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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INSPIRA HEALTH NETWORK INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 333 IRVING AVENUE Suite

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BRIDGETON, NJ 08302

D Employer identification number
22-2508425

E Telephone number
(856) 641-8610

G Gross receipts $ 3,045,775

F Name and address of principal officer
JOHN A DIANGELO
333 IRVING AVENUE
BRIDGETON, NJ 08302

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW INSPIRAHEALTHNETWORK ORG

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

L Year of formation 1983

M State of legal domicile NJ

Part I Summary

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 ▶☐ 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**	14
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 2013 (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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	188,045	1,511,948
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,308,293	-2,956,332
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,213	85,330
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,572,551	-1,359,054
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		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	540,875	4,367,682
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	540,875	4,367,682
19	Revenue less expenses Subtract line 18 from line 12	1,031,676	-5,726,736

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	46,957,153	47,886,711
21	Total liabilities (Part X, line 26)	18,772,477	21,313,771
22	Net assets or fund balances Subtract line 21 from line 20	28,184,676	26,572,940

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

****** 2014-11-10
Signature of officer Date

THOMAS BALDOSARO CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott Mariani				P00642486

Firm's name ▶ WithumSmithBrown PC — Firm's EIN ▶

Firm's address ▶ 465 South St Ste 200 Morristown, NJ 079606497 — Phone no (856) 641-6605

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,931,350 including grants of $ 0) (Revenue $ 1,511,948)

EXPENSES INCURRED IN FUNCTIONING AS THE TAX-EXEMPT 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** ▶ 3,931,350

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	4		
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**		Yes	
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**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
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**		Yes	
b	If "Yes," enter the name of the foreign country ▶ BD 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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds 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**			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	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** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6**	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ THOMAS P BALDOSARO CPA 333 IRVING AVENUE
BRIDGETON, NJ 08302 (856) 641-6605

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

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

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

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

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

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 - DIRECTOR	1 0	X		X				0	0	0
(2) DANIEL J BALL III DIRECTOR	1 0	X						0	0	0
(3) KEVIN C BOWEN DIRECTOR	1 0	X						0	0	0
(4) PAMELA S CLARK DIRECTOR	1 0	X						0	0	0
(5) JOHN H FISHER III DIRECTOR	1 0	X						0	0	0
(6) EDGAR HATHAWAY JR ESQ DIRECTOR	1 0	X						0	0	0
(7) HARRY E HEARING DIRECTOR	1 0	X						0	0	0
(8) ALBERT B KELLY DIRECTOR	1 0	X						0	0	0
(9) WARNER A KNOBE DIRECTOR	1 0	X						0	0	0
(10) HERBERT J KONRAD DIRECTOR	1 0	X						0	0	0
(11) MICHAEL A MCLAUGHLIN DIRECTOR	1 0	X						0	0	0
(12) DAVID ROBBINS JR DIRECTOR, EX-OFFICIO	1 0	X						0	0	0
(13) RONALD ROSSI DIRECTOR	1 0	X						0	0	0
(14) SHELLY O SCHNEIDER ED D DIRECTOR	1 0	X						0	0	0
(15) CHRISTOPHER R GIBSON ESQ DIRECTOR (1/1 - 4/2)	1 0	X						0	0	0
(16) RUSSELL GILLESPIE DIRECTOR (1/1 - 9/24)	1 0	X						0	0	0
(17) CHESTER B KALETKOWSKI PRESIDENT/CEO	55 0			X				0	791,676	232,399

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			
(18) JOHN A DIANGELO ASST TREASURER, EVP/CFO	55 0			X				0	655,356	127,831
(19) ROBERT M DANGEL ESQ ASST SECRETARY/GENERAL COUNSEL	55 0			X				0	337,891	117,994
(20) WAYNE C SCHIFFNER Term 615 EXECUTIVE VICE PRESIDENT	55 0			X				0	603,107	61,142
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	2,388,030	539,366

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	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	1,511,948	1,511,948		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,511,948			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	894,109			894,109
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 639,718				
	b	Less rental expenses 554,388				
	c	Rental income or (loss) 85,330 / 0				
	d	Net rental income or (loss) . . . . . ▶	85,330			85,330
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses 3,850,441				
	c	Gain or (loss) -3,850,441				
	d	Net gain or (loss) . . . . . ▶	-3,850,441			-3,850,441
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	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 . . . b				
	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 . . b				
	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 . . . . . ▶	-1,359,054	1,511,948	0	-2,871,002

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	50,767	45,690	5,077	0
b Legal	0			
c Accounting	29,148	26,233	2,915	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	14,388	12,949	1,439	
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	82,262	74,036	8,226	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	58,781	52,903	5,878	
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	180,957	162,861	18,096	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,408	17,467	1,941	
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 LICENSE & REGISTRATION FEES	2,001,930	1,801,737	200,193	
b ALLOCATION OF PERSONNEL	1,502,278	1,352,050	150,228	
c SPECIAL PROJECTS	227,119	204,407	22,712	
d REPAIRS & MAINTENANCE	100,747	90,672	10,075	
e All other expenses	99,897	90,345	9,552	
25 **Total functional expenses.** Add lines 1 through 24e	4,367,682	3,931,350	436,332	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		3,865,358	2	1,597,001
	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		751,232	7	723,343
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		34,306	9	38,736
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,378,148			
	b	Less accumulated depreciation	10b 154,731	4,240,825	10c	4,223,417
	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		38,065,432	13	41,304,214
	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)		46,957,153	16	47,886,711
Liabilities	17	Accounts payable and accrued expenses		114,242	17	2,173,909
	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		14,281,145	23	14,278,284
	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		4,377,090	25	4,861,578
	26	**Total liabilities.** Add lines 17 through 25		18,772,477	26	21,313,771
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		28,184,676	27	26,572,940
	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 ▶ ☐ 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		28,184,676	33	26,572,940
	34	Total liabilities and net assets/fund balances		46,957,153	34	47,886,711

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	-1,359,054
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,367,682
3	Revenue less expenses Subtract line 2 from line 1	3	-5,726,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,184,676
5	Net unrealized gains (losses) on investments	5	1,827,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,288,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,572,940

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSPIRA HEALTH NETWORK 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?

	Yes	No
(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? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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) INSPIRA MEDICAL CENTERS INC	210634484	03		No	Yes		Yes		0
(B) INSPIRA MEDICAL CENTER WOODBURY INC	221820210	03		No	Yes		Yes		0
Total									0

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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 ▶☐

b **10%-facts-and-circumstances test—2012.** 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 ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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).

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSPIRA HEALTH NETWORK 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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 ▶ $ _____

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 . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,120,683		4,120,683
b Buildings		85,904	81,778	4,126
c Leasehold improvements		145,265	59,553	85,712
d Equipment		20,171	8,704	11,467
e Other		6,125	4,696	1,429
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,223,417

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN SUBSIDIARIES	3,950,891	F
(2) LIMITED USE	6,543,828	F
(3) LIMITED USE	3,397,210	F
(4) LIMITED USE	1,114,625	F
(5) LIMITED USE	2,813,512	F
(6) USE	21,598,630	F
(7) USE	1,870,731	F
(8) INVESTMENT IN PARTNERSHIP	14,787	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	41,304,214	

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATED ORGANIZATION	4,861,578
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,861,578

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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 2013 CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) 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 2013 OR 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2508425
Name: INSPIRA HEALTH NETWORK INC

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN SUBSIDIARIES	3,950,891	F
(2) LIMITED USE	6,543,828	F
(3) LIMITED USE	3,397,210	F
(4) LIMITED USE	1,114,625	F
(5) LIMITED USE	2,813,512	F
(6) USE	21,598,630	F
(7) USE	1,870,731	F
(8) INVESTMENT IN PARTNERSHIP	14,787	F

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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.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSPIRA HEALTH NETWORK INC

Employer identification number
22-2508425

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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	0	0	0	0	0	0
	(ii)	674,469	87,078	30,129	198,709	33,690	1,024,075	0
(2)JOHN A DIANGELO ASST TREASURER, EVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	565,153	50,084	40,119	102,421	25,410	783,187	0
(3)ROBERT M DANGEL ESQ ASST SECRETARY/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	284,629	29,247	24,015	92,790	25,204	455,885	0
(4)WAYNE C SCHIFFNER Term 615 EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	182,713	48,031	372,363	44,848	16,294	664,249	312,646

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES PARTICIPATION IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES WAYNE C SCHIFFNER, $312,646 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 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES CHESTER B KALETKOWSKI, $152,436, JOHN A DIANGELO, $78,148 and ROBERT M D'ANGEL, ESQ , $46,054
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
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 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) BECAUSE THE AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 THE AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES WAYNE C SCHIFFNER, $312,646

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSPIRA HEALTH NETWORK INC

Employer identification number

22-2508425

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	INSPIRA HEALTH NETWORK, INC IS A NOT FOR-PROFIT HOLDING COMPANY BASED IN BRIDGETON, NEW J ERSEY INSPIRA HEALTH NETWORK, INC IS THE SOLE CORPORATE MEMBER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED INSPIRA HEAL TH NETWORK, INC AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 50 1(C)(3) INSPIRA HEALTH NETWORK, INC IS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATE D HEALTHCARE DELIVERY SYSTEM Inspira Medical Centers, Inc BACKGROUND ========== Inspira Medical Centers, Inc ("IMC") is a provider of general acute and ambulatory healthcare ser vices 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 charitab le purposes, IMC provides healthcare services to all individuals in a non-discriminatory m anner regardless of race, color, creed, sex, national origin, religion or ability to pay Moreover, IMC operates consistently w ith the follow ing criteria outlined in IRS revenue ru ling 69-545 1 Provides healthcare services to all individuals regardless of ability to p ay, including Charity Care, Self-Pay, Medicare and Medicaid patients, 2 Operates 3 active emergency rooms for all persons, w hich are open 24 hours a day, 7 days a w eek, 365 days p er year, including a specialized pediatric emergency department in the Vineland facility, 3 Maintains an open medical staff, w ith privileges available to all qualified physicians, 4 Control of IMC rests w ith its board of directors and the board of directors of Inspira Health Netw ork, Inc Both boards are comprised of independent civic leaders and other pro minent members of the community, and 5 Surplus funds are used to improve the quality of p atient care, expand and renovate facilities and advance medical care, programs and activit ies The operations of IMC as show n through the factors outlined above and other information contained herein, clearly demonstrate that the use and control of IMC is for the benefi t 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 th an incidentally IMC provides healthcare services to all individuals regardless of ability to pay Moreover, IMC provides healthcare services to patients w ho meet certain criteria defined by the New Jersey Department of Health and Human Services w ithout charge or at amo unts 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 ser vices and supplies furnished under its charity care policy As the sole provider of essent ial health services, IMC provides an essential safety net for our communities, assuring th at 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 w ithout health insur ance IMC is an integrated healthcare delivery system comprised of medical centers, commun ity health clinics, home health services, and specialty services that serve the healthcare needs of our community PATIENT STATISTICAL INFORMATION ========== I MC 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 compr ised of tw o acute care facilities and tw o hospital-based ambulatory care centers Inspira Medical Center Vineland is located in Vineland, New Jersey, Cumberland County It is a 276 -bed acute care facility w ith 59 psychiatric beds located at the Inspira Health Center Bri dgeton Inspira Medical Center Elmer is a 96-bed acute care facility located in Elmer, New Jersey, Salem County Additionally, IMC provides ambulatory services at tw o locations in Cumberland County, w hich are Inspira Health Center Bridgeton and the Inspira Medical Cente r Vineland These ambulatory care centers provide a w ide range of diagnostic and therapeut ic services, including a 24/7 satellite emergency department and chronic dialysis services at Inspira Health Center Bridgeton, physical rehabilitation services, occupational medici ne, laboratory and radiology services In 2013, IMC performed 17,960 surgeries, 143,844 ph ysical therapy treatments, 32,637 occupational health visits, 16,073 dialysis treatments, 243,844 diagnostic imaging procedures, 24,156 radiation therapy treatments and 106,732 eme rgency room visits Also in 2013, inpatient admissions w ere 19,134 for adults and pediatri cs, 204 for special care nursery, 183 for neonatal intensive care unit, 1,655 for mental h ealth and 2,225 births QUALITY AWARDS AND RECOGNITION ========== In a ddition to providing a w ide scope of services, IMC

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	takes great pride in providing high quality, patient focused care to its communities The se efforts have been recognized at both a local and national level through a variety of aw ards, recognitions and accreditations, w hich include Recognition for our commitment to ex cellence ---------- We're proud at IMC to have received numerous accolades for excellence in healthcare It is a reflection of our commitment to b est practices and evidence-based care, supporting continuing education and staff recruitme nt, investing in leading edge technology, and recruiting primary care physicians, speciali sts and subspecialists to meet the needs of our communities As one of the region's larges t healthcare providers, w e are pleased to share some of our most recent aw ards - Accredit ed Chest Pain Center - At Inspira Medical Center Vineland, employees and physicians have m et the requirements to become an Accredited Chest Pain Center, affirming that the proper s taff, equipment, processes and expertise are available to provide rapid evidence-based car e to patients exhibiting signs of a heart attack - American College of Surgeons Commissio n on Cancer - Inspira's cancer program in Vineland is designated as a Community Hospital C omprehensive Cancer Program by the American College of Surgeons Commission on Cancer (CoC) Additionally, IMC Vineland has recently been aw arded the Outstanding Achievement Aw ard f or the third consecutive year - American Heart Association Fit Friendly Company and Works ite Innovation Aw ards - Inspira Health Netw ork promotes a culture of w ellness in the w orkp lace In 2013, the AHA aw arded Inspira w ith its seventh consecutive Platinum Aw ard for Fit -Friendly Worksites at Inspira Medical Center Vineland, Inspira Medical Center Elmer and I nspira Health Center Bridgeton, making us one of only three organizations nationw ide to ac hieve such an honor - American Heart Association Community Innovation Aw ard - The America n Heart Association recognized Inspira Health Netw ork w ith the 2013 Community Innovation A w ard for its "Starter Food Box" Initiative through its Discharge Coach Program and The Com munity Food Bank of New Jersey Southern Branch The program w orks to extend nutritional ca re to patients beyond their hospital stay w ho are considered at risk for malnutrition and at a greater risk of readmission The Community Innovation Aw ard recognizes organizations for their innovative approaches to promoting healthy living throughout the community Insp ira is one of only 37 organizations from across the country to be presented w ith this aw ar d - American Nurses Credentialing Center Magnet Facility - Inspira Health Netw ork's medic al centers in Elmer and Vineland and its health center in Bridgeton have been re-designate d by the American Nurses Credentialing Center as Magnet facilities for quality patient car e, nursing excellence and innovations in professional nursing practice By receiving Magne t re-designation, Inspira maintains its status w ithin an elite group of hospitals across t he nation Only 24 hospitals in New Jersey have been aw arded Magnet recognition - Baby Fr iendly Aw ard - Inspira Medical Center Elmer is the first in New Jersey & Delaw are Valley t o earn international recognition as a Baby-Friendly birth facility The designation is aw a rded by Baby-Friendly, USA, an accrediting body that implements the United Nations Childre n's Fund (UNICEF) and World Health Organization (WHO) Baby-Friendly Hospital Initiative to encourage and recognize hospitals and birthing centers that offer an optimal level of car e for infant feeding - Beacon Aw ard for Excellence in Critical Care - Inspira Medical Cen ters, Inc has received four Beacon Aw ards for Excellence in Critical Care as follow s - I nspira Medical Center Vineland Cardiac ICU (Gold) - Inspira Medical Center Elmer ICU (Gold) - Inspira Medical Center Vineland ICU (Gold) - Inspira Medical Center Vineland Surgical ICU (Silver) - National Accreditation Pr

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- National Accreditation Program for Breast Centers - Inspira Health Network's Breast Center Vineland was recently awarded a three-year accreditation from the National Accreditation Program for Breast Centers The accreditation, administered by the American College of Surgeons, is presented to those organizations that have voluntarily committed to provide the highest level of breast care and that successfully undergo a rigorous evaluation and review of their performance - Spirit of Women Premier Hospital - Inspira was named a Spirit of Women Premier Hospital for its commitment to women's health and well-being Last year, hundreds of women attended Spirit of Women events that blend fun and learning for a great time out SERVICES AND PROGRAMS ========== Inspira offers a variety of significant services and programs, several of which are described below Inspira Medical Center Elmer ---------- Inspira Medical Center Elmer is a 96-bed primary healthcare provider in Southern New Jersey In the last several 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, a redesigned operating room, emergency room, lobby and registration area Inspira Medical Center Vineland ---------- Located on a 62 5-acre campus in Vineland, Inspira Medical Center Vineland is a 491,989 square-foot, 276-bed facility, which opened in August 2004 In addition to offering comprehensive medical technologies and services, the Inspira Medical Center Vineland's design also emphasizes patient comfort Inpatient Care Centers of Excellence ---------- Inspira Medical Center Vineland operates four inpatient care centers - Women's & Children's Center of Care - Home-like labor and delivery suites - Surgical Center of Care - 10 operating suites, a modern ICU/CCU and rehabilitation services - Medical Center of Care - Acute, ICU and post-ICU, dialysis, chemotherapy and medical infusion services - Cardiology Center of Care - 37 bed cardiac acute care unit, ICU and post-ICU and cardiopulmonary unit 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 All patient rooms at the Inspira Medical Center Vineland are single patient rooms which increases 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 their 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 Inspira Medical Center Vineland are designed with viewing windows along the hallway allowing patients to be observed by medical personnel without being disturbed COMMUNITY BENEFIT EFFORTS ========== 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 Improve Community Health ---------- Inspira Medical Centers provides its neighbors with many programs and services that help improve the health of the community Examples of some of these programs and services are - Cancer Services - Inspira Frank and Edith Scarpa Cancer Center offers a number of outreach services, which provide support and education in the community IMC's Breast Cancer Bridge Program, Men's Cancer Support Group and Patient Navigators all serve as healthcare advocates, helping patients navigate through their cancer journey As a Fox Chase Cancer Center partner, IMC provides leading-edge cancer care through national clinical trials, which focus on cancer treatment, diagnostic and prevention methods IMC has the opportunity to recruit a large amount of patients for Fox Chase's newest clinical trials, providing local access to the latest strategies against cancer - Health Information - 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 part

Return Reference	Explanation	
	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	nerships with the local newspapers featuring monthly sections like "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 that offers health information to promote healthy living, heighten awareness of health issues, recognize common symptoms of disease and 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 In addition, IMC offers two e-newsletters, "HealthEYou", a healthy living newsletter, and the "Cancer E-newsletter" A free subscription to each is available through Inspira's website - Garden AHEC Educational Programs - The Cumberland Empowerment Zone Corporation's 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 Fairs and Screenings - IMC also reaches out to those in our community who do not regularly come through the doors of our medical centers IMC reaches out to a variety of local employers by participating in on-site health fairs and events to offer valuable health information to our neighbors In addition, IMC hosts senior luncheon classes and senior health education days, which include flu shots and educational sessions 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 IMC's annual Spirit of Women Health Screening Day brings a myriad of health services and education together in one central location at Inspira Medical Center Vineland At the event, attendees receive a range of free health screenings, including blood pressure and pulse oximetry, body mass index, heart disease risk assessment, skin cancer (face), foot and wound care, behavioral risk assessment, sleep apnea assessment, step test (resting heart rate), heel bone density and more In addition, fun group activities are held, including yoga, line dancing and cooking demonstrations, as well as a relaxation room and meditation sessions - 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 2013, 401 breast, cervical, colorectal and prostate screenings were provided through the grant - 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, women's cancer, diabetes, cardiopulmonary health, prostate cancer, smoking cessation, stroke and five levels of bariatric support 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 Anonymous

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- Support Services - Staff members of IMC's Patient Business Services department, in addition to providing financial counseling to individuals, 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, a significant level of charity care, financial assistance, transportation assistance and language assistance services are provided for the underserved and vulnerable populations - Training Classes - IMC offers a wealth of educational programs designed to promote a safe and healthy lifestyle Training classes are regularly available on such topics as childbirth, breast-feeding, newborn care, understanding diabetes, CPR (Cardiopulmonary Resuscitation), ACLS (Advanced Cardiac Life Support), PALS (Pediatric Advanced Life Support), EMS (Emergency Medical Services), SafeSitter (Babysitter Training) and others ACCESS TO AND IMPROVING THE QUALITY OF HEALTHCARE ==== ========== IMC has both participated in and conducted a number of programs to improve access to healthcare services - Efficient and Quality Patient Care - As the leading community provider in southern New Jersey, IMC is highly regarded for its quality of care and services in the region Clinical quality and service excellence remain top strategic initiatives To further increase the efficiency of patient care, IMC has transitioned to electronic medical records making significant investments in its clinical computer systems The organization will expand its core quality measures by participating in several regional and national performance improvement programs that will provide benchmarking data and tools for measuring and reporting clinical quality - Patient Satisfaction - IMC uses 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 are doing, both good and bad This assists us to continually make improvements and provide even better care for the community INSPIRA MEDICAL CENTER WOODBURY, INC BACKGROUND ========== Part of the Inspira Health Network System, Inspira Medical Center Woodbury, Inc ("IMCW"), located in Woodbury, New Jersey is a 305-bed licensed, acute-care, non-profit hospital serving Gloucester County and parts of Camden, Salem and Cumberland counties With more than 1,750 full and part-time employees and a medical staff of approximately 486, IMCW provides a diverse array of diagnostic, therapeutic and treatment services in the comfort, convenience and security of a community hospital setting IMCW is Gloucester County's largest employer IMCW has been caring for the community ever since two dedicated and visionary physicians graduated from Jefferson Medical College in Philadelphia and settled in Gloucester County in the early years of the last century Doctors J Harris Underwood and William Brewer's vision evolved into what the hospital's mission is today That mission is to deliver a superior standard of proficient, safe and compassionate care across a broad spectrum of medical specialties by offering advanced technology that supports effective diagnosis and treatment IMCW deeply values the respect and trust of the community Meeting the healthcare challenges of the twenty-first century in a way that exceeds the expectations of the community is the hospital's goal Building and maintaining a healthy community starts with people People who act upon a shared vision for the future, knowing they are the foundation upon which commitments are made, promises kept and a better future built IMCW celebrates its hospital family and the hundreds of employees, nurses, physicians, board members, volunteers and auxilians who selflessly share their skills, talent and time in meeting the healthcare needs of the community They devote countless hours volunteering at health fairs and screenings, lead fund raising efforts, participate in community outreach, serve on civic committees and boards, wheel patients through the hospital and walk and run in support of many worthy causes Our Inspira family believes that what we do makes a difference and that difference contributes to a stronger and healthier community IMCW provides a diverse range of inpatient medical, surgical, psychiatric, obstetric, newborn and pediatric services, as well as emergency services, clinical services and same-day surgery on an outpatient basis The hospital also provides a Mobile Intensive Care Unit (MICU), which is the designated regional provider of MICU services for Gloucester, Salem and Cumberland Counties A more comprehensive directory of healthcare services offered by the hospital is provided below - Anesthesia Services - Behavioral Health Services - Balance Center - Cardiac Services - Emergency Department - Employee Services - Inspira

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	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Medical Group - Laboratory - Maternal Child Health - Medical/Surgical - Medical Surgical I CU - Occupational Therapy - Patient/Family Services - Pediatric Services - Physical Therap y - Radiology Services - Respiratory Care - Sleep Center - Speech Therapy - Surgical Servi ces - Transitional Care Unit - Women's Health Center - Wound and Skin Healing Center COMMU NITY HEALTH INFORMATION AND SERVICES ========== IMCW is com mitted to the community it serves by providing referral resources and various free or low cost health, w ellness and educational programs for the general public COMMUNITY OUTREACH ========== As part of its mission, IMCW offers a broad array of community outreach and w ellness activities such as educational material and counseling, free or low cost hea lth screenings and patient/family support groups The importance and value of emphasizing good health, fitness, safety, early detection and prevention are show n in our outreach eff orts This also reflects our strong desire to improve the quality of life for all w ho live and w ork in the communities w e serve - Health Fairs & Screenings - A number of health fa irs and community focused health screening events w ere conducted throughout 2013 IMCW str ives to teach health and w ellness, answ er questions about health related issues, promote s ervices and resources for people w ith various diseases and attempt to reach as many uninsu red or underinsured as possible Health screenings are also performed as a community servi ce to detect undiagnosed disease and assist those in need in gaining access to care and to w ork tow ard eliminating health care disparities Some of the health screenings IMCW provi des include blood pressure, blood glucose and cholesterol as w ell as counseling by special ly trained nurses and follow -up w ith printed materials and telephone calls Physicians w ho specialize in eye diseases provide glaucoma screenings and provide information and referr als as needed - American Red Cross Blood Drive - IMCW supports the mission of the America n Red Cross (ARC) by hosting several blood drives each year The ARC plays a critical role in our nation's healthcare system It is the largest single supplier of blood and blood p roducts in the United States, collecting and processing more than 40 percent of the blood supply and distributing it to some 3,000 hospitals and transfusion centers nationw ide - B ehavioral Health Collaboration - IMCW's Children's Behavioral Health Program participated in both the Gloucester County CIACC and Tri-County CIACC throughout 2013 The CIACC group is made up of a variety of agencies in Gloucester, Salem and Cumberland counties, plus com munity members from those same counties, w ho meet regularly to coordinate services, commun icate regarding changes in the behavioral health services in the counties and advocate for patient rights/services - Alzheimer's Caregivers' Support Group - This group is professi onally facilitated and provides emotional and practical support to families and caregivers of patients w ith dementia The format is flexible and includes education on the disease, treatment methods, coping strategies for difficult behaviors, effective communication tech niques and available community resources - Obsessive Compulsive Disorder Support Group - This group meets monthly to provide free support to community members dealing w ith Obsessi ve Compulsive Disorder - Stroke Prevention Screening - IMCW provides stroke prevention sc reening in cooperation w ith the American Heart Association and the American Stroke Associa tion Blood pressure, pulse and carotid artery screenings are performed by specially train ed nurses and doctors Education to detect the signs and symptoms of stroke is also provid ed Registered nurses provide counseling in compliance w ith the American Heart and Stroke Associations' guidelines Printed material providing information on heart disease, atrial fibrillation and other risk factors is p

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	- Diabetes Support Group - Monthly diabetes support and education groups are coordinated and facilitated by a registered nurse certified in diabetes education Guest speakers may include registered dietitians, endocrinologists, internal medicine specialists, nephrologists, dentists, ophthalmologists and licensed counselors who discuss topics such as nutrition, foot care, dental hygiene, goal setting and prevention of complications from diabetes Participants are encouraged to maintain blood glucose and blood lipid levels as recommended by the American Diabetes Association FINANCIAL CONTRIBUTIONS ========== The Inspira Health Network Foundation Gloucester County and the Auxiliary Board welcomes donations from employees, physicians, trustees, directors, volunteers, auxilians and the community for a variety of programs and services including Children's Behavioral Health Center, community health education, nursing and clinical staff scholarships, education and retention and plant and equipment purchases and upgrading CHARITY CARE ========== Integral with IMCW's mission to deliver high quality healthcare to the community it serves is its continued commitment to the medically underserved members of the community Therefore, IMCW treats all patients without regard for their ability to pay IMCW continues to deliver diagnostic and therapeutic services to an ever-increasing population that is entitled to receive these services under the New Jersey Hospital Care Assistance Program (Charity Care)

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	CORE FORM, PART VI, SECTION A, QUESTION 1	THE ORGANIZATION IS THE TAX-EXEMPT PARENT OF INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRAT ED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") FOR THE PERIOD JANUARY 1, 2013 THROUGH DECEMBER 31, 2013 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 DIRECTORS 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 DIRECTORS 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 L ENGTH NEGOTIATIONS ANY SUCH TRANSACTIONS ARE DISCLOSED TO, REVIEWED AND APPROVED BY THE N ETWORK'S GOVERNANCE COMMITTEE THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST P OLICY AND QUESTIONNAIRE AND USES REASONABLE EFFORTS TO OBTAIN THIS INFORMATION FROM THE ME MBERS OF ITS BOARD OF DIRECTORS THE ORGANIZATION FOLLOWS A FORMALIZED BID PROCESS WHEREIN ALL TRANSACTIONS OF THIS NATURE ARE SENT OUT TO BID IF IT IS DETERMINED THAT THE ORGANIZ ATION WILL ENTER INTO A TRANSACTION IDENTIFIED ABOVE, IT IS SENT TO THE NETWORK'S GOVERNAN CE COMMITTEE FOR REVIEW AND APPROVAL THE INTERESTED PERSON IN THESE CASES RECUSES THEMSEL VES FROM THE VOTING PROCESS THIS RECUSAL PROCESS IS OUTLINED IN THE ORGANIZATION'S WRITTE N CONFLICT OF INTEREST POLICY WHICH ALL BOARD MEMBERS AND SENIOR MANAGEMENT REVIEW ANNUALL Y DURING 2013 THE ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION ENGAGED IN THE FO LLOWING TRANSACTIONS WITH INTERESTED PERSONS SYSTEM ENTITIES HAVE BORROWED FUNDS FROM SUN NATIONAL BANK INSPIRA MEDICAL CENTERS, INC , AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, INC & AFFILIATES, HAS AN OUTSTANDING UEZ LOAN WITH SUN NATIONAL BANK WITH A PRINCIPAL BA LANCE OF $391,891 AT DECEMBER 31, 2013 PETER GALETTO, JR IS A BOARD MEMBER OF SUN NATION AL BANK AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC ADDITIONALLY, RUSSELL GILLESPIE IS AN EMPLOYEE OF SUN NATIONAL BANK AND WAS A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC FROM JANUARY 1, 2013 THROUGH SEPTEMBER 24, 2013 PAYMENT BY INSPIRA HEALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $16,470 TO CUMBERLAND CAPE ATLANTIC Y MCA FOR CERTAIN PUBLIC HEALTH INITIATIVES PETER GALETTO, JR IS A BOARD MEMBER OF CAPE ATLANTIC Y MCA AND A BOAR D MEMBER OF INSPIRA HEALTH NETWORK, INC PAYMENT BY INSPIRA HEALTH NETWORK, INC & AFFILIA TES IN THE AMOUNT OF $171,391 TO STANKER AND GALETTO, INC DURING 2013 FOR RENOVATIONS AND CONSTRUCTION SERVICES PETER GALETTO, JR IS AN OWNER OF STANKER AND GALETTO, INC AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PLEASE NOTE THAT THIS TRANSACTION IS DISCLOSE D ON THE INSPIRA MEDICAL CENTERS, INC FORM 990, SCHEDULE L, PART IV INSPIRA MEDICAL CENT ERS, INC , AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, INC & AFFILIATES, RENTS OFFICE SPA CE AT THE ELMER MEDICAL OFFICE BUILDING FROM GALETTO REALTY COMPANY TOTAL PAY MENTS FROM I NSPIRA MEDICAL CENTERS, INC TO GALETTO REALTY COMPANY AMOUNTED TO $9,241 DURING 2013 PET ER GALETTO, JR IS AN OWNER OF GALETTO REALTY COMPANY AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PAYMENT BY INSPIRA MEDICAL CENTERS, INC , AN AFFILIATE WITHIN INSPIRA HEALT H NETWORK & AFFILIATES, IN THE AMOUNT OF $10,600 TO DAVID GALETTO, M D FOR PHYSICIAN SERV ICES DAVID W GALETTO, M D IS THE COUSIN OF PETER GALETTO, JR, A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PLEASE NOTE THAT THIS TRANSACTION IS DISCLOSED ON THE INSPIRA MEDICA L CENTERS, INC CORE FORM 990, PART VII LENDING OF MONEY PURSUANT TO A PRACTICE SUPPORT A GREEMENT BETWEEN INSPIRA MEDICAL CENTERS, INC , AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK , INC & AFFILIATES, AND CUMBERLAND INTERNAL MEDICINE THE ORIGINAL AMOUNT OF THE LOAN WAS $ 41,554 THE LOAN WAS SET UP IN ORDER TO ASSIST THE PRACTICE IN THE OPERATION OF INTERNA L MEDICINE/INFECTIOUS DISEASE SERVICES THE TOTAL AMOUNT DUE FROM THE PRACTICE AT DECEMBER 31, 2013 WAS $285,997 DAVID GALETTO, M D IS AN OWNER OF CUMBERLAND INTERNAL MEDICINE AN D COUSIN OF PETER GALETTO, JR , A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PLEASE NOTE THAT THIS TRANSACTION IS DISCLOSED ON THE INSPIRA MEDICAL CENTERS, INC FORM 990, SCHEDUL E L, PART IV PAYMENT BY INSPIRA HEALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $357,1 25 TO CUMBERLAND INTERNAL MEDICINE FOR MEDICAL SERVICES DURING 2013 DAVID GALETTO, M D I S AN OWNER OF CUMBERLAND INTERNAL MEDICINE AND COUSIN OF PETER GALETTO, JR , A BOARD MEMBE R OF INSPIRA HEALTH NETWORK, INC PLEASE NOTE THAT THIS TRANSACTION IS DISCLOSED ON THE IN SPIRA MEDICAL CENTERS, INC FORM 990, SCHEDULE L,

Return Reference	Explanation	
	CORE FORM, PART VI, SECTION A, QUESTION 1	PART IV KEVIN C BOWEN HAS A SON THAT IS EMPLOYED BY INSPIRA MEDICAL CENTER WOODBURY, INC , AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, INC & AFFILIATES, FOR WHICH HE RECEIVED FO RM W-2, BOX 5 MEDICARE WAGES IN THE AMOUNT OF $41,148 DURING 2013 KEVIN C BOWEN IS A BOA RD MEMBER OF INSPIRA HEALTH NETWORK, INC PLEASE NOTE THAT THIS TRANSACTION IS DISCLOSED O N THE INSPIRA MEDICAL CENTER WOODBURY, INC FORM 990, SCHEDULE L, PART IV PAYMENT BY INSP IRA HEALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $373 TO J&D DISCOUNT LIQUOR FOR ITE MS PURCHASED DURING 2013 PAMELA S CLARK'S SPOUSE AND SON ARE OWNERS OF J&D DISCOUNT LIQU OR PAMELA S CLARK IS A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PAYMENT BY INSPIRA H EALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $62,506 TO ARCHER & GREINER, P C FOR LE GAL SERVICES DURING 2013 JOHN H FISCHER, III IS AN EMPLOYEE OF ARCHER & GREINER, P C AN D A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC IN ADDITION, CHRISTOPHER R GIBSON, ESQ IS AN EMPLOYEE OF ARCHER & GREINER, P C AND WAS A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC FROM JANUARY 1, 2013 THROUGH APRIL 2, 2013 JOHN H FISCHER, III'S DAUGHTER IN LAW I S EMPLOYED BY INSPIRA MEDICAL CENTERS, INC , AN AFFILIATE WITHIN INSPIRA HEALTH NETWORK, I NC & AFFILIATES, FOR WHICH SHE RECEIVED FORM W-2, BOX 5 MEDICARE WAGES IN THE AMOUNT OF $ 391 DURING 2013 JOHN H FISCHER, III IS A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PA YMENT BY INSPIRA HEALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $5,412 TO TAVISTOCK CO UNTY CLUB FOR VARIOUS GOODS AND SERVICES DURING 2013 MICHAEL A MCLAUGHLIN IS A BOARD MEM BER OF TAVISTOCK COUNTRY CLUB AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PAYMENT B Y INSPIRA HEALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $823,103 TO SOUTH JERSEY GAS COMPANY FOR UTILITIES DURING 2013 DAVID ROBBINS, JR IS AN OFFICER OF SOUTH JERSEY GAS CO MPANY AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC PLEASE NOTE THAT THIS TRANSACTION IS DISCLOSED ON THE INSPIRA MEDICAL CENTERS, INC FORM 990, SCHEDULE L, PART IV PAYMENT BY INSPIRA HEALTH NETWORK, INC & AFFILIATES IN THE AMOUNT OF $16,356 TO ROSSI MOTOR CORP FOR A VEHICLE PURCHASED DURING 2013 RONALD ROSSI IS AN OFFICER OF ROSSI MOTOR CORP AND A BOARD MEMBER OF INSPIRA HEALTH NETWORK, INC

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 2	RUSSELL GILLESPIE AND PETER GALETTO, JR - BUSINESS RELATIONSHIP

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	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 DIRECTORS, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("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 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 DIRECTORS

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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 DIRECTORS, 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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	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 DIRECTORS 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 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 DIRECTORS 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 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 OFFICE

Return Reference	Explanation
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

Return Reference	Explanation
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 MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS

Return Reference	Explanation
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 DIRECTOR 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 DIRECTORSS 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

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - OTHER INCREASE IN UNRESTRICTED NET ASSETS OF INSPIRA HEALTH NETWORK, INC - $4,413,000 AND - OTHER DECREASE IN UNRESTRICTED NET ASSETS OF INSPIRA MANAGEMENT SERVICES, L L C - ($2,125,000)

Return Reference	Explanation
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, 2013 AND DECEMBER 31, 2012, 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INSPIRA HEALTH NETWORK INC

Employer identification number
22-2508425

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) INSPIRA MANAGEMENT SERVICES LLC 509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4265068	MANAGEMENT	NJ	1,511,948	1,346,171	network

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

(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
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BPOC LP 333 IRVING AVENUE BRIDGETON, NJ 08302 22-2956029	REAL ESTATE	NJ										
(2) OAK & MAIN SURGICTR 907 NORTH MAIN ROAD VINELAND, NJ 08360 22-3532371	HEALTHCARE SVcs	NJ										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) INSPIRA HELP SERVICES INC PO BOX 126 SALEM, NJ 08079 22-2823028	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(2) INSPIRA HEALTH MANAGEMENT CORPORATION 333 IRVING AVENUE BRIDGETON, NJ 08302 22-2502241	HEALTHCARE SVCS	NJ	network	C CORP	2,909,621	2,183,243	100 000 %	Yes	
(3) INSPIRA HEALTH NETWORK MEDICAL GROUP PC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 20-5745047	HEALTHCARE SVcs	NJ	network	C CORP	13,186,305	1,886,032	100 000 %	Yes	
(4) JUNO ASSURANCE LTD AON HOUSE 4TH FLOOR PEMBROKE HM 08 BD	FINANCIAL VEHICLE	BD	network	FOREIGN CORP	4,175,849	16,887,157	100 000 %	Yes	
(5) INSPIRA HEALTH NETWORK URGENT CARE PC 201 TOMLIN STATION ROAD MULLICA HILL, NJ 08062 45-2900402	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(6) RED BANK DEVELOPMENT CORPORATION 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2814053	HEALTHCARE SVCS	NJ	network	C CORP	415,451	829,099	100 000 %	Yes	
(7) INSPIRA HOMECARE SERVICES INC 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-3479390	HEALTHCARE SVCS	NJ	N/A	C CORP					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INSPIRA MEDICAL CENTERS INC	E	337,405	COST
(2) INSPIRA MEDICAL CENTERS INC	J	615,987	COST
(3) INSPIRA HEALTH NETWORK LIFE INC	E	650,000	COST
(4) INSPIRA MEDICAL CENTER WOODBURY INC	D	130,022	COST
(5) INSPIRA MEDICAL CENTER WOODBURY INC	E	111,946	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 22-2508425
Name: INSPIRA HEALTH NETWORK INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INSPIRA HOMECARE & HOSPICECARE INC 333 IRVING AVENUE BRIDGETON, NJ 08302 22-6067549	HOSPICE SVCS	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
(1) INSPIRA HLTH NTWK FDN CUMBERLANDSALEM 333 IRVING AVENUE BRIDGETON, NJ 08302 22-3746758	SUPPORT NTWK	NJ	501(C)(3)	509(A)(3)	IMC		No
(2) INSPIRA MEDICAL CENTERS INC 333 IRVING AVENUE BRIDGETON, NJ 08302 21-0634484	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
(3) INSPIRA HEALTH NETWORK LIFE INC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 26-4827936	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
(4) INSPIRA MEDICAL CENTER WOODBURY INC 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-1820210	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
(5) INSPIRA HLTH NTWRK FDN GLOUCESTER COUNTY 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2333409	SUPPORT IMCW	NJ	501(C)(3)	509(A)(1)	IMCW		No
(6) TRI-COUNTY CARDIOVASCULAR SERVICES PC 509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4199382	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	NETWORK	Yes	
(7) INSPIRA HEALTH CONNECTIONS PC 509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4203973	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	NETWORK	Yes	

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TY 2013 Itemized Other Assets Schedule

Name: INSPIRA HEALTH NETWORK INC

EIN: 22-2508425

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		INVESTMENT INCOME DUE & ACCRUED	25,781	35,126
		ACCOUNTS & PREMIUMS RECEIVABLE	3,698,652	5,855,310

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TY 2013 Other Deductions Schedule

Name: INSPIRA HEALTH NETWORK INC

EIN: 22-2508425

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
GENERAL & ADMINISTRATIVE		147,175
NET LOSS AND LOSS EXPENSES INCURRED		4,975,078

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TY 2013 Itemized Other Investments Schedule

Name: INSPIRA HEALTH NETWORK INC

EIN: 22-2508425

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		BONDS & DEBENTURES AT MARKET VALUE	5,536,110	10,230,568

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TY 2013 Itemized Other Liabilities Schedule

Name: INSPIRA HEALTH NETWORK INC

EIN: 22-2508425

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUMS	3,082,206	4,761,667
		LOSS & LOSS EXPENSE PROVISIONS	6,115,679	8,391,143
		INSURANCE & REINSURANCE BAL PAYABLE	101,778	2,567,467

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TY 2013 Other Income Statement

Name: INSPIRA HEALTH NETWORK INC

EIN: 22-2508425

Description	Foreign Amount	Amount
GENERAL BUSINESS INVESTMENT INCOME		115,228
REALIZED LOSSES ON INVESTMENTS		-63,987

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TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: INSPIRA HEALTH NETWORK INC

EIN: 22-2508425

Description	Beginning Amount	Ending Amount
CONTRIBUTED SURPLUS	2,080,000	2,080,000