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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
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
INSPIRA HEALTH NETWORK INC
% THOMAS P BALDOSARO CPA
Doing business as

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

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

F Name and address of principal officer
JOHN A DIANGELO
165 BRIDGETON PIKE
MULLICA HILL,NJ 08062

D Employer identification number

22-2508425

E Telephone number

(856) 641-6605

G Gross receipts \$ 5,043,739

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH-QUALITY HEALTH SERVICES THAT IMPROVE THE LIVES OF ALL WE SERVE

2 Check this box ☐ 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** 16
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 13
5 Total number of individuals employed in calendar year 2015 (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**

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12

Prior Year

0
1,419,697
2,309,280
95,882
3,824,859
19,292
0
0
0
1,865,485
1,884,777
1,940,082

Current Year

0
2,370,285
1,949,114
126,716
4,446,115
0
0
0
2,856,818
2,856,818
1,589,297

Net Assets or Fund Balances

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

57,231,655
20,244,891
36,986,764

End of Year

59,068,492
17,862,984
41,205,508

Part II

Signature Block

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

Sign Here

Signature of officer
THOMAS P BALDOSARO CPA CFO
Type or print name and title

2016-11-09
Date

Paid Preparer Use Only

Print/Type preparer's name
Scott J Manani

Preparer's signature
Scott J Manani

Date

Check ☐ if self-employed PTIN
P00642486

Firm's name ▶ WithumSmithBrown PC Firm's EIN ▶
Firm's address ▶ 465 South St Ste 200
Mornstown, NJ 079606497

Phone no (973) 898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990(2015)

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 \$ 2,571,133 including grants of \$ 0) (Revenue \$ 2,370,285)

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 , BOTH 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 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 ▶ 2,571,133

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 Yes	
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	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? <i>If "Yes," complete Schedule R, Part VI</i> 	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	3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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 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	1a 16		
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		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	No
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, address, and telephone number of the person who possesses the organization's books and records
THOMAS P BALDOSARO CPA 165 BRIDGETON PIKE MULICA HILL, NJ 08062 (856) 641-6605

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

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

[illegible]

Part VII

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	11,831,924	1,543,826

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
Array Architects Inc, 1 West Elm Street Suite 400 CONSHOHOCKEN, PA 19428	Consulting	244,107
The Advisory Board Company, 2445 Main Street NW WASHINGTON, DC 20037	CONSULTING	160,930
Press Ganey Associates Inc, po Box 88335 MILWAUKEE, WI 53288	QUALITY CONSULTING	137,419

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 ► 3

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	2a	PROGRAM RELATED REVENUE	Business Code 541900	2,370,285	2,370,285		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,370,285			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,113,558		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real 724,340	(ii) Personal			
b		Less rental expenses	597,624				
c		Rental income or (loss)	126,716	0			
d		Net rental income or (loss)		126,716			126,716
7a		Gross amount from sales of assets other than inventory	(i) Securities 835,556	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	835,556				
d		Net gain or (loss)		835,556			835,556
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		4,446,115	2,370,285		2,075,830	

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.	58,297	52,467	5,830	0
b	Legal.	2,116	1,904	212	
c	Accounting.	235,449	211,904	23,545	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	15,236	13,712	1,524	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	386,791	348,112	38,679	
12	Advertising and promotion.	0			
13	Office expenses.	85,364	76,828	8,536	
14	Information technology.	8,262	7,436	826	
15	Royalties.	0			
16	Occupancy.	132,079	118,871	13,208	
17	Travel.	231,652	208,487	23,165	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	181,453	163,308	18,145	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	16,329	14,696	1,633	
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	OUTSIDE SERVICES	526,798	474,118	52,680	
b	SPECIAL PROJECTS	387,856	349,070	38,786	
c	COMMUNICATIONS	238,178	214,360	23,818	
d	PATIENT SATISFACTION SURVEY	165,137	148,623	16,514	
e	All other expenses	185,821	167,237	18,584	
25	Total functional expenses. Add lines 1 through 24e.	2,856,818	2,571,133	285,685	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			891,199	2	248,122
	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			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			46,977	9	243,024
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	4,381,817	4,205,306	10c	4,192,646
	b	Less—accumulated depreciation	10b	189,171			
	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			50,393,277	13	54,380,684
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			1,694,896	15	4,016
16	Total assets. Add lines 1 through 15 (must equal line 34)			57,231,655	16	59,068,492	
Liabilities	17	Accounts payable and accrued expenses			1,656,233	17	1,236,311
	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			14,278,284	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			4,310,374	25	2,348,389
	26	Total liabilities. Add lines 17 through 25			20,244,891	26	17,862,984
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				36,986,764	27
27		Unrestricted net assets					
28		Temporarily restricted net assets					
29		Permanently restricted net assets			0	29	0
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					30		
30		Capital stock or trust principal, or current funds					
31		Paid-in or capital surplus, or land, building or equipment fund					
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			36,986,764	33	41,205,508
34		Total liabilities and net assets/fund balances			57,231,655	34	59,068,492

Part XI **Reconciliation 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	4,446,115
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,856,818
3	Revenue less expenses Subtract line 2 from line 1	3	1,589,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	36,986,764
5	Net unrealized gains (losses) on investments	5	-1,650,000
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	4,279,447
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,205,508

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

Software ID:

Software Version:

EIN: 22-2508425

Name: INSPIRA HEALTH NETWORK INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER GALETTO JR CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
RONALD ROSSI VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
SHELLY O SCHNEIDER EDD SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
HARRY E HEARING TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
MICHAEL A MCCLAUGHLIN CHAIRMAN ELECT - TRUSTEE	1 0 0 0	X		X				0	0	0
DANIEL J BALL III TRUSTEE	1 0 0 0	X						0	0	0
PAMELA S CLARK TRUSTEE	1 0 0 0	X						0	0	0
JOHN A DIANGELO TRUSTEE - PRESIDENT/CEO	55 0 0 0	X		X				0	1,792,781	474,583
JOHN H FISHER III TRUSTEE	1 0 0 0	X						0	0	0
DANTE G GERMANO TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDGAR HATHAWAY JR ESQ TRUSTEE	1 0 0 0	X						0	0	0
ALBERT KELLY TRUSTEE	1 0 0 0	X						0	0	0
WARNER A KNOBE TRUSTEE	1 0 0 0	X						0	0	0
HERBERT J KONRAD TRUSTEE	1 0 0 0	X						0	0	0
HUGH MCCAFFREY TRUSTEE	1 0 0 0	X						0	0	0
DAVID ROBBINS JR TRUSTEE, EX-OFFICIO	1 0 0 0	X						0	0	0
EILEEN K CARDILE MS RN CNA EVP/PRESIDENT OF IMCW	55 0 0 0			X				0	913,939	25,033
THOMAS P BALDOSARO CPA EVP/CHIEF FINANCIAL OFFICER	55 0 0 0			X				0	472,785	115,503
MARVIN T WAY EVP OPERATIONS	55 0 0 0			X				0	532,939	105,455
ROBERT E FLORENTINE SVP/Chief People Officer	55 0 0 0			X				0	733,970	76,038

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW DOONAN ESQ GENERAL COUNSEL	55 0 0 0			X				0	275,581	54,352
JOHN C BICKINGS VP FACILITIES & CONSTRUCTION	55 0 0 0			X				0	615,830	92,999
ARTHUR BOOTE VP PROVIDER NTWK INTEGRATION	55 0 0 0			X				0	592,798	78,131
CLARE SAPIENZA-ECK VP BUS DEV /PHYS RECRUITMENT	55 0 0 0			X				0	438,625	87,485
THOMAS PACEK VP/CHIEF INFORMATION OFFICER	55 0 0 0			X				0	328,613	75,889
CAROLYN S HECKMAN VP COMMUNITY RELATIONS	55 0 0 0			X				0	324,454	54,528
DAVID YHLEN VP AMBULATORY SERVICES	55 0 0 0			X				0	312,324	64,510
DAVID MURRAY VP FINANCE	55 0 0 0			X				0	271,276	35,043
PAUL M LAMBRECHT VP QUALITY & PATIENT SAFETY	55 0 0 0			X				0	220,398	29,129
PETER A KAPRIELYN VP GOV'T & EXTERNAL RELATIONS	55 0 0 0			X				0	220,117	15,304

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY BOLLWAGE VP RISK MANAGEMENT	55 0 0 0			X				0	195,965	21,063
ROBERT L MANESTRINA VP HUMAN RES (TERMED 1/30/15)	55 0 0 0			X				0	134,215	18,594
MIKOLE BURKE-ANDERSON VP COMP/ETHICS (TERMED 6/6/15)	55 0 0 0			X				0	104,292	19,742
CAROL L THOMAS VP POP HEALTH (EFF 10/26/15)	55 0 0 0			X				0	42,308	15,863
JOSEPH A PICCOLO VP CORP COMP/CCO(EFF 11/16/15)	55 0 0 0			X				0	25,294	14,705
FRANCIS T FERRY MD MEDICAL DIRECTOR (TERM 4/7/15)	55 0 0 0			X				0	145,912	24,739
CHRISTOPHER TROTZ MD EXEC MED DIRECTOR (EFF 4/8/15)	55 0 0 0			X				0	258,449	35,171
CHESTER B KALETKOWSKI FORMER OFFICER	0 0 0 0						X	0	1,910,169	0
ROBERT M D'ANGEL ESQ FORMER OFFICER	0 0 0 0						X	0	652,513	9,967
WAYNE C SCHIFFNER FORMER OFFICER	0 0 0 0						X	0	316,377	0

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☒

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☒

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

2

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) INSPIRA MEDICAL CENTERS INC	210634484			No	0	0
INSPIRA MEDICAL CENTER (B) WOODBURY INC	221820210			No	0	0
Total	2				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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>	Yes	
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>	Yes	
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		No

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	0	0
2	Recoveries of prior-year distributions	0	0
3	Other gross income (see instructions)	2,183,168	4,208,183
4	Add lines 1 through 3	2,183,168	4,208,183
5	Depreciation and depletion	0	0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	2,464,699	3,454,442
7	Other expenses (see instructions)	0	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	-281,531	753,741

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	45,848,746	52,386,981
b	Average monthly cash balances	1,244,100	569,661
c	Fair market value of other non-exempt-use assets	0	
d	Total (add lines 1a, 1b, and 1c)	47,092,846	52,956,642
e	Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2	Acquisition indebtedness applicable to non-exempt use assets	0	
3	Subtract line 2 from line 1d	47,092,846	52,956,642
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	706,393	794,350
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	46,386,453	52,162,292
6	Multiply line 5 by .035	1,623,526	1,825,680
7	Recoveries of prior-year distributions	0	
8	Minimum Asset Amount (add line 7 to line 6)	1,623,526	1,825,680

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	-281,531
2	Enter 85% of line 1	2	-239,301
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1,623,526
4	Enter greater of line 2 or line 3	4	1,623,526
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	1,623,526
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	5,000,000
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	5,000,000
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2015 from Section C, line 6	1,623,526
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			1,623,526
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. 0			
e From 2014. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2015 distributable amount			0
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7 \$ 5,000,000			
a Applied to underdistributions of prior years		0	
b Applied to 2015 distributable amount			1,623,526
c Remainder Subtract lines 4a and 4b from 4	3,376,474		
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2016. Add lines 3j and 4c	3,376,474		
8 Breakdown of line 7			
a			
b			
c Excess from 2013. 0			
d From 2014. 0			
e From 2015. 0			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

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

(ii)

Assets included in Form 990, Part X
► \$

2

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

a

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

b

Assets included in Form 990, Part X
► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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	83,392	2,512
c Leasehold improvements		145,265	88,856	56,409
d Equipment		23,840	11,411	12,429
e Other		6,125	5,512	613
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,192,646

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
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 AUDITED CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE 2015 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE SYSTEM'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740): THE NETWORK 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 2015 OR 2014.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

2015**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
INSPIRA HEALTH NETWORK INC

Employer identification number

22-2508425

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	6,000,000
(2) Central America and the Caribbean			Investments		15,500,000
(3)					
(4)					
(5)					
3a Sub-total	1	1			21,500,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			21,500,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	DURING 2015 INSPIRA MEDICAL CENTERS, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PAID JUNO ASSURANCE, LTD , A FINANCIAL VEHICLE, MALPRACTICE PREMIUMS PAYMENTS IN THE AMOUNT OF \$6,000,000 ON BEHALF OF AND FOR THE BENEFIT OF THIS ORGANIZATION

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
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?		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on 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	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 4A	ROBERT L MANESTRINA RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$80,193 DURING CALENDAR YEAR 2015 WHICH WAS INCLUDED IN HIS 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES
SCHEDULE J, PART I, QUESTION 4B	DURING 2015 THE NETWORK TERMINATED ITS CURRENT INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS A RESULT OF THIS TERMINATION BENEFIT AMOUNTS FOR PLAN PARTICIPANTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE AND ACCORDINGLY ARE REFLECTED IN COLUMN B(III) HEREIN. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. JOHN A DIANGELO, \$819,928, ROBERT E FLORENTINE, \$196,990, JOHN C BICKINGS, \$227,583, ARTHUR BOOTE, \$156,994, CLARE SAPIENZA-ECK, \$144,230, CAROLYN S HECKMAN, \$90,034, CHESTER B KALETKOWSKI, \$1,909,905, ROBERT M D'ANGEL, ESQ, \$265,092 and WAYNE C SCHIFFNER, \$316,377. AFTER THE TERMINATION OF ITS FORMER PLAN, THE NETWORK IMPLEMENTED A NEW INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN). THE DEFERRED COMPENSATION AMOUNTS IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE UNVESTED BENEFITS 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 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. JOHN A DIANGELO, \$409,215, THOMAS P BALDOSARO, CPA, \$71,053, MARVIN T WAY, \$68,078, ROBERT E FLORENTINE, \$22,743, MATTHEW DOONAN, ESQ, \$25,563, JOHN C BICKINGS, \$43,409, ARTHUR BOOTE, \$40,956, CLARE SAPIENZA-ECK, \$39,079, THOMAS PACEK, \$31,140, CAROLYN S HECKMAN, \$19,780, DAVID YHLEN, \$29,794 AND CHRISTOPHER TROTZ, M D, \$24,655.
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 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. PLEASE NOTE THAT ROBERT M D'ANGEL, ESQ, FORMER OFFICER, RECEIVED A BONUS DURING 2015. THIS BONUS REPORTED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN, \$29,981, REPRESENTS A BONUS THAT WAS EARNED DURING 2014 BUT PAID OUT AND REPORTED ON HIS FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES IN 2015.
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 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN). THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. THE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. JOHN A DIANGELO, \$720,908, ROBERT E FLORENTINE, \$125,334, JOHN C BICKINGS, \$138,499, ARTHUR BOOTE, \$125,021, CLARE SAPIENZA-ECK, \$81,314, CAROLYN S HECKMAN, \$75,676 AND ROBERT M D'ANGEL, ESQ, \$265,092.

Additional Data

Software ID:

Software Version:

EIN: 22-2508425

Name: INSPIRA HEALTH NETWORK INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN A DIANGELO TRUSTEE - PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	700,671	180,000	912,110	433,065	41,518	2,267,364	720,908
EILEEN K CARDILE MS RN 1CNA EVP/PRESIDENT OF IMCW	(i)	0	0	0	0	0	0	0
	(ii)	447,269	411,300	55,370	10,500	14,533	938,972	0
2THOMAS P BALDOSARO CPA EVP/CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	385,025	63,438	24,322	88,412	27,091	588,288	0
3MARVIN T WAY EVP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	487,213	25,314	20,412	73,069	32,386	638,394	0
4ROBERT E FLORENTINE SVP/Chief People Officer	(i)	0	0	0	0	0	0	0
	(ii)	269,280	205,175	259,515	48,060	27,978	810,008	125,334
5MATTHEW DOONAN ESQ GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	251,522	5,625	18,434	32,870	21,482	329,933	0
6JOHN C BICKINGS VP FACILITIES & CONSTRUCTION	(i)	0	0	0	0	0	0	0
	(ii)	242,934	96,663	276,233	66,332	26,667	708,829	138,499
7ARTHUR BOOTE VP PROVIDER NTWK INTEGRATION	(i)	0	0	0	0	0	0	0
	(ii)	267,147	129,799	195,852	52,228	25,903	670,929	125,021
8CLARE SAPIENZA-ECK VP BUS DEV /PHYS RECRUITMENT	(i)	0	0	0	0	0	0	0
	(ii)	214,575	24,833	199,217	59,779	27,706	526,110	81,314
9THOMAS PACEK VP/CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	283,265	26,904	18,444	50,459	25,430	404,502	0
10CAROLYN S HECKMAN VP COMMUNITY RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	180,959	16,742	126,753	35,557	18,971	378,982	75,676
11DAVID YHLEN VP AMBULATORY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	253,995	38,930	19,399	40,211	24,299	376,834	0
12DAVID MURRAY VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	212,594	36,750	21,932	13,167	21,876	306,319	0
13PAUL M LAMBRECHT VP QUALITY & PATIENT SAFETY	(i)	0	0	0	0	0	0	0
	(ii)	191,526	17,472	11,400	10,233	18,896	249,527	0
14PETER A KAPRIELYN VP GOV'T & EXTERNAL RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	214,233	0	5,884	11,119	4,185	235,421	0
15MARY BOLLWAGE VP RISK MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	193,173	0	2,792	2,948	18,115	217,028	0
16ROBERT L MANESTRINA VP HUMAN RES (TERMED 1/30/15)	(i)	0	0	0	0	0	0	0
	(ii)	16,628	12,036	105,551	3,466	15,128	152,809	0
17FRANCIS T FERRY MD MEDICAL DIRECTOR (TERM 4/7/15)	(i)	0	0	0	0	0	0	0
	(ii)	86,409	59,046	457	6,601	18,138	170,651	0
18CHRISTOPHER TROTZ MD EXEC MED DIRECTOR (EFF 4/8/15)	(i)	0	0	0	0	0	0	0
	(ii)	235,090	0	23,359	34,631	540	293,620	0
19CHESTER B KALETKOWSKI FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,910,169	0	0	1,910,169	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ROBERT M D'ANGEL ESQ FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	336,607	29,981	285,925	1,928	8,039	662,480	265,092
1WAYNE C SCHIFFNER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	316,377	0	0	316,377	0

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As Filed Data -

DLN: 93493319089156

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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

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	<p>BACKGROUND ===== INSPIRA HEALTH NETWORK, INC IS A NOT FOR-PROFIT HOLDING COMPANY BASED IN BRIDGETON, NEW JERSEY INSPIRA HEALTH NETWORK, INC IS THE SOLE CORPORATE MEMBER OR STOCKHOLDER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES THE INTERNAL REVENUE SERVICE ("IRS") HAS RECOGNIZED INSPIRA HEALTH NETWORK, INC AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) INSPIRA HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES INSPIRA MEDICAL CENTERS, INC ("IMC") AND INSPIRA MEDICAL CENTER WOODBURY, INC ("IMCW") Mssion ===== To provide high quality health services that improve the lives of all w e serve Vision ===== Inspira Health Netw ork is the region's leading netw ork of healthcare providers, delivering the full continuum of primary, acute and advanced care services Meeting and exceeding the needs of our communities ===== How does a health netw ork like Inspira keep up w ith the grow ing and changing needs of its communities? By listening to its neighbors, grow ing its services and changing the w ay it delivers care This can be challenging, but w e believe it is essential if w e are to achieve our objective of fostering healthier communities throughout our service area Just three years ago, as a new ly formed netw ork, w e provided "60+ access points" for the residents of Cumberland, Gloucester, and Salem counties Today that number surpasses 120, and now includes new locations in Camden and Atlantic counties We have expanded our primary care and specialty care physician group, added urgent care locations (w ith more on the w ay) and opened a new multi-specialty health center on Row an Boulevard in Glassboro INSPIRA MEDICAL CENTERS & INSPIRA MEDICAL CENTER WOODBURY ===== IMC AND IMCW ARE BOTH recognized by the IRS as Internal Revenue Code 501(c)(3) tax-exempt organizationS Pursuant to THEIR charitable purposes, IMC AND IMCW provide healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin or ability to pay Moreover, THEY operate consistently w ith the follow ing criteria outlined in IRS revenue ruling 69-545 1 Provide healthcare services to all individuals regardless of ability to pay, including Charity Care, Self-Pay, Medicare and Medicaid patients, 2 Operate active emergency DEPARTMENTS for all persons, w hich are open 24 hours a day, 7 days a week, 365 days per year, including a specialized pediatric emergency department in the Vineland facility, 3 Maintain open medical staff, w ith privileges available to all qualified physicians, 4 Control of IMC AND IMCW rests w ith their respective board of trustees and the board of trustees of Inspira Health Netw ork, Inc Both boards are comprised of independent civic leaders and other prominent members of the community, and 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities The operations of BOTH IMC AND IMCW as show n through the factors outlined above and other information contained herein, clearly demonstrate that the use and control of IMC AND IMCW is for the benefit of the public and that no part of the income or net earnings of theSE organizationS ARE FOR the benefit of any private individual nor is any private interest being served other than incidentally THESE HOSPITAL FACILITIES provide healthcare services to all individuals regardless of ability to pay Moreover, THEY provide healthcare services to patients w ho meet certain criteria defined by the New Jersey Department of Health and Human Services without charge or at amounts less than established rates IMC AND IMCW maintain records to identfy and monitor the amount of charity care THEY provide These records include the amount of charges foregone for services and supplies furnished under THEIR charity care policIES A new medical center in Gloucester County ===== This past January, w e made a major announcement that exemplifies the type of grow th and vision that w ill allow us to meet the needs and exceed the expectations of South Jersey residents w ell into the future Our decision to build a new medical center in Mullica Hill, adjacent to Row an University represents a major investment in the future of Inspira Health Netw ork and the communities w e serve With design input from dozens of our employees, an unw avering focus on patient safety and an emphasis on creating the best patient experience, our new hospital w ill allow us to provide an even higher level of care And being located adjacent to Row an University opens countless possibilities for the training of current and future healthcare professionals, as w ell as for research and shared services Our new medical center w ill employ approximately 1,400 people, a majority of w hom w ill transfer from our current hospital in Woodbury It w ill be approximately 350,000 square-feet in size and contain betw een 175 and 200 all private rooms A variety of modern amenities, coupled w ith an abundance of new technologies, including the latest in w ireless communications, w ill allow our physicians and staff to provide care in a comfortable, healing and efficient environment Easy access from Routes 55 and 322 w ill make it convenient for residents throughout the region We recognize that in today's w orld, many people w ill come to our hospitals for outpatient services w hile having little or no need for inpatient care for much of their lives This reality w ill greatly shape the final design and patient experience of our new medical center Of course it w ill offer all of the inpatient services you might expect in a modern hospital, but, equally important, it also w ill feature outpatient services that are easy to access and user friendly Although our new hospital in Gloucester County w ill differ greatly in size and scope from any of our other recent projects, it w ill share the common three-part goal of all Inspira facilities patient safety, clinical excellence, and an outstanding patient experience Only by keeping this goal at the forefront can w e pledge to provide exceptional care today and in the future New Services and Growth ===== Inspira Health Netw ork is dedicated to growing services that provide quality care in more convenient locations across our region to meet community needs With five locations across our region, Inspira Urgent Care provides rapid access to care for thousands of our neighbors every year In 2015, w e opened new centers in Vineland and Glassboro, and three more are planned for 2016 in Gloucester and Camden counties Our health centers offer a variety of quality health services so that our neighbors can receive quality care all in one place Inspira Health Center Glassboro, our new est location on Row an Boulevard, provides convenient access to primary care, urgent care, behavioral health, imaging and orthopedics With its proximity to Row an University, the center offers Inspira the opportunity to partner w ith the university to offer care for students that complements on-campus health services Inspira is also providing easy access to our services online The My Inspira smart- phone app makes it easier than ever to connect w ith excellent health care anyw here The free app features mobile appointment scheduling, location and physician listings, and access to your digital Inspira personal health record Population Health ===== The pursuit of innovative w ays to provide care is essential to Inspira's grow th One example is population health, the process of managing the overall health of a group of people and holding ourselves accountable for their outcomes Inspira is recognized as a state-w ide leader in population health programs, having implemented several new models of care in our community Accountable Care Organizations ("ACOs") are population health programs that aim to avoid unnecessary duplication of services and prevent medical errors to ensure that patients, especially the chronically ill, get the right care at the right time Our ACO, Inspira Care Connect, is a partnership betw een Inspira and our regions providers to offer coordinated, high quality care to Medicare patients in our community Another population health model, the Physician Hospital Organization or PHO, allow s hospitals and physicians to collaborate to develop new and improved w ays to deliver quality care to a population of patients Our PHO, Inspira Health Partners, has set a goal to partner w ith community providers to enhance the quality and efficiency of health care across our region, w hich ultimately improves outcomes and low ers costs</p>

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Inspira Medical Group's family medicine practices have also introduced a Patient-Centered Medical Home model of care to help manage a population of our Medicare patients by focusing on their wellness and proactively managing their chronic diseases. This population health program has demonstrated positive outcomes, especially in the reduction of patients being re-admitted to our hospitals, a major factor in improving the overall health of our neighbors. Because of this proactive approach to population health, Inspira was selected to participate as a tier-one member in Horizon Blue Cross Blue Shield's OMNIA Health Alliance. This partnership between physicians, hospitals and an insurance provider allows us to share valuable patient data, enhancing our ability to care for patients, measure population health initiatives and ultimately reduce the cost of healthcare while improving lives. Our commitment to quality, high reliability</p> <p>===== High reliability means that what should happen, actually happens, and what should not happen, does not happen all of the time. Many industries, such as aviation and nuclear energy, have made high reliability a part of their mission because even the smallest error can produce catastrophic results. Healthcare is no different, and at Inspira we have worked for years to create consistency through our standards, policies and protocols. Now we are taking this initiative to the next level by embarking upon a multi-year transformation to become a high reliability organization to demonstrate our commitment to providing safe, quality care for our patients.</p> <p>Service Lines ===== Cardiac Care ----- Cardiac disease is one of the deadliest health issues across the nation and we are advancing care to keep hearts healthy. This year, Inspira Medical Center Vineland was re-designated as a Chest Pain Center by the Society of Cardiovascular Patient Care for providing the right care at the right time for heart attack patients in our Emergency Department. Our medical centers in Vineland and Woodbury are also achieving excellent outcomes in emergency angioplasty services, a life-saving procedure for heart attack patients.</p> <p>Cancer ----- Cancer affects far too many lives and that's why we are dedicated to giving our community access to oncologists, advanced technologies and clinical trials that bring the latest research to our community. The Frank and Edith Scarpa Regional Cancer Pavilion in Vineland provides patients with comprehensive care all under one roof. Patients also have access to experienced surgical and medical oncologists at Inspira Medical Center Woodbury. In 2015, Inspira was the first in the region to offer breast cancer patients SAVISCOUT, a new technology that targets breast lumps more effectively and eliminates the need for needle or wire tumor localization.</p> <p>Women's Health ----- Women are often the caregivers for our families and we are committed to improving their well-being. That's why the network developed Spirit of Women (Inspira SpiritHealth.com), an innovative community program that gives women tools to improve their health in fun and inspiring ways. In 2015, Inspira launched a new program specifically for women with pelvic health issues that offers access to a urogynecologist, colon and rectal surgeon, and pelvic physical therapists.</p> <p>Surgery ----- As demonstrated by our regional and national awards, Inspira's Medical Centers have built a strong reputation for offering quality surgical services. Recently, Inspira Medical Center Vineland became one of the first in the region to offer single-site robotic surgery, an advanced minimally invasive option with virtually scarless results. Orthopedic surgery has also become a center of excellence at Inspira with newly renovated ORs and patient rooms at Inspira Medical Center Woodbury, and national recognition for quality orthopedics and joint replacement at Inspira Medical Center Elmer.</p> <p>Behavioral Health ----- With inpatient and outpatient programs for children, adolescents and adults, Inspira offers a comprehensive array of behavioral health services in Bridgeton, Woodbury and Glassboro. We've expanded our outpatient services across the region and recently introduced a grant-funded program that assists patients with both behavioral health and addiction needs. Inspira has also joined four local health systems to form the South Jersey Behavioral Health Innovation Collaborative to help improve services across our region.</p> <p>Technology ----- Advancements in information technology have become essential to providing high quality care for our patients. This year we received national recognition for our efforts as our Information Systems Department was ranked "Best Hospital IT Department" for large hospitals in the nation by Health Care IT News. Inspira also introduced a new physician application in 2015 that allows our doctors to communicate via their smart phones in the hospitals, better coordinating care and reducing noise by almost eliminating overhead pages.</p> <p>Affiliations ===== Inspira Health Network has several key partnerships with organizations that share our commitment to improving health and give our patients access to an even higher level of quality care here in our region.</p> <p>Nemours/Alfred I. duPont Hospital ----- Our partnership with Nemours/Alfred I. duPont Hospital for Children allows Inspira to offer advanced pediatric care for families in our community. This collaboration brings Nemours experts to our hospitals, including neonatologists who provide 24/7 care in the Deborah F. Sager Neonatal Intensive Care Unit, as well as pediatric hospitalists who offer consultation in our pediatric ERs and inpatient pediatric units. And our relationship offers patients seamless transfers and referrals to Nemours nationally recognized pediatric hospital when a higher level of care is needed.</p> <p>Cooper University Hospital ----- Inspira's partnership with Cooper University Hospital also brings specialized care to your community. In our medical centers, patients have access to care from Cooper's hospitalists, physicians who specialize in caring for our patients during their hospital stay. Cooper also provides Inspira's medical centers with a team of highly skilled intensivists who provide consultations in our Intensive Care Units. The Cooper Bone and Joint Institute at Inspira Medical Center Woodbury is another partnership that expands Inspira's quality orthopedic services to convenient locations in West Deptford and Glassboro.</p> <p>Rowan University School of Osteopathic Medicine ("Rowan SOM") ----- The Rowan SOM is another key partner that supports Inspira's medical education and residency programs. The school serves as the Osteopathic Postdoctoral Training Institution, or academic sponsor of our residency programs at Inspira Medical Center Vineland. Rowan SOM also provides medical leadership and behavioral health experts for Inspira's comprehensive behavioral health programs.</p> <p>Community Benefit & Community Support ===== At Inspira, community benefit is a planned, managed, organized, and measured approach to our participation and contribution toward meeting identified community health needs. It includes collaboration with our community organizations to help improve the health and well-being of our residents. As defined by the New Jersey Hospital Association, these programs meet at least one, and often more than one, of the following objectives: - improve access to healthcare services, - enhance the health of the community, - advance medical or healthcare knowledge, and - relieve or reduce the burden of government or other community efforts. In 2015, Inspira provided more than \$42.1 million in community benefit to the residents of Cumberland, Gloucester, and Salem counties. On any day, Inspira medical experts, in a variety of settings, trained medical residents, emergency medical technicians, imaging students, and the future parents of babies to be born at our three hospitals. Inspira's health professionals traveled into the community to provide free screenings for blood pressure, cholesterol, glucose, lung cancer, skin cancer, and prostate cancer. Inspira boosted the efforts of community organizations who share our vision of promoting health and wellness by sharing our resources. These efforts focused on the priority health factors identified by our Community Health Needs Assessment: - high risk behaviors such as teen pregnancy, - obesity, - prescription drug abuse, - education on the Affordable Care Act, - diabetes, and - cancer.</p>

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Awards and Recognition ===== For the eighth consecutive year, Inspira Health Network has received platinum recognition from the American Heart Association for providing its employees with an environment that promotes healthy lifestyle choices. Inspira has gained regional and national recognition for patient safety, clinical excellence and the patient experience. Recognition and awards for clinical and service excellence provide us, and our communities, with an objective measure of the services we provide. Together with our own internal measures of clinical quality and the patient experience, they help us monitor and communicate our strengths while reminding us that we must constantly strive to provide the safest, most effective and patient-focused care possible. Organizations such as the American Heart Association, the American College of Radiology, Leapfrog and U.S. News & World Report develop standards and set criteria for recognizing exceptional healthcare providers. As in years past, Inspira has once again been recognized for outstanding services throughout our organization. The following is a partial list of 2015 Awards and Recognitions:</p> <ol style="list-style-type: none"> 1) Hospital Safety Score "A" Grade - Inspira Medical Center Woodbury: Inspira Medical Center Woodbury earned an "A" grade in the Fall 2015 Hospital Safety Score published by Leapfrog. The national rankings measure hospitals on key patient safety factors including preventing errors, injuries, accidents, and infections. 2) U.S. News & World Report Best Hospitals in New Jersey - Inspira Medical Center Vineland: Inspira Medical Center Vineland earned its place among the "Best Hospitals in New Jersey" on the strength of its performance in the treatment and care of patients with Heart Failure and Chronic Obstructive Pulmonary Disease, conditions responsible for nearly 1.5 million hospital admissions each year. 3) Women's Choice Award for Orthopedics - Inspira Medical Center Elmer: Inspira Medical Center Elmer was the only hospital in New Jersey to be ranked in the top 10% of hospitals nationwide for orthopedic care, based on the national Women's Choice survey process. 4) PRISM Award for Exceptional Medical/Surgical Nursing - Inspira Medical Center Elmer: Inspira Medical Center Elmer became the first hospital in New Jersey to receive the Academy of Medical-Surgical Nurses PRISM Award, recognizing exceptional nursing practice, leadership, and outcomes in hospital medical-surgical departments across the United States. 5) National Accreditation Program For Breast Centers - Inspira Medical Center Vineland: Inspira Health Networks Frank and Edith Scarpa Regional Cancer Pavilions re-accreditation acknowledges the cancer pavilions high-quality care, multidisciplinary approach, and innovative clinical trials and treatment options. 6) New Jersey EMS Council Call, Physician and Director of the Year - Inspira EMS: Inspira Emergency Medical Services leadership and paramedics were honored with state-wide awards from the New Jersey EMS Council. 7) American Heart Association Get with the Guidelines - Gold Award for Resuscitation - Inspira Medical Center Woodbury - Gold Award for Heart Failure - Inspira Medical Center Elmer: Physician Growth, Education & Residency ===== Inspira is home to one of the fastest growing medical residency programs in the country. Currently, 148 medical residents are training in nine programs at Inspira's medical centers in Vineland and Woodbury. In just the past five years, seven graduates of Inspira's residency programs have opened or joined practices in our region. Training tomorrow's healthcare professionals will ensure that our region has the personnel and expertise needed to provide exceptional healthcare for years to come. <p>Access to Care ===== Inspira Health Network continues to promote medical excellence through its nine residency programs that are now training 148 young physicians. In 2016, the number will grow to 159 residents. Learning and teaching, our residents work side-by-side with experienced and highly skilled members of Inspira's Medical Staffs. We are also proud to offer fellowship (advanced) training in Sports Medicine, Urogynecology, Critical Care and Nephrology. Training young physicians in our hospitals and communities not only strengthens the profession of medicine overall, it brings direct benefits to our families, friends and neighbors. In just the past five years, seven graduates of our Inspira residency programs have chosen to open or join practices in our South Jersey communities. Our Medical Staffs comprise more than 1,100 physicians and other health professionals representing more than 50 specialties and subspecialties. In late 2015, we were pleased to announce that Andro Zangaladze, M.D., Ph.D., was named medical director for our Neuroscience program. Evelyn Balogun, M.D., Occupational Health, Ankur Patel, M.D., Inspira LIFE and Christopher Trotz, M.D., Inspira Medical Group, were also named as medical directors in 2015. In addition, our Inspira Medical Group added four obstetrician/gynecologists, two family medicine physicians and one certified nurse midwife, expanding the medical group to more than 70 physicians and other health professionals.</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>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 FOR REVIEW TO EACH MEMBER OF THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE ORGANIZATION'S FINANCE/AUDIT 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 ("INTERNAL WORKING GROUP") 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 INTERNAL WORKING GROUP FOR REVIEW THE ORGANIZATION'S INTERNAL WORKING GROUP 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 INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING IT TO EACH MEMBER OF THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE AND FILING WITH THE IRS</p>

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND NETWORK'S GENERAL COUNSEL FOR REVIEW THEREAFTER, GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS WHICH IS THEN PRESENTED TO THE NETWORK'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>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, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER ARE EMPLOYED INSPIRA MEDICAL CENTERS, INC HOWEVER, THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE OFFICERS OF THIS ORGANIZATION ACCORDINGLY, THIS ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT INCLUDING, BUT NOT LIMITED TO, 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, BUT NOT LIMITED TO, 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 TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE 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, BUT NOT LIMITED TO, THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM INSPIRA MEDICAL CENTERS HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR, COMPENSATION IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY IMC OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS</p>

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 REFLECTS A BOARD MEMBER/OFFICER RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS A FULL-TIME EMPLOYEE OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER/OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

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

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - TRANSFER TO INSPIRA MEDICAL CENTERS, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$5,000,000 AND - NET DECREASE IN UNRESTRICTED NET ASSETS OF INSPIRA MANAGEMENT SERVICES, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OF INSPIRA HEALTH NETWORK, INC - (\$720,555)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	<p>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, 2015 AND DECEMBER 31, 2014, 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 AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR</p>

Return Reference	Explanation
FORM 990 PART IX LINE 11 G	DESCRIPTION CONSULTING FEES TOTAL FEES 386791

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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	0	25,000	NETWORK
(2) INSPIRA CARE CONNECT LLC 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 46-5745887	MSSP ACO	NJ	0	75	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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BPOC LP 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										
(3) GLOUC CTY SURG CTR 163 BRIDGETON PIKE BLDG B MULICA HILL, NJ 08062 26-1157885	HEALTHCARE SVCS	NJ										
(4) INSPIRA HLTH PTRS 2950 COLLEGE DRIVE VINELAND, NJ 08360 46-5550615	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	No
See Additional Data Table									

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
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	35,530,886	COST
(2)INSPIRA MEDICAL CENTERS INC	D	36,448,391	COST
(3)INSPIRA MEDICAL CENTERS INC	J	675,445	COST

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	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 , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION 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
INSPIRA HOMECARE & HOSPICECARE INC 333 IRVING AVENUE BRIDGETON, NJ 08302 22-6067549	HOSPICE SVCS	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
INSPIRA HLTH NTWK FDN CUMBERLANDSALEM 333 IRVING AVENUE BRIDGETON, NJ 08302 22-3746758	SUPPORT NTWK	NJ	501(C)(3)	509(A)(3)	IMC		No
INSPIRA MEDICAL CENTERS INC 333 IRVING AVENUE BRIDGETON, NJ 08302 21-0634484	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
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	
INSPIRA MEDICAL CENTER WOODBURY INC 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-1820210	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
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
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	
INSPIRA HEALTH CONNECTIONS PC 509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4203973	INACTIVE	NJ	501(C)(3)	509(A)(1)	NETWORK	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INSPIRA HELP SERVICES INC PO BOX 126 SALEM, NJ 08079 22-2823028	INACTIVE	NJ	N/A	C CORP					No
INSPIRA HEALTH MANAGEMENT (1) CORPORATION 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 22-2502241	HEALTHCARE SVcs	NJ	network	C CORP	4,208,134	6,677,721	100 000 %	Yes	
(2) INSPIRA HEALTH NETWORK MEDICAL GROUP PC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 20-5745047	HEALTHCARE SVcs	NJ	N/A	C CORP					No
(3) JUNO ASSURANCE LTD AON HOUSE 4TH FLOOR PEMBROKE HM 08 BD	FINANCIAL VEHICLE	BD	network	FOREIGN CORP	5,385,133	35,927,017	100 000 %	Yes	
(4) INSPIRA HEALTH NETWORK URGENT CARE PC 201 TOMLIN STATION ROAD MULLICA HILL, NJ 08062 45-2900402	HEALTHCARE SVcs	NJ	N/A	C CORP					No
RED BANK DEVELOPMENT (5) CORPORATION 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2814053	HEALTHCARE SVcs	NJ	network	C CORP	520,027	885,758	100 000 %	Yes	
INSPIRA HOME CARE SVCS (6) WOODBURY INC 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-3479390	HEALTHCARE SVcs	NJ	N/A	C CORP					No
(7) INSPIRA-JEFFERSON PHYSICIANS PC 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 36-4821019	INACTIVE	NJ	N/A	C CORP					No