CORPORATI	ON'S NAME	E AND I	DENTIFYING	NUMBER	STATEMENT	3
CORPORATION'S NAME						IDENTIFYING	NO
ASPIRUS, INC.	•					39-1328331	

FORM 990-T CO	NTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUTIONS SUBJ	ECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNU FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	SED CONTRIBUTIONS 29,707		
FOR TAX YEAR 2017	24,214		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTR	IBUTIONS	53,921 1,982	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS	<del></del>	55,903 0	-
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		55,903 0 55,903	
ALLOWABLE CONTRIBUTIONS DEDUC	CTION		0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	12,538.	12,538.	0.	0.
06/30/15	18,680.	0.	18,680.	18,680.
06/30/16	2,560.	0.	2,560.	2,560.
06/30/17	35,888.	0.	35,888.	35,888.
06/30/18	139,853.	0.	139,853.	139,853.
NOL CARRYO	VER AVAILABLE THIS	YEAR	196,981.	196,981.

#### SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30,

2018

ENTITY

OMB No 1545-0687

1

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number Name of the organization 39-1670223 ASPIRUS CLINICS, INC. 445200 Unrelated business activity code (see instructions) ► IDEAL PROTEIN Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 452,797. 1 a Gross receipts or sales 452,797 b Less returns and allowances c Balance ▶ 10 Cost of goods sold (Schedule A, line 7) 2 452,797. 452,797. Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 q Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 452,797. 452,797. Total. Combine lines 3 through 12 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 375,789. 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19

20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 105,912. 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) SEE STATEMENT 6 102,252. 28 Other deductions (attach schedule) 28 583,953. Total deductions, Add lines 14 through 28 29 29 -131,156. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

32

-131,156.

ATT.	ľY	1
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Form 990-T (2018)							ſ	Page 3
ASPIRUS CL	INICS,	INC.			39-167	0223		
Schedule A - Cost of Goods	Sold. Ente	r method of inve	ntory valuation N/A	<u> </u>				
<ol> <li>Inventory at beginning of year</li> </ol>	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter here	e and in l	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to		Yes	No
b Other costs (attach schedule)	_4b		property produced or	acquired	d for resale) apply to		!	
5 Total. Add lines 1 through 4b	5		the organization?					_ X_
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	i Personal Property I	Lease ———	d With Real Prop	erty) 		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
<del></del>	2. Rent receiv	ed or accrued						
(a) From personal property (if the percen rent for personal property is more tha 10% but not more than 50%)	tage of	` of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected with the id 2(b) (attach sched	income in lule)	
(1)		· · · · · · · · · · · · · · · · · · ·	<u>;</u>					
(2)		<del></del>				<del></del>		
(3)								
(4)					f · · · · · · · · · · · · · · · · · · ·			
Total	0.	Total		0.	<del> </del>			
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debt-		Income (see	instructions)		1			
			2 Gross income from		Deductions directly conn to debt-finance		ible	
Description of debt-finance	ced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deductions schedule)	•
(1)			<u> </u>	<del>                                     </del>		<del> </del>	•	
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocabi (column 6 x t 3(a) a		
(1)			%					
(2)			%					
(3)			%					
(4)		•	%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,		
Totals			•		0.	.]		0.
Total dividends-received deductions unclu	ided in columr	ı 8	•		<b>•</b>	1		0.
		. <del></del> .				Form	990-T /	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
OFFICE SUPPLIES RENT PURCHASED SERVICES MANAGEMENT FEES		2,401. 19,277. 3,599. 76,975.
TOTAL TO SCHEDULE M, PART II, I	INE 28	102,252.

### SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

ENTITY 2 OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

501(c)(3) Organizations Only

Name of the organization ASPIRUS CLINICS, INC.	Employer identification number 39-1670223			
Unrelated business activity code (see instructions)   446	5110		•	
Describe the unrelated trade or business PHARMAC	CY			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 1,169,097.		4 460 000		-
b Less returns and allowances c Balanc	· -	1,169,097.		
2 Cost of goods sold (Schedule A, line 7)	2	1,065,857.		102 240
3 Gross profit Subtract line 2 from line 1c	3	103,240.		103,240.
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		· · · · · · ·	
c Capital loss deduction for trusts	<u>4c</u>		<del></del>	
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			<u> </u>
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17)				
organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12		<u> </u>	
13 Total. Combine lines 3 through 12	13	103,240.		103,240.
Part II Deductions Not Taken Elsewhere (See instructions must be directly connected with t	ructions fo he unrelat	or limitations on dedi ed business income	uctions.) (Excep .)	t for contributions,
14 Compensation of officers, directors, and trustees (Schedule K	)		1	
15 Salaries and wages			_ 1	135,404.
16 Repairs and maintenance			1	6
17 Bad debts			1	7
18 Interest (attach schedule) (see instructions)			<u></u>	
19 Taxes and licenses			1	528.
20 Charitable contributions (See instructions for limitation rules)			2	o

1,025. 22a 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 Contributions to deferred compensation plans 24 39.991. 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 76,061. SEE STATEMENT 7 28 28 Other deductions (attach schedule) 253,009. Total deductions. Add lines 14 through 28 29 29 -149,769. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 instructions)

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Depreciation (attach Form 4562)

Schedule M (Form 990-T) 2018

-149,769.

21

1,025.

Ferm 990-T (2018)							F	Page 3
ASPIRUS CLIN	ICS,	INC.			39-1670	223		
Schedule A - Cost of Goods Sol	<b>d.</b> Enter	method of inven	tory valuation					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar	<u> </u>	6		
2 Purchases	2		7 Cost of goods sold. S	lubtract li	ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2		Ĺ	7		
(attach schedule)	4a		8 Do the rules of section	1 263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (Fron	n Real l	Property and	Personal Property I	_ease	d With Real Prope	erty)		
(see instructions)						·		
Description of property								
(1)								
(2)		-						
(3)								
(4)								
2.	Rent receive	ed or accrued						
rent for personal property is more than			and personal property (if the percentage personal property exceeds 50% or if at is based on profit or income)			onnected with the ind	come in	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2(a) ar	nd 2(b). En	ter		0.	(b) Total deductions. Enter here and on page 1,			0.
here and on page 1, Part I, line 6, column (A)  Schedule E - Unrelated Debt-Fir	anced	Income (see	inetrijetione)	0.	Part I, line 6, column (B)			<del>- • •</del>
Scheddle E - Officiated Debt-1 ii	lariocu	meene (see	instructions)	Г	3. Deductions directly conne	ected with or allocable	e	
			2. Gross income from		to debt-finance	d property		
Description of debt-financed p	property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (attach sch	ductions edule)	•
(1)	_			<del>                                     </del>				
(2)								
(3)					_			
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to need property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tota 3(a) and	al of colu	
(1)		<del> </del>	%					
(2)			%					
(3)			%					
(4)			%					
			•		nter here and on page 1, art I, line 7, column (A)	Enter here and a		
Totals			•		0.			0.
Total dividends-received deductions included	l ın column	8			<b>&gt;</b>			0.

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 7
DESCRIPTION			AMOUNT
OFFICE SUPPLIES RENT PURCHASED SERVICES INSURANCE/UTILITES MANAGEMENT FEES ADMINSTRATIVE ALLOCATION			1,183. 11,269. 10,355. 174. 51,349. 1,731.
TOTAL TO SCHEDULE M, PART II, L	INE 28		76,061.