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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable

<input type="checkbox"/>	Address change
<input checked="" type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.D Employer identification number
22-2508425

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

333 IRVING AVENUE

E Telephone number
(856) 641-8610

City, town or post office, state, and ZIP code

BRIDGETON, NJ 08302

G Gross receipts \$ 2,136,918.

F Name and address of principal officer CHESTER B. KALETKOWSKI
333 IRVING AVENUE BRIDGETON, NJ 08302H(a) Is this a group return for affiliates? Yes ☒ No ☐H(b) Are all affiliates included? Yes ☐ No ☐

If "No," attach a list (see instructions)

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

J Website: WWW.INSPIRAHEALTHNETWORK.ORG

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation 1983 M State of legal domicile NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE HIGH-QUALITY HEALTH SERVICES THAT IMPROVE THE LIVES OF ALL WE SERVE.		
	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)	3	15.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	0	188,045.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5d)	1,143,279.	1,308,293.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)	86,712.	76,213.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,229,991.	1,572,551.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	346,035.	540,875.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	346,035.	540,875.
	19	Revenue less expenses Subtract line 18 from line 12	883,956.	1,031,676.
	20	Total assets (Part X, line 16)	39,027,695.	46,957,153.
	21	Total liabilities (Part X, line 26)	17,634,041.	18,772,477.
	22	Net assets or fund balances Subtract line 21 from line 20	21,393,654.	28,184,676.
			Beginning of Current Year	End of Year
			39,027,695.	46,957,153.
			17,634,041.	18,772,477.
			21,393,654.	28,184,676.

Part II Signature Block

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

Sign Here	Signature of officer	Date	11/13/2013
	JOHN A. DIANGELO Type or print name and title	EXEC. VP / CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SCOTT MARIANI	[Signature]	11/12/2013
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if PTIN self-employed
	WITHUMSMITH+BROWN, PC	22-2027092	P00642486
	Firm's address	Phone no	
	465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497	973-898-9494	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

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SCANNED DEC 04 2013

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** 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 \$ 486,788. including grants of \$ 0) (Revenue \$ 188,045.)

EXPENSES INCURRED IN FUNCTIONING AS THE PARENT ORGANIZATION OF A
 TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES
 INSPIRA MEDICAL CENTERS, INC. AND INSPIRA MEDICAL CENTER WOODBURY,
 INC.; RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT
 ORGANIZATIONS THAT PROVIDE MEDICALLY NECESSARY HEALTHCARE SERVICES
 TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF
 RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO
 PAY. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY
 BENEFIT STATEMENT.

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

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

4e Total program service expenses ▶ 486,788.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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	X	
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		X
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	X	
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	3
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	0
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	
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," provide an explanation in 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>BERMUDA</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the 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 in Schedule O.	14b	

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 in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **JOHN A. DIANGELO 165 BRIDGETON PIKE MULICA HILL, NJ 08062 (856) 641-8610**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒ X**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER GALETTO JR CHAIRMAN - TRUSTEE	1.00	X		X				0	0	0
(2) DANIEL BALL TRUSTEE	1.00	X						0	0	0
(3) KEVIN C BOWEN TRUSTEE	1.00	X						0	0	0
(4) PAMELA CLARK TRUSTEE	1.00	X						0	0	0
(5) JOHN H FISHER III TRUSTEE	1.00	X						0	0	0
(6) CHRISTOPHER R GIBSON ESQ TRUSTEE	1.00	X						0	0	0
(7) RUSSELL GILLESPIE TRUSTEE	1.00	X						0	0	0
(8) EDGAR HATHAWAY JR ESQ TRUSTEE	1.00	X						0	0	0
(9) HARRY E HEARING TRUSTEE	1.00	X						0	0	0
(10) ALBERT B KELLY TRUSTEE	1.00	X						0	0	0
(11) HERBERT KONRAD TRUSTEE	1.00	X						0	0	0
(12) MICHAEL MCLAUGHLIN TRUSTEE; EX-OFFICIO	1.00	X						0	0	0
(13) DAVID ROBBINS JR TRUSTEE; EX-OFFICIO	1.00	X						0	0	0
(14) RONALD ROSSI TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) SHELLY O SCHNEIDER ED D TRUSTEE	1.00	X						0	0	0
16) CHESTER B KALETKOWSKI PRESIDENT/CEO	55.00			X				0	635,831.	449,823.
17) JOHN A DIANGELO ASST TREASURER, EVP/CFO	55.00			X				0	440,904.	118,158.
18) ROBERT M DANGEL ESQ ASST. SECRETARY/GEN. COUNSEL	55.00			X				0	326,227.	140,411.
19) WAYNE C SCHIFFNER EXECUTIVE VICE PRESIDENT	55.00			X				0	473,538.	224,335.
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	1,876,500.	932,727.
d Total (add lines 1b and 1c)								0	1,876,500.	932,727.

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	0
---	---	---

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

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
---	--	---

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f		0					
Program Service Revenue				Business Code					
	2a	PROGRAM SERVICE REVENUE	541900	188,045.	188,045.				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		188,045.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		1,142,898.			1,142,898.		
	4	Income from investment of tax-exempt bond proceeds . . .		0					
	5	Royalties		0					
	6a	Gross rents	(i) Real	(ii) Personal					
			639,122.						
			b	Less rental expenses	562,909.				
			c	Rental income or (loss)	76,213.				
	d	Net rental income or (loss)		76,213.			76,213.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			115,673.	51,180.					
			b	Less cost or other basis and sales expenses		1,458.			
			c	Gain or (loss)	115,673.	49,722.			
	d	Net gain or (loss)		165,395.			165,395.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
			b	Less direct expenses					
			c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses					
			c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a						
b			Less cost of goods sold						
c			Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code						
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d		0						
12	Total revenue. See instructions		1,572,551.	188,045.		1,384,506.			

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 to any question 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 governments and organizations in the United States. See Part IV, line 21.	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	0			
10 Payroll taxes.	0			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	27,758.	24,982.	2,776.	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	53,145.	47,831.	5,314.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	0			
13 Office expenses.	0			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	0			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	181,453.	163,308.	18,145.	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	22,784.	20,506.	2,278.	
23 Insurance.	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ALLOCATION OF PERSONNEL	185,729.	167,156.	18,573.	
b ADMINISTRATION ALLOCATION	43,260.	38,934.	4,326.	
c UTILITIES	4,928.	4,435.	493.	
d CONTRACTED SERVICES	2,316.	2,084.	232.	
e All other expenses	19,502.	17,552.	1,950.	
25 Total functional expenses. Add lines 1 through 24e.	540,875.	486,788.	54,087.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☒ X

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	0	1 0
	2 Savings and temporary cash investments	427,099.	2 3,865,358.
	3 Pledges and grants receivable, net	0	3 0
	4 Accounts receivable, net	0	4 0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6 0
	7 Notes and loans receivable, net	2,250,000.	7 751,232.
	8 Inventories for sale or use	0	8 0
	9 Prepaid expenses and deferred charges	1,328.	9 34,306.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,376,148.	
	b Less accumulated depreciation	10b 135,323.	10c 4,240,825.
	11 Investments - publicly traded securities	0	11 0
	12 Investments - other securities See Part IV, line 11	0	12 0
	13 Investments - program-related See Part IV, line 11	32,085,752.	13 38,065,432.
	14 Intangible assets	0	14 0
	15 Other assets See Part IV, line 11	0	15 0
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,027,695.	16 46,957,153.	
Liabilities	17 Accounts payable and accrued expenses	86,706.	17 114,242.
	18 Grants payable	0	18 0
	19 Deferred revenue	0	19 0
	20 Tax-exempt bond liabilities	0	20 0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21 0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	14,296,531.	23 14,281,145.
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	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	3,250,804.	25 4,377,090.
	26 Total liabilities. Add lines 17 through 25	17,634,041.	26 18,772,477.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	21,393,654.	27 28,184,676.
	28 Temporarily restricted net assets	0	28 0
	29 Permanently restricted net assets	0	29 0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	21,393,654.	33 28,184,676.
	34 Total liabilities and net assets/fund balances.	39,027,695.	34 46,957,153.

Form 990 (2012)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,572,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	540,875.
3	Revenue less expenses Subtract line 2 from line 1	3	1,031,676.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,393,654.
5	Net unrealized gains (losses) on investments	5	2,005,000.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,754,346.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,184,676.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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	2a	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	2b	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 in Schedule O	2c	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?	3a	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 in Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2012)

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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **INSPIRA HEALTH NETWORK, INC.**
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

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 11, 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.)
 - 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 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.)
 - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 ☒ 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☒ Type III-Non-functionally integrated
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☒
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
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 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)**ATTACHMENT 1****SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS**

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
INSPIRA MEDICAL CENTERS, INC.	21-0634484	03			X	X		X	0
INSPIRA MEDICAL CENTER WOODBURY, INC.	22-1820210	03			X	X		X	0
TOTAL AMOUNT OF SUPPORT									<u>0</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 (e g , recreation or education)	<input type="checkbox"/> Preservation of an 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2012

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %
 The percentages in 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" to 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. 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		4,120,683		4,120,683
b Buildings		85,904	79,252	6,652
c Leasehold improvements		143,265	44,290	98,975
d Equipment		20,171	7,494	12,677
e Other		6,125	4,287	1,838
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,240,825

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type ATTACHMENT 1	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN SUBSIDIARIES	3,935,056.	FMV
(2) MUTUAL FUNDS; WELLINGTON;		
(3) LIMITED USE	5,176,894.	FMV
(4) MUTUAL FUNDS PIMCO;		
(5) LIMITED USE	3,748,968.	FMV
(6) MUTUAL FUNDS CHAMPLAIN;		
(7) LIMITED USE	949,818.	FMV
(8) MUTUAL FUNDS VANGUARD;		
(9) LIMITED USE	2,312,604.	FMV
(10) MUTUAL FUNDS; TD BANK; LIMITED		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED ORGANIZATION	4,377,090.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☒ X

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

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

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

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

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE

SCHEDULE D, PART X

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ISSUES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES; INCLUDING THIS ORGANIZATION. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE 2012 CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48:

THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2012 OR 2011.

<u>ATTACHMENT 1</u>		
<u>SCHEDULE D, PART VIII - INVESTMENTS - PROGRAM RELATED</u>		
<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
USE	20,067,997.	FMV
MUTUAL FUNDS QUALCARE; LIMITED		
USE	1,859,308.	FMV
INVESTMENT IN PARTNERSHIP	14,787.	FMV
TOTALS	<u>38,065,432.</u>	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete** if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **INSPIRA HEALTH NETWORK, INC.**

Employer identification number

F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

22-2508425

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1	1.	PROGRAM SERVICES	FINANCIAL VEHICLE	2,200,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	1.			2,200,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	1.			2,200,000.

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

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2012

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **INSPIRA HEALTH NETWORK, INC.**
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

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 in 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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2012

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHESTER B KALETKOWSKI PRESIDENT/CEO	(i) 0 (ii) 520,529.	0 89,909.	0 25,393.	0 413,709.	0 36,114.	0 1,085,654.	0 0
2 JOHN A DIANGELO ASST TREASURER, EVP/CFO	(i) 0 (ii) 322,700.	0 78,625.	0 39,579.	0 91,910.	0 26,248.	0 559,062.	0 0
3 ROBERT M DANGEL ESQ ASST. SECRETARY/GEN. COUNSEL	(i) 0 (ii) 256,951.	0 35,421.	0 33,855.	0 108,834.	0 31,577.	0 466,638.	0 0
4 WAYNE C SCHIFFNER EXECUTIVE VICE PRESIDENT	(i) 0 (ii) 360,335.	0 70,290.	0 42,913.	0 200,250.	0 24,085.	0 697,873.	0 0
5	(i) (ii)	 	 	 	 	 	
6	(i) (ii)	 	 	 	 	 	
7	(i) (ii)	 	 	 	 	 	
8	(i) (ii)	 	 	 	 	 	
9	(i) (ii)	 	 	 	 	 	
10	(i) (ii)	 	 	 	 	 	
11	(i) (ii)	 	 	 	 	 	
12	(i) (ii)	 	 	 	 	 	
13	(i) (ii)	 	 	 	 	 	
14	(i) (ii)	 	 	 	 	 	
15	(i) (ii)	 	 	 	 	 	
16	(i) (ii)	 	 	 	 	 	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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.

COMPENSATION INFORMATION**SCHEDULE J, PART I; QUESTION 4B**

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2012 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CHESTER B. KALETKOWSKI, \$377,075; JOHN A. DIANGELO, \$69,253; ROBERT M. D'ANGEL, ESQ., \$71,050 AND WAYNE C. SCHIFFNER, \$153,251.

COMPENSATION INFORMATION**SCHEDULE J, PART I; QUESTION 7**

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2012 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2012 FORM W-2, BOX 5, AS TAXABLE MEDICARE

Part III Supplemental Information

Complete this part to 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.

WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS

INFORMATION BY PERSON BY AMOUNT.

COMPENSATION INFORMATION

SCHEDULE J, PART II; COLUMN B(III)

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J OF THIS FEDERAL FORM 990

RECEIVED COMPENSATION WITH RESPECT TO PAID TIME OFF, WHICH WAS INCLUDED

IN SCHEDULE J, PART II, COLUMN B(III) HEREIN AND IN EACH INDIVIDUAL'S

2012 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

COMMUNITY BENEFIT STATEMENT

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INSPIRA HEALTH NETWORK, INC. IS A NOT FOR-PROFIT HOLDING COMPANY BASED IN BRIDGETON, NEW JERSEY. INSPIRA HEALTH NETWORK, INC. IS THE SOLE CORPORATE MEMBER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES. THE INTERNAL REVENUE SERVICE HAS RECOGNIZED INSPIRA HEALTH NETWORK, INC. AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). INSPIRA HEALTH NETWORK, INC. IS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM.

BACKGROUND

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INSPIRA MEDICAL CENTERS, INC. ("IMC") IS A PROVIDER OF GENERAL ACUTE AND AMBULATORY HEALTHCARE SERVICES BASED IN CUMBERLAND AND SALEM COUNTY, NEW JERSEY. IMC IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, IMC PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. MOREOVER, IMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY

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TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID
PATIENTS;

2. OPERATES 3 ACTIVE EMERGENCY ROOMS FOR ALL PERSONS; WHICH IS OPEN 24
HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL
QUALIFIED PHYSICIANS;

4. CONTROL OF IMC RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF
TRUSTEES OF INSPIRA HEALTH NETWORK, INC. BOTH BOARDS ARE COMPRISED OF
INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY;
AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND
AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND
ACTIVITIES.

THE OPERATIONS OF IMC AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND
OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND
CONTROL OF IMC IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE
INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY
PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN
INCIDENTALLY.

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IMC PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, IMC PROVIDES HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. IMC MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY.

AS THE SOLE PROVIDER OF ESSENTIAL HEALTH SERVICES, IMC PROVIDES AN ESSENTIAL SAFETY NET FOR OUR COMMUNITIES, ASSURING THAT PATIENTS RECEIVE BOTH THE CARE AND FINANCIAL HELP THEY NEED. IMC IS THE AREA'S ONLY NON-PROFIT HEALTH SYSTEM AND MAJOR PROVIDER OF CHARITY CARE FOR FAMILIES WITHOUT HEALTH INSURANCE. IMC IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM COMPRISED OF MEDICAL CENTERS, COMMUNITY HEALTH CLINICS, HOME HEALTH SERVICES, AND SPECIALTY SERVICES THAT SERVE THE HEALTHCARE NEEDS OF OUR COMMUNITY.

PATIENT STATISTICAL INFORMATION

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IMC PROVIDES CARE TO A PATIENT BASE SPREAD OUT OVER FIVE SOUTHERN NEW JERSEY COUNTIES. WITH FACILITIES IN CUMBERLAND AND SALEM COUNTIES, IMC SERVES AS THE ONLY NOT-FOR-PROFIT ACUTE CARE FACILITY IN BOTH OF THOSE COUNTIES, ACCOUNTING FOR OVER 376,000 PERSONS, IMC IS COMPRISED OF TWO ACUTE CARE FACILITIES AND TWO HOSPITAL-BASED AMBULATORY CARE CENTERS.

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INSPIRA MEDICAL CENTER VINELAND IS LOCATED IN VINELAND, NEW JERSEY, CUMBERLAND COUNTY. IT IS A 325-BED ACUTE CARE FACILITY WITH 55 PSYCHIATRIC BEDS LOCATED AT THE INSPIRA HEALTH CENTER BRIDGETON. INSPIRA MEDICAL CENTER ELMER IS A 96-BED ACUTE CARE FACILITY LOCATED IN ELMER, NEW JERSEY, SALEM COUNTY. ADDITIONALLY, IMC PROVIDES AMBULATORY SERVICES AT TWO LOCATIONS IN CUMBERLAND COUNTY, WHICH ARE INSPIRA HEALTH CENTER BRIDGETON AND THE INSPIRA MEDICAL CENTER VINELAND. THESE AMBULATORY CARE CENTERS PROVIDE A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC SERVICES, INCLUDING A 24/7 SATELLITE EMERGENCY DEPARTMENT AND CHRONIC DIALYSIS SERVICES AT INSPIRA HEALTH CENTER BRIDGETON, PHYSICAL REHABILITATION SERVICES, OCCUPATIONAL MEDICINE, LABORATORY AND RADIOLOGY SERVICES. IN 2012, IMC PERFORMED 18,638 SURGERIES, 140,679 PHYSICAL THERAPY TREATMENTS, 36,235 OCCUPATIONAL HEALTH VISITS, 16,575 DIALYSIS TREATMENTS, 250,378 DIAGNOSTIC IMAGING PROCEDURES, 24,262 RADIATION THERAPY TREATMENTS AND 108,833 EMERGENCY ROOM VISITS. ALSO IN 2012, INPATIENT ADMISSIONS WERE 19,829 FOR ADULTS AND PEDIATRICS, 347 FOR SPECIAL CARE NURSERY, 1,585 FOR MENTAL HEALTH, AND 2,352 BIRTHS.

QUALITY AWARDS AND RECOGNITION

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IN ADDITION TO PROVIDING A WIDE SCOPE OF SERVICES, IMC TAKES GREAT PRIDE IN PROVIDING HIGH QUALITY, PATIENT FOCUSED CARE TO ITS COMMUNITIES. THESE EFFORTS HAVE BEEN RECOGNIZED AT BOTH A LOCAL AND NATIONAL LEVEL THROUGH A VARIETY OF AWARDS, RECOGNITIONS AND ACCREDITATIONS, WHICH INCLUDE:

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RECOGNITION FOR OUR COMMITMENT TO EXCELLENCE

WE'RE PROUD AT IMC TO HAVE RECEIVED NUMEROUS ACCOLADES FOR EXCELLENCE IN HEALTHCARE. IT'S A REFLECTION OF OUR COMMITMENT TO BEST PRACTICES AND EVIDENCE-BASED CARE; SUPPORTING CONTINUING EDUCATION AND STAFF RECRUITMENT; INVESTING IN LEADING EDGE TECHNOLOGY; AND RECRUITING PRIMARY CARE PHYSICIANS, SPECIALISTS AND SUBSPECIALISTS TO MEET THE NEEDS OF OUR COMMUNITIES. AS ONE OF THE REGION'S LARGEST HEALTHCARE PROVIDERS, WE ARE PLEASED TO SHARE SOME OF OUR MOST RECENT AWARDS.

AMERICAN HEART ASSOCIATION FIT FRIENDLY COMPANY AND WORKSITE INNOVATION AWARDS

ALL OF IMC'S CAMPUSES HAVE BEEN RECOGNIZED AS "FIT FRIENDLY" WORK SITES BY THE AHA. WE WERE THE ONLY COMPANY IN NEW JERSEY TO RECEIVE A WORKSITE INNOVATION AWARD FOR IMPLEMENTING CREATIVE APPROACHES TO HELPING OUR EMPLOYEES LEAD HEALTHY LIFESTYLES.

BABY FRIENDLY AWARD

IMC ELMER MEDICAL CENTER WAS NAMED A BABY-FRIENDLY BIRTH FACILITY, AN

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INTERNATIONAL DESIGNATION THAT RECOGNIZES EXCELLENCE IN PATIENT BREAST
FEEDING EDUCATION AND OFFERING AN OPTIMAL LEVEL OF CARE FOR INFANT
FEEDING.

GOLD QUALITY ACHIEVEMENT AWARD FOR STROKE CARE

IMC ELMER MEDICAL CENTER WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION
AND AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD
PLUS QUALITY ACHIEVEMENT AWARD. THE AWARD RECOGNIZES OUR SUCCESS IN
PROVIDING PATIENTS WITH EXCELLENT STROKE CARE BASED ON EVIDENCE-BASED
GUIDELINES.

NATIONALLY ACCREDITED BREAST CENTER

THE BREAST CENTER AT THE IMC FRANK AND EDITH SCARPA REGIONAL CANCER
PAVILION IN VINELAND RECEIVED THREE-YEAR ACCREDITATION FROM THE NATIONAL
ACCREDITATION PROGRAM FOR BREAST CENTERS. THE DESIGNATION AFFIRMS OUR
COMMITMENT TO PROVIDING THE HIGHEST LEVEL OF BREAST CARE FOR OUR
PATIENTS.

ONCOLOGY RESEARCH AWARD

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IMC AND THE FOX CHASE CANCER CENTER TEMPLE HEALTH WERE PART OF A TEAM OF
CONTRIBUTORS HONORED WITH AN ACADEMY OF ONCOLOGY NURSE NAVIGATORS (AONN)
AWARD FOR ORIGINAL RESEARCH AT THE THIRD ANNUAL NAVIGATION AND
SURVIVORSHIP CONFERENCE. THE TEAM EXAMINED THE ROLE OF BREAST CANCER
NURSE NAVIGATORS AND THE POSITIVE IMPACT THEY MAKE IN THE LIVES OF CANCER
PATIENTS.

UMDNJ MAJOR CLINICAL AFFILIATION

THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY-SCHOOL OF
OSTEOPATHIC HAS DESIGNATED IMC AS A MAJOR CLINICAL AFFILIATE OF THE
MEDICAL SCHOOL. THIS PARTNERSHIP SUPPORTS INSPIRA MEDICAL CENTERS -
VINELAND MEDICAL CENTER'S RESIDENCY PROGRAMS THAT WILL HELP TO ADDRESS
THE ANTICIPATED PHYSICIAN SHORTAGE IN OUR REGION BY TRAINING NEW DOCTORS'
RIGHT HERE IN OUR COMMUNITY.

MEDICAL AND SPECIALTY SERVICES

IMC IS A NONPROFIT HEALTHCARE ORGANIZATION THAT PROVIDES A BROAD SPECTRUM
OF INPATIENT CARE AND AMBULATORY CARE. IN ADDITION TO ITS GENERAL
MEDICAL, SURGICAL, OBSTETRICAL, GYNECOLOGICAL, PEDIATRIC AND PSYCHIATRIC
SERVICES, IMC OFFERS A WIDE ARRAY OF DIAGNOSTIC AND TREATMENT MODALITIES
AND VARIOUS SPECIALTY SERVICES.

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COMPREHENSIVE ACUTE CARE SERVICES ARE PROVIDED AT IMC VINELAND MEDICAL CENTER AND IMC ELMER MEDICAL CENTER. EACH MEDICAL CENTER CAMPUS OFFERS 24-HOUR SERVICES IN RADIOLOGY, LABORATORY, CARDIO-PULMONARY AND EMERGENCY MEDICINE. STAFF IS ON CALL AFTER HOURS AND ON WEEKENDS FOR SURGICAL SERVICES AND CERTAIN DIAGNOSTIC SERVICES SUCH AS NUCLEAR MEDICINE AND ULTRASOUND. THE BRIDGETON HEALTH CENTER IS HOME TO A SATELLITE EMERGENCY DEPARTMENT THAT SERVES PATIENTS 24 HOURS A DAY, SEVEN DAYS A WEEK, A 10-BED HOSPICE INPATIENT CENTER AND A VARIETY OF BEHAVIORAL HEALTH AND OUTPATIENT SERVICES.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SEVERAL OF THE SYSTEM'S SIGNIFICANT SERVICES ARE PROGRAMS ARE DESCRIBED BELOW:

INSPIRA MEDICAL CENTERS - ELMER MEDICAL CENTER

INSPIRA MEDICAL CENTERS - ELMER MEDICAL CENTER IS A PRIMARY HEALTHCARE PROVIDER IN SOUTHERN NEW JERSEY. IN RECENT YEARS, ELMER HAS UNDERGONE SOME RENOVATIONS INCLUDING THE OPENING OF THEIR INTENSIVE CARE UNIT; A MODERN SURGICAL SERVICES DEPARTMENT; A NEW CHILD/ADOLESCENT INTENSIVE OUTPATIENT MENTAL HEALTH UNIT; A NEW MATERNITY CARE CENTER; A NEW PHYSICIAN CARE CENTER, A FREE-STANDING OUTPATIENT PHYSICAL THERAPY SITE;

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A REDESIGNED OPERATING ROOM, EMERGENCY ROOM, LOBBY AND REGISTRATION AREA.

INSPIRA MEDICAL CENTERS - VINELAND MEDICAL CENTER

LOCATED ON A 62.5-ACRE CAMPUS IN VINELAND, INSPIRA MEDICAL CENTERS -
ELMER MEDICAL CENTER IS A 491,989 SQUARE-FOOT, 270-BED FACILITY, WHICH
OPENED IN AUGUST 2004. IN ADDITION TO OFFERING COMPREHENSIVE MEDICAL
TECHNOLOGIES AND SERVICES, THE VINELAND MEDICAL CENTER'S DESIGN ALSO
EMPHASIZES PATIENT COMFORT.

INPATIENT CARE CENTERS OFFERING CENTERS OF EXCELLENCE

THERE ARE FOUR INPATIENT CARE CENTERS OPERATING AT THE VINELAND MEDICAL
CENTER THAT INCLUDE:

- WOMEN'S & CHILDREN'S CENTER OF CARE - HOME-LIKE LABOR AND DELIVERY

SUITES

- SURGICAL CENTER OF CARE - 10 OPERATING SUITES AND MODERN ICU/CCU AND
REHABILITATION SERVICES

- MEDICAL CENTER OF CARE - ACUTE, ICU AND POST-ICU, DIALYSIS,

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CHEMOTHERAPY AND MEDICAL INFUSION SERVICES

- CARDIOLOGY CENTER OF CARE - 37 BED CARDIAC ACUTE CARE UNIT, ICU AND
POST-ICU AND CARDIOPULMONARY

THE INPATIENT CARE CENTERS ALLOW FOR THE CO-LOCATION OF LIKE ACUTE AND
CRITICAL CARE UNITS. THE SURGICAL INTENSIVE CARE UNIT IS ADJACENT TO THE
SURGICAL STEP-DOWN/POST-INTENSIVE CARE UNIT. THIS STEP-DOWN UNIT IS
LIKEWISE ADJACENT TO THE SURGICAL ACUTE CARE BEDS. AS THE PATIENT'S
ILLNESS OR INJURY BECOMES LESS ACUTE, THE PATIENT CAN MOVE DOWN THIS
CONTINUUM OF CARE WITHOUT EVER PHYSICALLY LEAVING THE INPATIENT CARE
CENTERS. THIS CONFIGURATION ALSO SIMPLIFIES PHYSICIANS' ROUNDS.

SINGLE BEDDED (PRIVATE) ROOMS - ALL PATIENT ROOMS AT THE VINELAND MEDICAL
CENTER ARE PRIVATE ROOMS WHICH INCREASE PATIENT PRIVACY, CONFIDENTIALITY
AND COMFORT. THE USE OF PRIVATE ROOMS ALLOWS FOR MORE EFFICIENT CARE AND
REDUCES THE RISK OF PATIENTS CONTRACTING A NOSOCOMIAL INFECTION DURING A
STAY. ALSO, GIVEN THE INCREASE IN PATIENT ACUITY AND THE CORRESPONDING
INCREASE IN DEMAND FOR MORE EQUIPMENT, PRIVATE ROOMS PROVIDE MORE SPACE
FOR SPECIALIZED EQUIPMENT AND CAREGIVERS AT THE BEDSIDE. ROOMS AT THE
VINELAND MEDICAL CENTER ARE DESIGNED WITH VIEWING WINDOWS ALONG THE
HALLWAY ALLOWING PATIENTS TO BE OBSERVED BY MEDICAL PERSONNEL WITHOUT
BEING DISTURBED.

NEW TECHNOLOGIES

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AS A RELATIVELY NEW FACILITY, VINELAND MEDICAL CENTER IS ABLE TO TAKE
ADVANTAGE OF A WIDE VARIETY OF NEW TECHNOLOGIES THROUGHOUT THE MEDICAL
CENTER. THESE NEW TECHNOLOGIES INCLUDE:

- EVERY PATIENT CAN BE MONITORED FROM ONE CENTRAL LOCATION.

- PICTURE ARCHIVING AND COMMUNICATIONS SYSTEMS' (PACS) IMAGING EQUIPMENT
ELECTRONICALLY STORES X-RAYS, CAT SCANS OR OTHER DIGITAL IMAGES.
PHYSICIANS ARE ABLE TO VIEW AN IMAGE AT ANY TERMINAL AT VINELAND MEDICAL
CENTER OR IN THEIR OFFICE.

- VINELAND MEDICAL CENTER HAS INCORPORATED WIRELESS TECHNOLOGY THAT
INCLUDES HANDHELD DEVICES WITH INSTANT MESSAGING THAT ALLOW NURSES TO
MONITOR PATIENTS AND ALLOW PHYSICIANS TO REVIEW DIAGNOSTIC TEST RESULTS
MORE RAPIDLY.

- SOPHISTICATED NURSE CALL SYSTEMS ALLOW PHYSICIANS, NURSES AND OTHER
STAFF TO QUICKLY FIND PATIENT NURSES. WHILE THIS NURSE CALL SYSTEM
IMPROVES INTER-STAFF COMMUNICATIONS, IT ALSO IMPROVES PATIENT CARE BY
REDUCING THE TIME REQUIRED TO GET THE NECESSARY STAFF AND RESOURCES TO
THE BEDSIDE.

- A PNEUMATIC TUBE SYSTEM CARRIES LAB TESTS, PHARMACEUTICALS AND PATIENT

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CHARTS THROUGHOUT VINELAND MEDICAL CENTER. THIS TUBE SYSTEM, HIDDEN BEHIND THE WALLS, GREATLY IMPROVES THE TURNAROUND TIME FOR LAB TESTS AND NEW DRUG ORDERS.

- THE MEDICATION ADMINISTRATION CHECK SYSTEM ENSURES PATIENT SAFETY BY ALLOWING NURSES TO SCAN BARCODES AT THE BEDSIDE POSITIVELY LINKING THE PRESCRIBED DRUGS WITH THE INTENDED PATIENTS.

- A TELENEUROLOGY PROGRAM GIVES EMERGENCY ROOM PATIENTS QUICK ACCESS TO BOARD-CERTIFIED NEUROLOGISTS, 24/7, AND ALLOWS EMERGENCY ROOM STAFF TO PROVIDE RAPID STROKE DIAGNOSIS AT A MOMENTS NOTICE.

- DIGITAL MAMMOGRAPHY IS AVAILABLE IN FIVE CONVENIENT LOCATIONS AND PROVIDES STATE-OF-THE ART IMAGING TECHNOLOGY FOR THOUSANDS OF SCREENINGS FOR BREAST CANCER.

- SURGIBOARDS, AN INNOVATIVE PATIENT TRACKING SYSTEM, BRINGS A NEW LEVEL OF EFFICIENCY TO THE SURGICAL SERVICES DEPARTMENT AT VINELAND MEDICAL CENTER PROVIDING REAL-TIME MONITORING AND INSTANT COMMUNICATIONS TO STAFF IN KEY LOCATIONS THROUGHOUT SURGICAL SERVICES.

- IMC INITIATED ITS OWN HEALTH INFORMATION EXCHANGE (HIE) BRINGING NETWORK PHYSICIANS ONTO THEIR OWN ELECTRONIC HEALTH RECORD.

- COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE) PROVIDES AN OPPORTUNITY TO

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STANDARDIZE PHYSICIAN ORDER SETS AND WORKFLOWS, ENHANCING PATIENT CARE
AND PATIENT SAFETY. CPOE IS A MAJOR STEP TOWARD THE FULLY ELECTRONIC
HEALTH RECORD.

CANCER SERVICES

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THE IMC FRANK AND EDITH SCARPA REGIONAL CANCER PAVILION, WHICH ORIGINALLY
OPENED AT VINELAND MEDICAL CENTER IN MAY 2005, UNDERWENT A \$12 MILLION
EXPANSION IN 2008-2009. THE EXPANSION NEARLY TRIPLES THE SIZE OF THE
CANCER TREATMENT FACILITY, CREATES A ONE-STOP EXPERIENCE FOR CANCER
PATIENTS, EXPANDS CLINICAL DRUG RESEARCH, HELPS RECRUIT PHYSICIANS WITH
CANCER SPECIALTIES, CONSOLIDATES SERVICES AND BRINGS MEDICAL ONCOLOGY AND
RADIATION ONCOLOGY UNDER ONE ROOF TO PROVIDE THE LATEST AND HIGHEST
QUALITY CANCER CARE IN THE REGION.

THE CENTER OFFERS THE LATEST TECHNOLOGIES IN CANCER TREATMENTS. TWO
LINEAR ACCELERATORS IN THE FACILITY PERFORM ADVANCED RADIATION THERAPY
TREATMENTS, INTENSITY MODULATED RADIATION THERAPY (IMRT), PET/CT IMAGING
AND HIGH DOSE RATE (HDR) RADIATION TREATMENT. STAFFING IS PROVIDED BY A
MULTIDISCIPLINARY TEAM INCLUDING BOARD-CERTIFIED PHYSICIANS, MEDICAL
ONCOLOGISTS, PALLIATIVE CARE SPECIALISTS, RADIATION ONCOLOGISTS, OCN AND
AOCN NURSES.

THROUGH A PARTNERSHIP WITH THE FOX CHASE CANCER CENTER, PHILADELPHIA, PA,

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IMC ALSO PROVIDES ADVANCED CANCER CARE THROUGH MORE THAN 30 NATIONAL CLINICAL TRIALS. THESE STUDIES TEST NEW TREATMENTS, DIAGNOSTIC TECHNIQUES AND METHODS FOR PREVENTING CANCER.

CARDIAC CATHETERIZATION

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VINELAND MEDICAL CENTER'S LOW RISK CARDIAC CATHETERIZATION LAB SUCCESSFULLY ACHIEVED OR SURPASSED ALL THE NECESSARY CRITERIA TO BE DESIGNATED AS A FULL-SERVICE DIAGNOSTIC FACILITY IN 2007. THIS HIGHER DESIGNATION ALLOWS IMC TO OFFER CATHETERIZATION SERVICES TO CARDIAC PATIENTS REGARDLESS OF THE SEVERITY OF THEIR ILLNESS. UPON OPENING, ALL NEW CATH LABS ARE LIMITED TO "LOW RISK" PATIENTS, BUT WITH FULL SERVICE STATUS, PATIENTS THAT ONCE HAD TO LEAVE THE SERVICE AREA FOR CARDIAC SERVICES CAN BE TREATED AT THE VINELAND MEDICAL CENTER. IN 2012, 419 LOW RISK PROCEDURES WERE PERFORMED AT VINELAND MEDICAL CENTER.

A CENTER OF EXCELLENCE FOR BARIATRIC SURGERY

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VINELAND MEDICAL CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) BARIATRIC SURGERY CENTER OF EXCELLENCE. THE ASMBS CENTER OF EXCELLENCE DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY. TO EARN A CENTER OF EXCELLENCE DESIGNATION, THE VINELAND MEDICAL CENTER

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UNDERWENT A SERIES OF SITE INSPECTIONS DURING WHICH ALL ASPECTS OF THE
PROGRAM'S SURGICAL PROCESSES WERE CLOSELY EXAMINED AND DATA ON HEALTH
OUTCOMES WAS COLLECTED.

MATERNAL AND CHILD HEALTH

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HOSPITAL-BASED MATERNITY SERVICES ARE OFFERED AT BOTH VINELAND MEDICAL
CENTER AND ELMER MEDICAL CENTER.

THE WOMEN'S AND CHILDREN'S INPATIENT CARE CENTER IS LOCATED ON THE FIRST
FLOOR OF VINELAND MEDICAL CENTER AND OFFERS A LDRP (LABOR, DELIVERY,
RECOVERY AND POST-PARTUM) ROOM CONFIGURATION THAT PERMITS A MOTHER TO
CHOOSE WHETHER SHE WISHES TO HAVE HER BABY STAY IN THE SAME ROOM WITH HER
DURING HER STAY OR HAVE FAMILY MEMBERS STAY WITH HER. IMC OFFERS THE
SERVICES OF MIDWIVES AND THE USE OF BIRTHING JACUZZIS.

THE MATERNITY CARE UNIT AT ELMER MEDICAL CENTER, WHICH OPENED IN 2003,
OFFERS COMPREHENSIVE FETAL TESTING AND IMMUNIZATION SERVICES; C-SECTION
FACILITIES AND RECOVERY ROOM; BREASTFEEDING AND INFANT CARE EDUCATION;
AND EASY ACCESS TO MEDICAL CENTER DEPARTMENTS FOR DIAGNOSTIC SCREENING.

EACH OF THE FIVE LDRP SUITES AT ELMER'S MATERNITY CARE UNIT IS DESIGNED
WITH A PRIVATE BATHROOM, FOUR OF THE FIVE HAVE WHIRLPOOL TUBS AND THE
FIFTH HAS A BIRTHING TUB.

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COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

NEONATAL INTENSIVE CARE UNIT (NICU)

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WITH RESPECT TO NURSERY CARE, IMC OFFERS FULL LEVEL II - INTERMEDIATE SERVICE AT THE VINELAND MEDICAL CENTER. IN 2009, IMC RECEIVED A CERTIFICATE OF NEED (CN) TO ADD 6 CPC LEVEL IIIA BEDS (STATE-MANDATED MINIMUM, PER NJAC 8:33C-2.9(B)). EXPANSION PLANS FOR THE COMMUNITY PERINATAL CENTERS INTENSIVE CARE UNIT (NICU-LEVEL IIIA) WAS COMPLETED IN 2012, AND IS NOW KNOWN AS THE DEBORAH SAGER NEONATAL INTENSIVE CARE UNIT.

NEUROSURGERY

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IMC COMPLETED A MARKET STUDY WHICH SHOWED THAT 90% OF VOLUME IN IMC'S PRIMARY SERVICE AREA LEFT THE AREA TO RECEIVE NEUROSURGICAL SERVICES. IN 2006, IMC RECRUITED A BOARD CERTIFIED NEUROSURGEON WHICH ALLOWS IMC TO OFFER A BROAD RANGE OF NEUROSURGICAL SERVICES, INCLUDING CARE FOR INTER-CRANIAL BLEEDING, SPINAL SURGERY, AND CARE FOR STROKE PATIENTS. IMC PROVIDES QUALITY STROKE CARE AT BOTH OF ITS MEDICAL CENTERS WHICH ARE STATE DESIGNATED PRIMARY STROKE CENTERS.

UROLOGY

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IN 2009, IMC RECRUITED A BOARD CERTIFIED UROLOGIST, FELLOWSHIP TRAINED IN
PROSTATE CANCER CARE AND A UROGYNECOLOGIST WHO SPECIALIZES IN
UROGYNECOLOGY AND PELVIC RECONSTRUCTION SURGERY.

ONCOLOGY

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IMC RECRUITED PHYSICIANS TO THE MEDICAL STAFF SPECIALIZING IN GYNECOLOGIC
ONCOLOGY AND ONCOLOGIC BREAST SURGERY. THESE SPECIALIZED CARE SERVICES
WERE NEVER BEFORE AVAILABLE IN OUR COMMUNITY AND ARE NOW AVAILABLE
LOCALLY.

IMC SPORTS REHAB CARE VINELAND

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IN 2005, IMC REHABCARE ADDED A NEW OUTPATIENT SPORTS THERAPY CENTER THAT
FOCUSES ON SPORTS RELATED INJURIES. THE SPECIALISTS AT IMC SPORTS REHAB
CARE WORK CLOSELY WITH ORTHOPEDIC SURGEONS TO ASSIST PATIENTS WITH THE
REHABILITATION AND TREATMENT OF ARTHROSCOPIC PROCEDURES, TOTAL JOINT
REPLACEMENTS FOR HIP AND KNEE, INTRICATE HAND AND FOOT SURGERY AND
SPECIALIZED SPINE PROCEDURES.

MENTAL HEALTH SERVICES

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IMC OFFERS A BROAD RANGE OF MENTAL HEALTH SERVICES. IMC BEHAVIORAL HEALTH SERVICES HAS 55 ACUTE CARE PSYCHIATRIC BEDS AT THE BRIDGETON HEALTH CENTER, PROVIDING INPATIENT SERVICES FOR BOTH THE ADULT AND CHILD/ADOLESCENT POPULATIONS THROUGHOUT THE SOUTHERN NEW JERSEY REGION. RECENTLY, IMC ADDED A 12-BED CHILD/ADOLESCENT INTERMEDIATE CARE UNIT THAT ALLOWS IMC TO PROVIDE SERVICES TO THE DISPLACED PATIENTS PREVIOUSLY RECEIVING CARE AT THE ARTHUR BRISBANE CHILD TREATMENT CENTER. THIS UNIT, FUNDED THROUGH A GRANT PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES, OPENED IN APRIL OF 2006. ADDITIONALLY, IMC OFFERS A WIDE RANGE OF OUTPATIENT MENTAL HEALTH SERVICES, INCLUDING PARTIAL DAY PROGRAMS AND ACCESS TO OUTPATIENT COUNSELING SERVICES.

BRIDGETON HEALTH CENTER ADDED AN INTENSIVE OUTPATIENT PROGRAM TO THE CONTINUUM OF MENTAL HEALTH SERVICES OFFERED TO CUMBERLAND AND SALEM COUNTY RESIDENTS. THE ADULT INTENSIVE OUTPATIENT PROGRAM (IOP) OFFERS NEW SERVICES PROVIDED AT THE BRIDGETON HEALTH CENTER THAT ARE DESIGNED SPECIFICALLY FOR PATIENTS WHO ARE EXPERIENCING PSYCHIATRIC OR EMOTIONAL DIFFICULTIES, BUT DO NOT OR NO LONGER NEED THE LEVEL OF CARE OFFERED BY INPATIENT OR PARTIAL CARE HOSPITALIZATION PROGRAMS. THE PROGRAM SEES PATIENTS 18 YEARS AND OLDER WHO TRADITIONALLY ATTEND TWO TO THREE TIMES A WEEK FOR THREE HOURS PER VISIT. THE GOAL OF INTENSIVE OUTPATIENT THERAPY IS TO EMPOWER EACH PERSON TO LEARN AND EXPERIENCE NEW WAYS TO COPE WITH STRESS, ANXIETY, AND DEPRESSION. THE DEDICATED TEAM OF IMC MENTAL HEALTH

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PROFESSIONALS OFFERS A VARIETY OF SERVICES INCLUDING COMPREHENSIVE
PATIENT ASSESSMENTS, EDUCATION, INDIVIDUAL, FAMILY AND GROUP THERAPY AS
WELL AS A LINKAGE TO ONGOING CLINICAL AND SUPPORT SERVICES. THE IOP
PROGRAM ALSO PROVIDES ACCESS TO A 24/7 CONTACT LINE THAT WILL CONNECT
PEOPLE WITH IMC MENTAL HEALTH STAFF.

INSPIRA HEALTH NETWORK LIFE, INC.

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IN THE SUMMER OF 2011, IMC BEGAN THE NEW LIFE (LIVING INDEPENDENTLY FOR
ELDERS) PROGRAM WHICH IS PART OF THE NATIONAL PACE (PROGRAMS OF
ALL-INCLUSIVE CARE FOR THE ELDERLY) PROGRAM. FOR OUR SENIOR CITIZENS,
OFTEN THE ABILITY TO REMAIN IN THEIR HOMES IS MOST IMPORTANT FOR THEIR
QUALITY OF LIFE. THIS PROGRAM ALLOWS OLDER ADULTS WITH ONGOING HEALTH
NEEDS TO LIVE INDEPENDENTLY AT HOME AS LONG AS POSSIBLE. THE PROGRAM
CURRENTLY SERVES CUMBERLAND, GLOUCESTER AND SALEM COUNTIES.

COMMUNITY BENEFIT EFFORTS

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IN ITS ROLE AS THE SOLE NOT-FOR-PROFIT ACUTE CARE PROVIDER IN CUMBERLAND
AND SALEM COUNTIES, IMC AND ENTITIES UNDER ITS PARENT, PROVIDES AND
PARTICIPATES IN A NUMBER OF SERVICES AND PROGRAMS IN OUR COMMUNITY. FROM
COMMUNITY EDUCATION TO PARTICIPATION IN COMMUNITY-FOCUSED GROUPS, IMC
PROVIDES A WIDE RANGE OF SERVICES BENEFITING THE COMMUNITY.

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COMMUNITY HEALTH EDUCATION

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IMC PROVIDES A NUMBER OF LECTURES, SEMINARS AND OTHER EDUCATIONAL PROGRAMS FOR OUR COMMUNITY. IMC ACHIEVES THIS THROUGH A NUMBER OF VEHICLES:

SYMPOSIA - BEING PREPARED FOR TOMORROW'S HEALTHCARE CHALLENGES AND SUPPORTING THE CONTINUING EDUCATIONAL NEEDS OF PHYSICIANS AND ALLIED HEALTH PERSONNEL IN THE COMMUNITY, IMC OFFERS CONTINUING MEDICAL EDUCATION PRESENTING THE LATEST ADVANCEMENTS AND LEADING-EDGE RESEARCH AND TREATMENT ON TOPICS SUCH AS CANCER, CRITICAL CARE, NEPHROLOGY, PEDIATRICS AND OBSTETRICS, WHERE PHYSICIANS AND HEALTHCARE PROFESSIONALS FROM OUR COMMUNITY AND ACROSS THE REGION MET TO PARTICIPATE IN THESE PARTICULAR IN-DEPTH DISCUSSIONS.

GARDEN AHEC EDUCATIONAL CONFERENCES - GARDEN AHEC (AREA HEALTH EDUCATION CENTER) IS A PROGRAM AFFILIATED WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, SCHOOL OF OSTEOPATHIC MEDICINE WHICH FACILITATES IMPROVED COMMUNITY HEALTH OUTCOMES THROUGH COLLABORATIVE INITIATIVES LINKING NEEDS TO EDUCATIONAL RESOURCES. TARGETING THE EDUCATIONAL NEEDS OF PRIMARY CARE PROVIDERS, NURSES, SOCIAL WORKERS AND OTHER ALLIED HEALTH PROFESSIONALS IN THE COMMUNITY, GARDEN AHEC OFFERS ACCREDITED CONTINUING EDUCATION PROGRAMS ON TOPICS SUCH AS AUTISM, DERMATOLOGY, DIABETES,

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DIALYSIS, INFECTIOUS DISEASES, WOUND CARE, MENTAL HEALTH, CHILDHOOD
OBESITY, SOCIAL WORK, PEDIATRIC PHARMACOLOGY, TRAUMA PATIENT CARE AND
TREATMENT, IMMIGRATION AND MANY OTHERS.

GARDEN AHEC EDUCATIONAL PROGRAMS - IN PARTNERSHIP WITH THE BOY SCOUTS OF
AMERICA, GARDEN AHEC'S MEDICAL EXPLORERS PROGRAM PROVIDES AN OPPORTUNITY
FOR TEENS INTERESTED IN MEDICAL CAREERS TO INTERACT WITH PHYSICIANS AND
NURSES, LEARN VARIOUS CAREERS AND EXPERIENCE REALISTIC PORTRAYALS OF
SPECIALTY AREAS SUCH AS "A NIGHT IN THE OR." CUMBERLAND ENTERPRISE ZONE,
21ST CENTURY COMMUNITY LEARNING CENTER PROGRAM OFFERS AFTER SCHOOL AND
SUMMER COURSES IN NUTRITION, FITNESS, HEALTHY LIFESTYLES, CAREERS IN
HEALTHCARE AND A POSITIVE YOUTH DEVELOPMENT PROGRAM FOCUSING ON
PSYCHOSOCIAL TEEN HEALTH TOPICS. THESE PROGRAMS ARE OFFERED TO
UNDERPRIVILEGED AND MINORITY MIDDLE & HIGH SCHOOL STUDENTS.

HEALTH PROFESSIONALS EDUCATION - EDUCATION HELPS PREPARE THE NEXT
GENERATION OF HEALTHCARE PROFESSIONALS, WHICH IS WHY WE STRONGLY SUPPORT
MEDICAL EDUCATION AT ALL ACADEMIC LEVELS AND FIND INNOVATIVE WAYS TO
INSPIRE YOUNG PEOPLE TO PURSUE CAREERS IN A WIDE VARIETY OF MEDICAL
FIELDS. COMMUNITY MEDICINE ROTATIONS WITH THE UNIVERSITY OF MEDICINE AND
DENTISTRY OF NJ SCHOOL OF OSTEOPATHIC MEDICINE (UMDNJ-SOM), PROVIDES
THIRD YEAR MEDICAL STUDENTS A TWO-WEEK ROTATION IN COMMUNITY-BASED
AGENCIES AND ORGANIZATIONS TO LEARN ABOUT UNDERSERVED AND CULTURALLY
DIVERSE POPULATIONS, INCLUDING BARRIERS TO ACCESSING CARE. RESPONDING TO
THE NURSING SHORTAGE, IMC FUNDS THE SALARY OF 1.5 NURSING INSTRUCTORS AT

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CUMBERLAND COUNTY COLLEGE, IN ADDITION TO OFFERING NURSING EDUCATION PROGRAMS, EXTERNSHIPS AND INTERNSHIPS. IMC OFFERS ITS FACILITIES FOR GRADUATE MEDICAL STUDENT ROTATIONS, SOCIAL WORK AND MENTAL HEALTH INTERNSHIPS, DIETETIC INTERNSHIPS AND CLINICAL ROTATIONS FOR NURSING, PHARMACY, EMT, PHYSICAL THERAPY, PODIATRY, RADIOLOGY AND ULTRASOUND. IMC MEDICAL STAFF ROUTINELY HOSTS STUDENTS FOR JOB SHADOWING AND STUDENT OBSERVATIONS.

RESIDENCY PROGRAMS - IN 2011, IMC PARTNERED WITH UMDNJ-SOM TO BEGIN TRAINING THE NEXT GENERATION OF PHYSICIANS. THESE MEDICAL SCHOOL GRADUATES ARE WORKING SIDE-BY-SIDE WITH EXPERIENCED MEMBERS OF THE IMC MEDICAL STAFF, GAINING VALUABLE EXPERIENCE AND INSIGHT. AT THE SAME TIME, THEY ENHANCE PATIENT CARE WITH THE KNOWLEDGE OF THE LATEST TREATMENTS AND PHILOSOPHIES MEDICINE HAS TO OFFER. THEY ALSO BRING A LEVEL OF INTELLECTUAL CURIOSITY THAT STRENGTHENS OUR CARE TEAMS AND BENEFITS OUR PATIENTS. 99 RESIDENTS WERE ON STAFF IN 2012.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHOOL PROGRAMS ON HEALTH CAREERS - IMC PROVIDES EDUCATIONAL OPPORTUNITIES AND HOSTS SPECIAL EVENTS, JOB SHADOWING AND PROGRAMS TO MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN PURSUING CAREERS IN HEALTHCARE AND MEDICINE. NATIONAL YOUTH LEADERSHIP FORUM IS A NATIONAL 10-DAY PROGRAM THAT INTRODUCES OUTSTANDING HIGH SCHOOL STUDENTS TO THE WORLD OF MEDICINE. THE FORUM CHALLENGES STUDENTS TO LEARN ABOUT A BROAD

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RANGE OF TOPICS, INCLUDING EDUCATIONAL REQUIREMENTS, CAREER OPTIONS, CLINICAL PRACTICE, COMPLEX ETHICAL AND LEGAL ISSUES, GLOBAL EPIDEMICS, MEDICAL SPECIALTIES AND PRIMARY CARE WITH CURRENT PHYSICIANS AND PATIENTS. THROUGH COLLABORATIVE INITIATIVES WITH CUMBERLAND JUVENILE DETENTION CENTER, IMC CONTINUOUSLY PROVIDES AREA STUDENTS WITH A CLOSE UP VIEW OF HEALTHCARE BY INTRODUCING THEM TO A WIDE RANGE OF CAREERS IN HEALTHCARE, INCLUDING CAREERS IN AREAS SUCH AS DIETARY AND TRANSPORTATION. TO REACH EVERY AGE GROUP IN THE COMMUNITY, IMC STAFF ALSO EXTENDS HOSPITALS TOURS TO PRESCHOOL AND FIRST GRADERS, AS THEIR PRIMARY INTRODUCTION TO THE HEALTHCARE ENVIRONMENT AND PROMOTION OF HEALTHY LIFESTYLES.

LECTURES AND COURSES - IMC OFFERS A WEALTH OF PROGRAMS DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTHY LIVING. LECTURES AND COURSES ARE REGULARLY AVAILABLE ON SUCH TOPICS AS CHILDBIRTH EDUCATION, BREASTFEEDING, CPR CLASSES, ACLS (ADVANCED CARDIAC LIFE SUPPORT) CLASSES, PALS (PEDIATRIC ADVANCED LIFE SUPPORT) CLASSES, EMS TRAINING, AARP DRIVER SAFETY AND OTHERS. IMC HAS BEEN RECOGNIZED FOR ITS EFFORTS IN DIABETES OUTREACH BY OFFERING DIABETES SELF-MANAGEMENT COURSES, DIABETES SUPPORT GROUPS, UNDERSTANDING DIABETES CLASSES, FREE EYE EXAMS FOR DIABETICS, AND DISCOUNTED MEMBERSHIPS FOR DIABETES EXERCISE PROGRAMS AT THE FITNESS CONNECTION.

HEALTH FAIRS AND SCREENINGS - IMC ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DON'T REGULARLY COME THROUGH THE DOORS OF OUR MEDICAL

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CENTERS. IMC PARTICIPATES IN A VARIETY OF HEALTH FAIRS AND COMMUNITY EVENTS TO OFFER VALUABLE HEALTH INFORMATION TO OUR NEIGHBORS. IN ADDITION, IMC HOSTS SENIOR LUNCHEON CLASSES AND SENIOR HEALTH EDUCATION DAYS WHICH INCLUDES, FLU SHOTS AND EDUCATIONAL SESSIONS ON TOPICS WHICH INCLUDED DEPRESSION, NUTRITION, SMOKING CESSATION, TRAVEL VACCINES, HEART HEALTH, FITNESS, EXERCISE, FALLS PREVENTION, DIAGNOSTIC RADIOLOGY, STROKE AND WOUND CARE. IN RECOGNITION OF STROKE AWARENESS MONTH, IMC HOSTS A STROKE AWARENESS EDUCATION & SCREENING DAY WHICH INCLUDES FREE EDUCATIONAL SESSIONS, BLOOD PRESSURE CHECKS AND STROKE SCREENING TESTS.

SPEAKERS BUREAU - IMC MAINTAINS AN EXTENSIVE SPEAKERS BUREAU WHICH PROVIDES COMMUNITY GROUPS AND ORGANIZATIONS WITH HEALTHCARE EXPERTS FOR PRESENTATIONS AND SPEAKING ENGAGEMENTS ON A WIDE RANGE OF IMPORTANT HEALTH RELATED SUBJECTS FROM OCCUPATIONAL HEALTH ISSUES SUCH AS DRUGS IN THE WORKPLACE TO TOPICS THAT INCLUDE CANCER, NUTRITION, STROKE, CARDIOVASCULAR HEALTH, DEPRESSION, OBESITY, SPORTS THERAPY, MATERNITY AND PRENATAL CARE, AND MORE.

SUPPORT GROUPS - TO HELP ADDRESS SOCIAL, PSYCHOLOGICAL OR EMOTIONAL ISSUES RELATED TO DISEASES AND HEALTH ISSUES, IMC OFFERS A VARIETY OF FREE SUPPORT GROUPS THAT INCLUDE, BUT ARE NOT LIMITED TO, BREAST CANCER, DIABETES, HEART AND LUNG, PROSTATE CANCER, STROKE, AND FIVE LEVELS OF BARIATRIC SUPPORT GROUPS. ADDITIONALLY, IMC DONATES THE USE OF SPACE IN ITS FACILITIES FOR EXTERNAL NONPROFIT ORGANIZATIONS TO HOLD SUPPORT GROUP MEETINGS FOR SUBSTANCE ABUSE SUCH AS ALCOHOLICS ANONYMOUS AND NARCOTICS

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ANONYMOUS.

COMMUNITY HEALTH EDUCATION - ACCESS TO QUALITY HEALTH INFORMATION IS IMPORTANT AND IMC PROVIDES A VARIETY OF HEALTHCARE INFORMATION TO THE COMMUNITY ON ITS WEBSITE AND THROUGH PUBLICATIONS TO THE GENERAL PUBLIC. THE COMMUNITY HAS MONTHLY ACCESS TO IMC MEDICAL EXPERTS THROUGH PARTNERSHIPS WITH THE LOCAL NEWSPAPERS FEATURING MONTHLY SECTIONS CALLED ASK THE DOCTOR AND HEALTHLINE, WHICH ALLOW READERS TO SUBMIT QUESTIONS AND RECEIVE RESPONSES ABOUT IMPORTANT HEALTHCARE ISSUES ONLINE OR VIA FAX. IMC ALSO REACHES OUT TO THE COMMUNITY THROUGH THE NEWSPAPERS MONTHLY HEALTH CONNECTION PUBLICATION, WHICH CONTAINS NEWS AND INFORMATION ABOUT LOCAL HEALTH ISSUES, OPTIONS, TIPS, RESOURCES, SUPPORT GROUPS AND MORE. FAMILY & FRIENDS IS A QUARTERLY EXTERNAL PUBLICATION PRODUCED BY IMC OFFERING HEALTH INFORMATION TO PROMOTE HEALTHY LIVING, HEIGHTEN AWARENESS OF HEALTH ISSUES, RECOGNIZE COMMON SYMPTOMS OF DISEASE, ENCOURAGE MEDICAL ATTENTION, AND TREATMENT. IMC'S WEBSITE OFFERS A WEALTH OF HEALTH INFORMATION TO THE COMMUNITY INCLUDING FREE ACCESS TO LOOK, LISTEN, AND LEARN, AN ONLINE LIBRARY OF EDUCATIONAL VIDEOS COVERING A VARIETY OF MEDICAL CONDITIONS AND PROCEDURES.

COMMUNITY NEEDS ASSESSMENT - IN 2011 IMC, IN COLLABORATION WITH VARIOUS COMMUNITY AND COUNTY ORGANIZATIONS BEGAN CONDUCTING A COMMUNITY NEEDS ASSESSMENTS TO IDENTIFY AND ADDRESS THE TOP ISSUES CONCERNING COMMUNITY. IMC PARTNERED WITH 19 COMMUNITY ORGANIZATIONS TO FORM THE CUMBERLAND/SALEM HEALTH & WELLNESS ALLIANCE. THIS COLLABORATIVE

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PARTNERSHIP, WITH TECHNICAL ASSISTANCE FROM AN OUTSIDE CONSULTING FIRM, BEGAN SURVEY ASSESSMENTS AND FOCUS GROUPS TO BEGIN IDENTIFYING OUR COMMUNITY'S NEEDS. THROUGH A PLANNED AND ORGANIZED EFFORT, THE GROUP WORKS COLLECTIVELY TO ADDRESS THE PRIORITIES BY TAPPING THE RESOURCES OF THE COMMUNITY AND COLLABORATING ON INITIATIVES. IMC ACTIVELY CONTRIBUTES TO THIS PROCESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION, EXPERTISE, RESOURCES AND CAPACITY. IN ADDITION TO THESE ORGANIZED NEEDS ASSESSMENT EFFORTS, ONGOING COMMUNITY MEETINGS WITH LOCAL PROVIDERS, LOCAL HEALTH DEPARTMENTS, LOCAL POLITICIANS, ORGANIZATIONS AND COMMUNITY LEADERS ARE SPONSORED BY THE NETWORK TO DISCUSS THE NEEDS OF THE COMMUNITY.

ACCESS TO HEALTHCARE AND IMPROVING QUALITY OF HEALTHCARE

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IMC HAS PARTICIPATED IN AND CONDUCTED A NUMBER OF PROGRAMS TO IMPROVE ACCESS TO HEALTHCARE SERVICES:

IMPROVING ACCESS TO HEALTHCARE FOR UNINSURED/UNDERINSURED - IMC HAS A PROUD HISTORY OF HELPING RESIDENTS WITHOUT HEALTH INSURANCE GET THE COVERAGE THEY NEED EVERY DAY, THROUGH INDIVIDUAL COUNSELING AND BY JOINING THOUSANDS OF OTHERS HOSTING COMMUNITY EVENTS DURING NATIONALLY RECOGNIZED COVER THE UNINSURED WEEK, TO RAISE AWARENESS OF FREE OR LOW-COST HEALTH COVERAGE AVAILABLE THROUGH MEDICAID, NJ FAMILY CARE AND STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP). AT THE PATIENT LEVEL,

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EVERY EFFORT IS MADE IN ASSISTING PATIENTS WITH ELIGIBILITY AND
ENROLLMENT IN ALL GOVERNMENT FUNDED PROGRAMS, MEDICAID OR MEDICARE, OR
NEW JERSEY FAMILY CARE PROGRAM.

MAYORS' CAMPAIGNS FOR HEALTHIER VINELAND, MILLVILLE AND BRIDGETON -
SEVERAL IMC STAFF ARE ACTIVE COMMITTEE MEMBERS OF THE BRIDGETON,
MILLVILLE AND VINELAND MAYORS' CAMPAIGNS FOR HEALTHIER COMMUNITIES. IN
COLLABORATION WITH IMC, THE LOCAL FEDERALLY QUALIFIED HEALTHCARE CENTER
(FQHC), COMPLETECARE HEALTH NETWORK (CCHN) AND OTHER COLLABORATIVE
PARTNERS, CO-HOST COMMUNITY HEALTH FAIRS, FACILITATE COMMUNITY OUTREACH
EVENTS, AND CONNECT THE MEDICALLY DISENFRANCHISED TO THE APPROPRIATE
HEALTHCARE AND SOCIAL SERVICE PROVIDERS TO ENCOURAGE UNINSURED RESIDENTS
TO ENROLL IN AFFORDABLE HEALTHCARE PROGRAMS. THE COMMITTEES ARE
DEDICATED TO IMPROVING HEALTHCARE FOR VINELAND, MILLVILLE AND BRIDGETON
RESIDENTS BY MAKING RESOURCES AVAILABLE THROUGH INCREASED AWARENESS AND
ACCESS.

EXTENDED CARE FACILITY CONSORTIUM (ECF) - IN 2009, A COLLABORATIVE GROUP
WAS FORMED BETWEEN IMC AND THE NEIGHBORING EXTENDED CARE FACILITIES. THE
ROLE OF THE ECF IS TO FACILITATE OUTREACH AND PROVIDE INFORMATION,
SERVICES, RESOURCES AND A CONTINUUM OF ACCESS TO CARE FOR ELDERLY
POPULATIONS WITHIN CUMBERLAND COUNTY.

SUPPORT SERVICES - STAFF MEMBERS OF IMC'S PATIENT BUSINESS SERVICES
DEPARTMENT, IN ADDITION TO PROVIDING FINANCIAL COUNSELING TO INDIVIDUALS,

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MAKE FREQUENT VISITS TO VARIOUS COMMUNITY GROUPS AND SOCIAL SERVICE AGENCIES, EDUCATING THEM ON THE CHARITY CARE OPTIONS AND FINANCIAL ASSISTANCE PROGRAMS AVAILABLE. IN ADDITION TO PROVIDING A SIGNIFICANT LEVEL OF CHARITY CARE, FINANCIAL ASSISTANCE AND LANGUAGE ASSISTANCE SERVICES FOR UNDERSERVED AND VULNERABLE POPULATIONS.

EFFICIENT AND QUALITY PATIENT CARE - AS THE LEADING COMMUNITY PROVIDER IN SOUTHERN NEW JERSEY, IMC IS HIGHLY REGARDED FOR QUALITY OF CARE AND SERVICE IN ITS REGION. CLINICAL QUALITY AND SERVICE EXCELLENCE REMAIN TOP STRATEGIC INITIATIVES. TO FURTHER INCREASE THE EFFICIENCY OF PATIENT CARE, IMC HAS BEGUN THE TRANSITION TO ELECTRONIC MEDICAL RECORDS BY MAKING SIGNIFICANT INVESTMENTS TO UPDATE ITS CLINICAL COMPUTER SYSTEMS. THE ORGANIZATION WILL EXPAND ITS CORE QUALITY MEASURES BY PARTICIPATING IN SEVERAL REGIONAL AND NATIONAL PERFORMANCE IMPROVEMENT PROGRAMS THAT PROVIDE BENCHMARKING DATA AND TOOLS FOR MEASURING AND REPORTING CLINICAL QUALITY.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PATIENT SATISFACTION - IMC BEGAN USING A PATIENT SATISFACTION TOOL CALLED THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS SURVEY (HCAHPS). THIS STANDARDIZED SURVEY MEASURES OUR PATIENTS' PERCEPTIONS ABOUT THEIR HOSPITAL EXPERIENCE AND PROVIDES FEEDBACK ABOUT HOW WE'RE DOING, BOTH GOOD AND BAD, THAT HELPS US TO CONTINUALLY MAKE IMPROVEMENTS AND PROVIDE EVEN BETTER CARE FOR THE COMMUNITY.

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NATIONAL AND REGIONAL INITIATIVES - IMC HAS BEEN AN ACTIVE PARTICIPANT IN
NATIONAL AND REGIONAL INITIATIVES, INCLUDING THE FOLLOWING:

CENTER FOR MEDICARE AND MEDICAID SERVICES:

- NATIONAL HOSPITAL COMPARE INITIATIVE

VHA, INC. PATIENT QUALITY AND SAFETY INITIATIVES:

- PARTICIPATES IN MEDICATION RECONCILIATION COLLABORATIVE (VINELAND & ELMER MEDICAL CENTERS)
- PARTICIPATES IN RAPID RESPONSE TEAM COLLABORATIVE (VINELAND & ELMER MEDICAL CENTERS)
- PARTICIPATES IN TRANSFORMATION OF THE ICU AND TICU (VINELAND & ELMER MEDICAL CENTERS)

INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI):

- MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - 100,000 LIVES CAMPAIGN (VINELAND & ELMER MEDICAL CENTERS)
- MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - 5 MILLION LIVES FROM HARM CAMPAIGN (VINELAND & ELMER MEDICAL CENTERS)

NEW JERSEY HOSPITAL ASSOCIATION INITIATIVES:

- PARTICIPANTS IN THE NJHA PRESSURE ULCER COLLABORATIVE (VINELAND MEDICAL CENTER)
- PARTICIPANTS IN THE NJHA RAPID RESPONSE TEAMS COLLABORATIVE (VINELAND

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MEDICAL CENTER)

COMMUNITY HEALTH IMPROVEMENT ADVOCACY - IMC EMPLOYEES, INCLUDING OUR
PRESIDENT & CEO AND SENIOR MANAGEMENT GROUP, SERVE ON GOVERNMENT ADVISORY
COMMITTEES AND BOARDS FOR NATIONAL, STATE AND LOCAL ORGANIZATIONS TO
ADVOCATE FOR HEALTHCARE REFORM, BRING ABOUT CHANGES IN REGULATORY
REQUIREMENTS, IMPROVE ACCESS TO HEALTHCARE AND PROMOTE THE HEALTH STATUS
FOR BOTH THE BROADER COMMUNITY AND VULNERABLE POPULATIONS THROUGH
HOSPITAL REPRESENTATION TO ORGANIZATIONS SUCH AS:

- AMERICAN HOSPITAL ASSOCIATION (AHA) REGIONAL POLICY BOARD FOR NJ, NY,
PA
- NEW JERSEY HOSPITAL ASSOCIATION (NJHA) BOARD
- NEW JERSEY HOSPITAL ASSOCIATION (NJHA) NURSING CONSTITUENCY GROUP
- NEW JERSEY HOSPITAL ASSOCIATION (NJHA) EMERGENCY PREPAREDNESS
CONSTITUENCY GROUP
- NEW JERSEY HOSPITAL ASSOCIATION (NJHA) GOVERNMENT RELATIONS OFFICERS
- NEW JERSEY ASSOCIATION OF MENTAL HEALTH AGENCIES (NAMHA) GRASSROOTS
ADVOCACY
- NEW JERSEY DIVISION OF MENTAL HEALTH SERVICES (NJDMHS) ACUTE CARE TASK
FORCE LEGISLATIVE COMMITTEE
- NEW JERSEY DIVISION OF MENTAL HEALTH SERVICES (NJDMHS) SOUTHERN NJ
REGIONAL MENTAL HEALTH
- SYSTEMS REVIEW BOARD
- HOME CARE ASSOCIATION OF NJ BOARD & LEGISLATIVE COMMITTEE

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- SALEM AND CUMBERLAND INTER-AGENCY COORDINATING COUNCILS
- HUMAN SERVICES ADVISORY COUNCIL
- SOUTHERN REGION CHILDREN'S COORDINATING COUNCIL
- CUMBERLAND/SALEM HEALTH & WELLNESS ALLIANCE

COMMUNITY SERVICE AND COMMUNITY BUILDING PROGRAMS

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IMC IS MUCH MORE THAN A HEALTHCARE NETWORK; IT IS A COMMUNITY PARTNER DEDICATED TO IMPROVING COMMUNITY HEALTH AND COLLABORATING WITH OTHER COMMUNITY PARTNERS ON HEALTH INITIATIVES AND COALITIONS THAT ADDRESS THE HEALTH PRIORITIES OF THE COMMUNITIES IT SERVES. OUR PARTNERSHIP LEVERAGES THE STRENGTHS OF MULTIPLE COMMUNITY ORGANIZATIONS WHILE ENCOURAGING COMMUNITY-WIDE COLLABORATIVE EFFORTS TO BENEFIT THE COMMUNITY.

IMC CANCER SERVICES - IMC FRANK AND EDITH SCARPA CANCER CENTER OFFERS A NUMBER OF OUTREACH SERVICES WHICH PROVIDE COUNSELING AND EDUCATION IN THE COMMUNITY. AMONG THOSE SERVICES, IMC OFFERS FREE CANCER SUPPORT AND EDUCATION THROUGH THE BREAST CANCER BRIDGE PROGRAM, MEN'S CANCER COORDINATOR, AND PATIENT NAVIGATORS WHO SERVE AS HEALTHCARE ADVOCATES HELPING PATIENTS NAVIGATE THROUGH THEIR CANCER JOURNEYS. AS A FOX CHASE CANCER CENTER PARTNER, IMC PROVIDES LEADING-EDGE CANCER CARE THROUGH NATIONAL CLINICAL TRIALS, WHICH STUDY NEW CANCER TREATMENT, DIAGNOSTIC AND PREVENTION METHODS. WHEN FOX CHASE OPENS PROTOCOLS FOR NEW CANCER CLINICAL TRIALS, IMC EARNS THE DISTINCTION OF RECRUITING THE MOST

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PATIENTS, PROVIDING LOCAL ACCESS TO THE LATEST STRATEGIES AGAINST
CANCER.

NJCEED - IMC IS CUMBERLAND COUNTY'S LEAD AGENCY FOR THE NEW JERSEY CANCER
EDUCATION AND EARLY DETECTION PROGRAM (NJCEED), WHICH PROVIDES
COMPREHENSIVE CANCER OUTREACH, EDUCATION AND FREE SCREENINGS TO
UNDERSERVED AND UNINSURED RESIDENTS WHO MIGHT OTHERWISE NOT HAVE ACCESS
TO THESE IMPORTANT DIAGNOSTIC SCREENING SERVICES. IN 2012, 1,158 BREAST,
CERVICAL, COLORECTAL AND PROSTATE SCREENINGS WERE PROVIDED THROUGH THE
GRANT.

DIGITAL MAMMOGRAPHY - ELMER MEDICAL CENTER HAS MADE STRIDES INCREASING
SALEM COUNTY RESIDENTS' ACCESS TO DIGITAL MAMMOGRAPHY, TARGETING YOUNGER
WOMEN WHO HAVE A FAMILY HISTORY OF BREAST CANCER AND AFRICAN AMERICAN
WOMEN OVER THE AGE OF 50. IMC CREATED AN EDUCATIONAL DVD CALLED 'TWO GOOD
REASONS FOR A MAMMOGRAM; A MOTHER AND SON'S STORY' TO REINFORCE THE
NOTION THAT PREVENTATIVE CARE AND A WOMAN'S HEALTH DIRECTLY AFFECT HER
FAMILY.

TEEN PREGNANCY PREVENTION INITIATIVE - WITH CUMBERLAND COUNTY TEEN
PREGNANCY RATES OF 18 PERCENT (THREE TIMES HIGHER THAN THE STATE AVERAGE
OF SIX PERCENT) A COLLABORATIVE PARTNERSHIP WAS FORMED WITH IMC,
COMPLETECARE HEALTH NETWORK (CCHN) AND THE CUMBERLAND COUNTY FREEHOLDERS
TO COMBAT HIGH RATES OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED
DISEASES THROUGH AN INITIATIVE CALLED SAFE (SEXUAL ACCOUNTABILITY FOR

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

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EVERYONE). SAFE, IS THE EDUCATIONAL COMPONENT OF CCHN'S PLAN TO BRING NURSE PRACTITIONERS INTO COUNTY MIDDLE AND HIGH SCHOOLS AND EXPAND SCHOOL-BASED SERVICES TO INCLUDE COMPREHENSIVE HEALTH AND GYNECOLOGICAL SERVICES WITH PARENTAL CONSENT, PEER & ADULT SELF-ESTEEM PROGRAMS, ENCOURAGE RESPONSIBLE SEXUAL BEHAVIOR, ENCOURAGE SOCIAL/ATHLETIC/FAITH-BASED ORGANIZATIONS TO INCREASE EXTRACURRICULAR ACTIVITIES. IN 2011, IMC RECEIVED A \$5MILLION/5 YEAR GRANT TO CREATE A NEW TEEN PREGNANCY PROGRAM MODELED AFTER THE CARRERA PROGRAM. THIS MODEL TREATS TEENS WITH A HOLISTIC APPROACH, NOT JUST SEXUALITY. THE PROGRAM FOLLOWS THE STUDENTS FOR 5 YEARS. CURRENTLY 120 STUDENTS, BOTH MALE AND FEMALE, ARE ENROLLED IN THE PROGRAM.

OPEN ARMS - RECOGNIZING THE INCREASING RATES OF INFANT MORTALITY AMONG HISPANIC AND AFRICAN AMERICAN NEWBORNS, IMC AND COMPLETECARE HEALTH NETWORK (CCHN) PARTNERED TO OFFER OPEN ARMS, A PROGRAM PROVIDING COMPREHENSIVE OBSTETRICAL AND PRENATAL CARE TO MEDICALLY UNDERSERVED WOMEN, POOR AND UNINSURED FAMILIES INCLUDING MIGRANT FARM WORKERS.

IMPACT - INNOVATIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING (IMPACT), WAS DEVELOPED THROUGH COLLABORATION BETWEEN IMC AND THE VINELAND BOARD OF EDUCATION TO PROVIDE HEALTH AND SOCIAL SERVICES, CHILDCARE FOR INFANTS AND TODDLERS, PRESCHOOL PROGRAMS AND LITERACY PROGRAMS, TARGETING THE NEEDS OF THE LOW INCOME RESIDENTS IN CUMBERLAND COUNTY AND ADDRESSING ISSUES SUCH AS TEEN PREGNANCY, LITERACY, TEEN PARENTING, CHILD CARE AND EARLY CHILDHOOD EDUCATION. EVERY YEAR, THE PROGRAM MAKES A POSITIVE

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IMPACT IN THE LIVES OF THOUSANDS OF KIDS AND THEIR FAMILIES. IMPACT PROVIDES A NUMBER OF EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY INCLUDING:

- IMPACT TEEN PARENTING PROGRAM PROVIDES PARENTING CLASSES, CHILDCARE SERVICES, PRENATAL CARE, AND LIFE SKILLS EDUCATION TO TEEN PARENTS IN VINELAND HIGH SCHOOLS ONLY AND PROMOTES LIFELONG LEARNING AND SECOND PREGNANCY PREVENTION. IN 2012, 43 TEENS WERE ENROLLED DURING THE SCHOOL YEAR.
- IMPACT SCHOOL BASED YOUTH SERVICES PROGRAM (SBYSP), OFFERS HEALTH SERVICES, TUTORING, COUNSELING, RECREATION AND LIFE SKILLS TRAINING AT THE VINELAND HIGH SCHOOL, VINELAND WALLACE MIDDLE SCHOOL AND MILLVILLE HIGH SCHOOL.
- IMPACT FAMILY OUTREACH PROGRAM IS AN ABBOTT PROGRAM WHICH COORDINATES FAMILY OUTREACH AND SUPPORT TO SOCIAL WORKERS WHO SERVICE ABBOTT PRESCHOOL PROVIDERS IN BRIDGETON, MILLVILLE AND VINELAND.
- IMPACT CHILD CARE PROGRAM IS ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND IS OPEN TO CHILDREN FROM 6 WEEKS TO 5 YEARS OLD WITH HEALTH CENTER SERVICES PROVIDED ON SITE. IN 2012, 57 CHILDREN WERE ENROLLED IN THE CHILD CARE PROGRAM AND 38 WERE ENROLLED IN THE WRAP AROUND PROGRAM.

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- CHILD DEVELOPMENT CENTER/FAS PROVIDES EARLY INTERVENTION SERVICES IN THE HOME AND PROVIDES FOR THE EVALUATION AND COUNSELING TO WOMEN AT RISK FOR FETAL ALCOHOL SYNDROME. PARENTS HAVE ACCESS TO A MULTIDISCIPLINARY TEAM THAT INCLUDES A PEDIATRIC NEURODEVELOPMENTALIST AND PEDIATRIC NEUROLOGIST TO PROVIDE DEVELOPMENTAL EVALUATIONS FOR CHILDREN FROM BIRTH TO AGE 21.

- IMC FAMILY SUCCESS CENTER PROVIDES SERVICES AND PROGRAMS THAT CONNECT VINELAND FAMILIES WITH COMMUNITY RESOURCES RANGING FROM HOUSING AND LEGAL ASSISTANCE TO HELP OBTAINING HOUSEHOLD ITEMS AND FOOD. THE CENTER FOCUSES ON 10 CORE SERVICES TO STRENGTHEN FAMILIES BY PROVIDING ASSISTANCE WITH OBTAINING HEALTH INSURANCE, SELECTING PHYSICIANS, PROVIDING WORKSHOPS THAT INCREASE POSITIVE INTERACTION BETWEEN PARENTS AND CHILDREN, PROMOTING FAMILY LITERACY, ADDRESSING HEALTH ISSUES AND LEGAL ISSUES SUCH AS IMMIGRATION, AND OTHER TOPICS RELEVANT TO THE COMMUNITY.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STEPS FOR KIDS - STEPS FOR KIDS IS COLLABORATION BETWEEN IMC AND CUMBERLAND/CAPE/ATLANTIC YMCA, TO REDUCE CHILDHOOD OBESITY IN VINELAND AND BRIDGETON SCHOOLS BY EDUCATING BOYS AND GIRLS AGED 8 TO 12 IDENTIFIED BY SCHOOL NURSES WITH AN ASSESSED BMI LEVEL AT OR ABOVE THE 85TH PERCENTILE WHO ARE AT RISK FOR OBESITY. PARENTS AND CHILDREN ATTEND 12-WEEK INTERACTIVE BI-LINGUAL PROGRAM THAT FOCUSES ON BALANCED MEAL PLANS AND SIMPLE EXERCISE TECHNIQUES THAT HELP FAMILIES ACHIEVE HEALTHIER

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LIFESTYLES.

CARDIAC CARE AND HEART FAILURE PROGRAMS - IMC WAS ONE OF 10 HOSPITALS FROM ACROSS THE STATE OF NJ CHOSEN BY ROBERT WOOD JOHNSON FOUNDATION TO PARTICIPATE IN THE TWO-YEAR STATEWIDE INITIATIVE CARDIAC EXCELLENCE PROGRAM TO IMPROVE CARDIAC CARE WITH A FOCUS ON AFRICAN AMERICANS AND LATINO POPULATIONS IN NJ, DEVELOP EFFECTIVE STRATEGIES AND MODELS FOR IMPROVING THE QUALITY OF CARDIAC CARE AND INCREASE HEART CARE AWARENESS THROUGH COMMUNITY EDUCATION. AS A RESULT OF THIS INITIATIVE, IMC NOW OFFERS ITS HEART FAILURE AND TEL-ASSURANCE HOME MONITORING PROGRAM WHERE HEART FAILURE PATIENTS CAN EASILY REPORT BASIC SYMPTOMS TO HOSPITAL STAFF DAILY FROM THE COMFORT OF THEIR OWN HOME. ADDITIONALLY, A THERAPY DOG, ACCOMPANIED BY A NURSE, WALKS WITH HEART FAILURE PATIENTS IN THE HOSPITAL, MOTIVATING THEM TO TAKE MORE STEPS AND FURTHER IMPROVING THEIR RECOVERY AND OUTCOMES.

IMCS' WOMEN'S HEALTH EDUCATION AND SCREENING DAY - WHEN IT COMES TO QUALITY CARE FOR OUR FAMILIES; IT IS OFTEN WOMEN WHO HELP THEIR LOVED ONES FIND THAT CARE THEY NEED TO STAY HEALTHY. THAT'S WHY IMC DEVELOPED THE WOMEN'S HEALTH INSTITUTE - TO KEEP WOMEN HEALTHY AS THEY CARE FOR OTHERS. HUNDREDS OF LOCAL WOMEN RECEIVED FREE SCREENINGS AND HEALTH EDUCATION AT OUR WOMEN'S HEALTH EDUCATION DAY.

IMC SPIRIT OF WOMEN - RECOGNIZING THE UNIQUENESS OF WOMEN AND THE INFLUENCE THEY HOLD OVER THE HEALTH OF THEIR FAMILIES, IMC LAUNCHED THE

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IMC SPIRIT OF WOMEN PROGRAM, PART OF A NATIONAL MOVEMENT FOR WOMEN'S WELLNESS TO PROMOTE HEALTH AND MOTIVATE WOMEN TO MAKE POSITIVE CHANGES IN THEIR LIVES. 2012 EVENTS INCLUDED DAY OF DANCE, A LIFE WITH LESS PAIN, ARTHRITIS HEALTH, AND GIRLS NIGHT OUT.

EMERGENCY PREPAREDNESS - IMC PLANS FOR CATASTROPHIC EMERGENCIES DISASTER READINESS ABOVE AND BEYOND LICENSURE REQUIREMENTS, INCLUDING AN INTERNAL FORMALIZED HOSPITAL EMERGENCY RESPONSE/DECON TEAM WHERE DEDICATED STAFF UNDERGOES EXTENSIVE QUARTERLY DECONTAMINATION TRAINING. IMC PARTNERS WITH OFFICES OF EMERGENCY MANAGEMENT, LOCAL POLICE AND OTHER RELATED AGENCIES TO COORDINATE COMMUNITY-WIDE MASS CASUALTY DRILLS AND PARTICIPATES IN STATE SPONSORED DISASTER PLANNING DRILLS TO REHEARSE HEALTHCARE PREPAREDNESS FOR MASS CASUALTY DISASTERS AND PUBLIC HEALTH EMERGENCIES. THE SIGNIFICANT INMATE POPULATION OF 8,000 HOUSED IN ONE FEDERAL PENITENTIARY AND THREE STATE CORRECTIONAL FACILITIES IN CUMBERLAND COUNTY IS A MAJOR SECURITY CONCERN DURING DISASTER. TO ADDRESS THIS CONCERN, THE HOSPITAL HAS TAKEN THE LEAD ROLE IN SPEARHEADING A PRISON MASS CASUALTY INCIDENT TABLE TOP EXERCISE WITH COMMUNITY AGENCIES TO DISCUSS SECURITY ISSUES SURROUNDING AN INFLUX OF INMATES AND TO ADDRESS THE SAFETY AND WELL-BEING OF THE FACILITY AND THE COMMUNITY DURING VARIOUS TYPES OF DISASTER SCENARIOS.

EMPLOYER FORUM - IMC OCCUPATIONAL HEALTH DEVELOPED THIS QUARTERLY FORUM TO ADDRESS, TARGET AND DISCUSS MEDICAL ISSUES, EMPLOYEE HEALTH, SAFETY AND WELLNESS OF WORKFORCE POPULATIONS WITH EMPLOYERS THROUGHOUT

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CUMBERLAND COUNTY.

ECONOMIC DEVELOPMENT AND COMMUNITY INVOLVEMENT - THE IMPACT OUR TROUBLED ECONOMY HAS ON HEALTHCARE EXTENDS BEYOND THE HOSPITAL TO THE WELL-BEING OF OUR NEIGHBORS. TO HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS POVERTY, HOMELESSNESS AND UNEMPLOYMENT THE HOSPITAL OFFERS THE EXPERTISE AND RESOURCES OF ITS HEALTHCARE EMPLOYEES AS ACTIVE BOARD MEMBERS AND PARTICIPANTS WITH VARIOUS COMMUNITY ORGANIZATIONS. ADDITIONALLY, IMC EMPLOYEES, FROM STAFF TO CEO, PARTICIPATE ON THE BOARDS OF A VARIETY OF ORGANIZATIONS WHOSE FOCUS IS NOT ONLY OF THE HEALTH NEEDS OF THE COMMUNITY, BUT ON THE OVERALL NEEDS OF THE COMMUNITY. SOME OF THESE ORGANIZATIONS INCLUDE:

- CEZ 21ST CENTURY COMMUNITY LEARNING CENTERS
- MAYOR'S CAMPAIGN FOR HEALTHIER BRIDGETON, MILLVILLE, VINELAND
- FOOD BANK OF SOUTH JERSEY
- ELMER ROTARY CLUB
- BRIDGETON ROTARY CLUB
- VINELAND ROTARY CLUB
- BRIDGETON CHAMBER OF COMMERCE
- GLOUCESTER COUNTY CHAMBER OF COMMERCE
- MILLVILLE CHAMBER OF COMMERCE
- SALEM CHAMBER OF COMMERCE
- MINISTERIAL FELLOWSHIPS OF BRIDGETON, MILLVILLE AND VINELAND
- FEDERAL CORRECTIONS INSTITUTE COMMUNITY RELATIONS BOARD

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- CUMBERLAND COUNTY PROSECUTOR'S OFFICE - COMMUNITY JUSTICE PROGRAM
- UNITED WAY OF CUMBERLAND COUNTY
- AMERICAN RED CROSS SOUTHERN SHORE CHAPTER

AUXILIARIES - THE INSPIRA HEALTH NETWORK AUXILIARY CUMBERLAND COUNTY AND THE INSPIRA HEALTH NETWORK AUXILIARY ELMER HOLD VARIOUS EVENTS THROUGHOUT THE YEAR. IN 2012 THEY DONATED MORE THAN \$50,000 TO INSPIRA HEALTH NETWORK.

VOLUNTEERS PROGRAM - WHETHER GREETING VISITORS AT THE FRONT DESK OR COMFORTING PATIENTS AT THE BEDSIDES, VOLUNTEERS PLAY AN IMPORTANT ROLE IN IMC'S TRADITION OF COMPASSIONATE CARE. OUR SUCCESSFUL VOLUNTEER PROGRAM CONSISTS OF ADULTS AND TEENS WITH AGE RANGES FROM 14 TO 96 WHO PROVIDE ASSISTANCE IN A VAST ARRAY OF AREAS SUCH AS ACCOUNTING, EDUCATION, PUBLIC RELATIONS, LAUNDRY, EMERGENCY ROOM, SURGICAL SERVICES, PEDIATRICS, NURSING AND MORE. IN 2012, 604 DEDICATED AND GENEROUS VOLUNTEERS DONATED MORE THAN 63,000 HOURS OF SERVICE THROUGHOUT THE HEALTH NETWORK.

DISCLOSURE INFORMATION - STATUTORY MERGER
CORE FORM, PART III, QUESTION 2

EFFECTIVE NOVEMBER 1, 2012 INSPIRA HEALTH NETWORK, INC. ("NETWORK") AND UNDERWOOD MEMORIAL HEALTH SYSTEMS, INC. ("UMHS") EXECUTED A MERGER AGREEMENT (THE "AGREEMENT") PROVIDING FOR AN AFFILIATION BETWEEN THE NETWORK AND UMHS. AS PART OF THE AFFILIATION, UMHS DISSOLVED AS OF NOVEMBER 1, 2012, AND TRANSFERRED ITS ASSETS TO NETWORK. ALSO, ON THE

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DATE OF THE AFFILIATION, THE ARTICLES OF INCORPORATION AND BYLAWS OF THE ENTITIES PREVIOUSLY CONTROLLED BY UMHS WERE AMENDED SUCH THAT NETWORK BECAME THE SOLE CORPORATE MEMBER AND/OR PARENT CORPORATION OF THESE ENTITIES. THESE ENTITIES CONSIST OF INSPIRA MEDICAL CENTER WOODBURY, INC., INSPIRA HEALTH NETWORK FOUNDATION GLOUCESTER COUNTY, INC., RED BANK DEVELOPMENT CORPORATION & SUBSIDIARIES, TRI-COUNTY CARDIOVASCULAR SERVICES, P.C. AND INSPIRA HEALTH CONNECTIONS, P.C. THE AFFILIATION IS INTENDED TO PRESERVE AND ENHANCE THE MISSION OF INSPIRA MEDICAL CENTER WOODBURY, INC. AND THE ENTITIES PREVIOUSLY CONTROLLED BY UMHS AND TO ENHANCE THEIR ABILITY TO PROVIDE HIGH-QUALITY HEALTH SERVICES TO THE LOCAL COMMUNITY.

AS A RESULT OF THE ACTIONS TAKEN, NETWORK OBTAINED CONTROL OF THE ENTITIES PREVIOUSLY CONTROLLED BY UMHS AND THE AFFILIATION TRANSACTION IS CONSIDERED TO BE AN ACQUISITION UNDER ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. NETWORK DID NOT TRANSFER ANY CONSIDERATION AS PART OF THIS TRANSACTION AND THE NET ASSETS ACQUIRED BY NETWORK HAVE BEEN RECOGNIZED AS AN INHERENT CONTRIBUTION IN THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS.

IN ADDITION, UMHS WAS THE SOLE MEMBER OF INSPIRA MANAGEMENT SERVICES, L.L.C. AS A RESULT OF THE MERGER AND BY VIRTUE OF LAW, INSPIRA HEALTH NETWORK, INC. REPLACED UMHS AS THE SOLE MEMBER. ACCORDINGLY, INSPIRA MANAGEMENT SERVICES, L.L.C. IS REFLECTED AS A SINGLE MEMBER L.L.C. (DISREGARDED ENTITY) ON THIS FORM 990 IN SCHEDULE R, PART I FOR THE

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PERIOD NOVEMBER 1, 2012 (DATE OF THE MERGER) THROUGH DECEMBER 31, 2012.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 1

THE ORGANIZATION IS THE TAX-EXEMPT PARENT OF INSPIRA HEALTH NETWORK; A
TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). FOR THE
PERIOD JANUARY 1, 2012 THROUGH DECEMBER 31, 2012 AND DURING THE ORDINARY
COURSE OF BUSINESS, THE ORGANIZATION MAY ENGAGE IN ONE OR MORE
TRANSACTIONS WITH COMPANIES THAT:

(1) ARE OWNED BY AN INDIVIDUAL WHO IS A MEMBER OF THE BOARD OF TRUSTEES
OF THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION,

(2) ARE OWNED BY A FAMILY MEMBER OF AN INDIVIDUAL WHO IS A MEMBER OF THE
BOARD OF TRUSTEES OF THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT
ORGANIZATION, OR

(3) WHEREIN A BOARD MEMBER OF THIS ORGANIZATION OR A FAMILY MEMBER OF A
BOARD MEMBER OF THIS ORGANIZATION IS EITHER AN OFFICER, DIRECTOR, TRUSTEE
OR KEY EMPLOYEE OF A COMPANY WITH WHICH THIS ORGANIZATION OR A RELATED
NOT-FOR-PROFIT ORGANIZATION TRANSACTS BUSINESS.

IN THESE SITUATIONS, ANY GOODS PURCHASED OR SERVICES PERFORMED ARE DONE
SO AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS. ANY
SUCH TRANSACTIONS ARE DISCLOSED TO, REVIEWED AND APPROVED BY THE

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NETWORK'S GOVERNANCE COMMITTEE. THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE AND USES REASONABLE EFFORTS TO OBTAIN THIS INFORMATION FROM THE MEMBERS OF ITS BOARD OF TRUSTEES.

THE ORGANIZATION FOLLOWS A FORMALIZED BID PROCESS WHEREIN ALL TRANSACTIONS OF THIS NATURE ARE SENT OUT TO BID. IF IT IS DETERMINED THAT THE ORGANIZATION WILL ENTER INTO A TRANSACTION IDENTIFIED ABOVE, IT IS SENT TO THE NETWORK'S GOVERNANCE COMMITTEE FOR REVIEW AND APPROVAL. THE INTERESTED PERSON IN THESE CASES RECUSES THEMSELVES FROM THE VOTING PROCESS. THIS RECUSAL PROCESS IS OUTLINED IN THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY WHICH ALL BOARD MEMBERS AND SENIOR MANAGEMENT REVIEW ANNUALLY.

DURING 2012 THE ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION ENGAGED IN THE FOLLOWING TRANSACTIONS WITH INTERESTED PERSONS:

SYSTEM ENTITIES HAVE BORROWED FUNDS FROM SUN NATIONAL BANK. INSPIRA MEDICAL CENTERS, INC. HAS AN OUTSTANDING UEZ LOAN WITH A PRINCIPAL BALANCE OF \$441,565 AT DECEMBER 31, 2012

- RUSSELL GILLESPIE IS EMPLOYED BY SUN NATIONAL BANK AND IS A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC.
- PETER GALETTO, JR. IS A BOARD MEMBER OF SUN NATIONAL BANK AND IS A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC.

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PAYMENT BY INSPIRA HEALTH NETWORK, INC. AND AFFILIATES IN THE AMOUNT OF \$18,062 TO THE CAPE ATLANTIC YMCA FOR CERTAIN PUBLIC HEALTH INITIATIVES. MR. GALETTO IS A BOARD MEMBER OF CAPE ATLANTIC YMCA AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC.

STANKER AND GALETTO LEASES LAND FROM INSPIRA HEALTH NETWORK, INC. AND AFFILIATES. THE SYSTEM WAS REIMBURSED \$2,500 FOR THE USE OF THIS LAND IN 2012. MR. GALETTO IS AN OWNER OF STANKER AND GALETTO, INC. AND AN INSPIRA HEALTH NETWORK, INC. BOARD MEMBER.

INSPIRA MEDICAL CENTERS, INC. PAID STANKER AND GALETTO \$1,330,370 DURING 2012 FOR RENOVATIONS AND CONSTRUCTION OF THE ONCOLOGY CENTER. MR. GALETTO IS AN OWNER OF STANKER AND GALETTO, INC. AND AN INSPIRA HEALTH NETWORK, INC. BOARD MEMBER.

INSPIRA MEDICAL CENTERS, INC. RENTS OFFICE SPACE AT THE ELMER MEDICAL OFFICE BUILDING FROM GALETTO REALTY COMPANY. TOTAL PAYMENTS TO GALETTO REALTY COMPANY AMOUNTED TO \$82,316 DURING 2012. MR. GALETTO IS AN OWNER OF GALETTO REALTY COMPANY AND AN INSPIRA HEALTH NETWORK, INC. BOARD MEMBER.

PAYMENT BY INSPIRA MEDICAL CENTERS, INC. IN THE AMOUNT OF \$14,423 TO DAVID GALETTO, M.D. FOR PHYSICIAN SERVICES. DAVID W. GALETTO, M.D. IS THE COUSIN OF PETER GALETTO, JR.

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KEVIN C. BOWEN HAS A SON THAT IS EMPLOYED BY INSPIRA MEDICAL CENTER
WOODBURY, INC. FOR WHICH HE RECEIVED FORM W-2, BOX 5 MEDICARE WAGES IN
THE AMOUNT OF \$28,275 DURING 2012. MR. BOWEN IS A BOARD MEMBER OF INSPIRA
HEALTH NETWORK, INC.

PAYMENT BY INSPIRA HEALTH NETWORK, INC. & AFFILIATES IN THE AMOUNT OF
\$321,531 TO SOUTH JERSEY INDUSTRIES FOR UTILITIES DURING 2012. DAVID
ROBBINS, JR. IS AN OFFICER OF SOUTH JERSEY INDUSTRIES AND A BOARD MEMBER
OF INSPIRA HEALTH NETWORK, INC. PLEASE NOTE THAT THIS TRANSACTION IS ALSO
DISCLOSED ON SCHEDULE L OF THE INSPIRA MEDICAL CENTERS, INC. FORM 990.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 2

RUSSELL GILLESPIE AND PETER GALETTO, JR. - BUSINESS RELATIONSHIP

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION A; QUESTION 4

ON APRIL 23, 2013 THE ORGANIZATION FILED AN AMENDMENT TO ITS CERTIFICATE
OF INCORPORATION WITH THE STATE OF NEW JERSEY LEGALLY CHANGING ITS NAME
FROM SOUTH JERSEY HEALTH SYSTEM, INC. TO INSPIRA HEALTH NETWORK, INC.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 11B

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THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, EACH MEMBER OF THE NETWORK'S COMPENSATION COMMITTEE REVIEWED THIS ORGANIZATION'S FORM 990 PRIOR TO PROVIDING IT TO EACH VOTING MEMBER OF ITS BOARD OF TRUSTEES AND FILING WITH THE IRS. THE NETWORK'S COMPENSATION COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES OF THE SYSTEM.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCE AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS OUTLINED ABOVE FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS

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WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION TO THE MEMBERS OF THE NETWORK'S COMPENSATION COMMITTEE AND THEREAFTER TO EACH VOTING MEMBER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND NETWORK'S GENERAL COUNSEL FOR REVIEW. THEREAFTER, GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS WHICH IS THEN PRESENTED TO THE NETWORK'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 15

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22-2508425

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER, KEY SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER ARE EMPLOYED BY THE TAX-EXEMPT HOSPITALS WITHIN THE HEALTHCARE SYSTEM. HOWEVER, THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE BOTH OFFICERS OF THIS ORGANIZATION. ACCORDINGLY, THE NETWORK'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER.

THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE
REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN
"AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS
COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST"
WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS
TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS
DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF
WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE
COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM
WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM
EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS
STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING
BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET
PATIENT SERVICE REVENUE.

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY.

COMPENSATION INFORMATION

CORE FORM, PART VII AND SCHEDULE J

PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

RELATED HOURS DISCLOSURE

CORE FORM, PART VII, SECTION A, COLUMN B

THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

OTHER CHANGES IN NET ASSETS

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

Name of the organization INSPIRA HEALTH NETWORK, INC.
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

- INHERENT CONTRIBUTION OF INSPIRA MEDICAL CENTER WOODBURY, INC. -

\$1,338,000;

- TRANSFERS TO INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT

AFFILIATES - (\$833,654); AND

- TRANSFERS FROM INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT

AFFILIATES - \$3,200,00.

AUDITED FINANCIAL STATEMENTS

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH

NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM").

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF

THE NETWORK AND ALL ENTITIES WITHIN THE SYSTEM FOR THE YEARS ENDED

DECEMBER 31, 2012 AND DECEMBER 31, 2011; RESPECTIVELY. THE AUDITED

CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN

ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNQUALIFIED

OPINION WITH RESPECT TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

EACH YEAR.

THE ORGANIZATION'S AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE

OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH

INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.

Name of the organization **INSPIRA HEALTH NETWORK, INC.**
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF A TAX-EXEMPT NOT-FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN NEW JERSEY WHICH INCLUDES INSPIRA MEDICAL CENTERS, INC. AND INSPIRA MEDICAL CENTER WOODBURY, INC.; RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. THE ORGANIZATION'S MISSION IS TO PROVIDE HIGH-QUALITY HEALTH SERVICES THAT IMPROVE THE LIVES OF ALL WE SERVE.

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	364,389.			364,389.
INTEREST INCOME	772,769.			772,769.
GAIN ON INVESTMENTS	5,740.			5,740.
TOTALS	<u>1,142,898.</u>			<u>1,142,898.</u>

ATTACHMENT 3FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: DUE FROM AFFILIATED ORGANIZATION

BEGINNING BALANCE DUE	2,250,000.
ENDING BALANCE DUE	<u>751,232.</u>
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	<u>2,250,000.</u>

Name of the organization **INSPIRA HEALTH NETWORK, INC.**
F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

ATTACHMENT 3 (CONT'D)

TOTAL ENDING NOTES AND LOANS RECEIVABLES

751,232.

ATTACHMENT 4

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: TD BANK
INTEREST RATE: 1.250000
DATE OF NOTE: 01/01/2007
MATURITY DATE: 08/18/2014
REPAYMENT TERMS: BALLOON PAYMENT 30 YRS/INTEREST ONLY LOAN.
SECURITY PROVIDED: INVESTMENTS

BEGINNING BALANCE DUE	14,296,531.
ENDING BALANCE DUE	<u>14,281,145.</u>
 TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	 <u>14,296,531.</u>
 TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	 <u>14,281,145.</u>

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization INSPIRA HEALTH NETWORK, INC.
 F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
 22-2508425

2012Open to Public
Inspection**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) INSPIRA MANAGEMENT SERVICES, L.L.C. 45-4265068 509 NORTH BROAD STREET WOODBURY, NJ 08096	MANAGEMENT	NJ	188,045.	3,261,935.	NETWORK
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INSPIRA HOMECARE & HOSPICECARE, INC. 22-6067549 333 IRVING AVENUE BRIDGETON, NJ 08302	HOSPICE SVCS.	NJ	501 (C) (3)	509 (A) (1)	NETWORK	X	
(2) INSPIRA HLTH NTRK FDN CUMBERLAND/SALEM 22-3746758 333 IRVING AVENUE BRIDGETON, NJ 08302	SUPPORT NTRK	NJ	501 (C) (3)	509 (A) (3)	IMC		X
(3) INSPIRA MEDICAL CENTERS, INC. 21-0634484 333 IRVING AVENUE BRIDGETON, NJ 08302	HEALTH SVCS.	NJ	501 (C) (3)	HOSPITAL	NETWORK	X	
(4) INSPIRA HEALTH NETWORK LIFE, INC. 26-4827936 2950 COLLEGE DRIVE, SUITE 1E VINELAND, NJ 08360	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (2)	NETWORK	X	
(5) INSPIRA MEDICAL CENTER WOODBURY, INC. 22-1820210 509 NORTH BROAD STREET WOODBURY, NJ 08096	HEALTH SVCS.	NJ	501 (C) (3)	HOSPITAL	NETWORK	X	
(6) INSPIRA HLTH NTRK FDN GLOUCESTER COUNTY 22-2333409 509 NORTH BROAD STREET WOODBURY, NJ 08096	SUPPORT IMCW	NJ	501 (C) (3)	509 (A) (1)	NETWORK	X	
(7) TRI-COUNTY CARDIOVASCULAR SERVICES, P.C. 45-4199382 509 NORTH BROAD STREET WOODBURY, NJ 08096	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (1)	NETWORK	X	

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

Schedule R (Form 990) 2012

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization INSPIRA HEALTH NETWORK, INC.

F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

Employer identification number
22-2508425

OMB No 1545-0047

2012**Open to Public
Inspection****Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) INSPIRA HEALTH CONNECTIONS, P.C. 509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4203973	HEALTH SVCS.	NJ	501 (C) (3)	509 (A) (1)	NETWORK	Yes No X
(2) _____						
(3) _____						
(4) _____						
(5) _____						
(6) _____						
(7) _____						

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BPOC, LP 22-2956029 333 IRVING AVENUE	REAL ESTATE	NJ	N/A						0			
(2) OAK & MAIN SURGICTR 22-3532371 907 NORTH MAIN ROAD	HEALTHCARE SVCS.	NJ	N/A									
(3) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INSPIRA HELP SERVICES, INC. P.O. BOX 126 SALEM, NJ 08079	HEALTHCARE SVCS.	NJ	N/A	C CORP.					X
(2) INSPIRA HEALTH MANAGEMENT CORPORATION 333 IRVING AVENUE BRIDGETON, NJ 08302	HEALTHCARE SVCS.	NJ	NETWORK	C CORP.	1,995,662.	2,434,849.	100.0000	X	
(3) INSPIRA HEALTH NETWORK MEDICAL GROUP, PC 2950 COLLEGE DRIVE, SUITE 1E VINELAND, NJ 08360	HEALTHCARE SVCS.	NJ	NETWORK	C CORP.	8,821,848	2,404,861	100.0000	X	
(4) JUNO ASSURANCE, LTD. AON HOUSE, 4TH FLOOR HM 08 PEMBROKE, BD	FINANCIAL VEHICLE	BD	NETWORK	FOREIGN CORP.	3,600,000.	10,819,000.	100.0000	X	
(5) INSPIRA HEALTH NETWORK URGENT CARE, P.C. 201 TOMLIN STATION ROAD MULLICA HILL, NJ 08062	HEALTHCARE SVCS.	NJ	N/A	C CORP.					X
(6) RED BANK DEVELOPMENT CORPORATION 509 NORTH BROAD STREET WOODBURY, NJ 08096	HEALTHCARE SVCS.	NJ	NETWORK	C CORP.	438,482.	747,050.	100.0000	X	
(7) INSPIRA HOME CARE SVCS WOODBURY, INC. 509 NORTH BROAD STREET WOODBURY, NJ 08096	HEALTHCARE SVCS.	NJ	N/A	C CORP.					X

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to related organization(s)		1b X
c Gift, grant, or capital contribution from related organization(s)		1c X
d Loans or loan guarantees to or for related organization(s)		1d X
e Loans or loan guarantees by related organization(s)		1e X
f Dividends from related organization(s)		1f X
g Sale of assets to related organization(s)		1g X
h Purchase of assets from related organization(s)		1h X
i Exchange of assets with related organization(s)		1i X
j Lease of facilities, equipment, or other assets to related organization(s)		1j X
k Lease of facilities, equipment, or other assets from related organization(s)		1k X
l Performance of services or membership or fundraising solicitations for related organization(s)		1l X
m Performance of services or membership or fundraising solicitations by related organization(s)		1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n X
o Sharing of paid employees with related organization(s)		1o X
p Reimbursement paid to related organization(s) for expenses		1p X
q Reimbursement paid by related organization(s) for expenses		1q X
r Other transfer of cash or property to related organization(s)		1r X
s Other transfer of cash or property from related organization(s)		1s X

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	INSPIRA MEDICAL CENTERS, INC.	E	1,342,025.	COST
(2)	INSPIRA MEDICAL CENTERS, INC.	D	248,671.	COST
(3)	INSPIRA MEDICAL CENTERS, INC.	J	625,838.	COST
(4)	JUNO ASSURANCE, LTD.	R	2,200,000.	COST
(5)	INSPIRA HEALTH NETWORK LIFE, INC.	E	600,000.	COST
(6)				

Schedule R (Form 990) 2012

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

TRANSACTIONS WITH RELATED ORGANIZATIONS

SCHEDULE R, PART V

THE ORGANIZATION IS THE TAX-EXEMPT PARENT OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES INSPIRA MEDICAL CENTERS, INC. INSPIRA MEDICAL CENTERS, INC. ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS. THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED.

RENT AND ROYALTY INCOME

Taxpayer's Name INSPIRA HEALTH NETWORK, INC.		Identifying Number 22-2508425	
DESCRIPTION OF PROPERTY MEDICAL OFFICE BUILDING			
Yes	No	Did you actively participate in the operation of the activity during the tax year?	
TYPE OF PROPERTY:			
REAL RENTAL INCOME			639,122.
OTHER INCOME:			
SEE ATTACHMENT		639,122.	
TOTAL GROSS INCOME			639,122.
OTHER EXPENSES:			562,909.
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)			76,213.
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			562,909.
TOTAL RENT OR ROYALTY INCOME (LOSS)			76,213.

Less Amount to

Rent or Royalty _____

Depreciation

Depletion _____

Investment Interest Expense

Other Expenses

Net Income (Loss) to Others

Net Rent or Royalty Income (Loss) 76,213.

Deductible Rental Loss (If Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME FROM INSPIRA MEDICAL CENTERS, INC.; A RELATED IRC SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION	625,838.
RENTAL INCOME FROM COMMUNITY HEALTHCARE, INC.; AN IRC SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION	<u>13,284.</u>
	<u>639,122.</u>

OTHER DEDUCTIONS

REPAIRS	29,475.
UTILITIES	161,513.
OUTSIDE SERVICES	10,269.
LICENSES AND FEES	1,580.
LEASE	347,880.
OTHER EXPENSES	<u>12,192.</u>
	<u>562,909.</u>

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
MEDICAL OFFICE BUILD	639,122.		562,909.	76,213.
TOTALS	<u>639,122.</u>		<u>562,909.</u>	<u>76,213.</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.
► Information about Schedule D (Form 1041) and its separate instructions is at
www.irs.gov/form1041.

OMB No 1545-0092

2012

Name of estate or trust **INSPIRA HEALTH NETWORK, INC.**

Employer identification number

F/K/A SOUTH JERSEY HEALTH SYSTEM, INC.

22-2508425

Note: Form 5227 filers need to complete only Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	115,673.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	12	115,673.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2012

Part III Summary of Parts I and II**Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		115,673.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		115,673.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	16	()
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,400	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)	30		
31	Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2012

Employer identification number

22-2508425

[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 115,673.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
Instructions

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

SOUTH JERSEY HEALTH SYSTEM, INC.

22-2508425

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

333 IRVING AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BRIDGETON, NJ 08302

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ TAXPAYER C/O WITHUMSMITH+BROWN

Telephone No. ▶ 973 898-9494FAX No ▶ 973 898-0686

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ ☒ calendar year 2012 or
 - ▶ ☐ tax year beginning , 20 , and ending , 20 .

- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions **3a** \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **3b** \$

c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions **3c** \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	INSPIRA HEALTH NETWORK, INC.	22-2508425
	Number, street, and room or suite no. If a P.O. box, see instructions. 333 IRVING AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRIDGETON, NJ 08302	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ TAXPAYER C/O WITHUMSMITH+BROWN
Telephone No. ☒ 973 898-9494 FAX No. ☒ 973 898-0686
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 20 13
- 5 For calendar year 2012, or other tax year beginning , 20 , and ending , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ Ante G. Per Title ☒ TAXPREPARER Date ☒ 8/9/13

Form 8868 (Rev 1-2013)