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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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)

333 IRVING AVENUE

Room/suite

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

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.INSPIRAHEALTHNETWORK.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1983

M State of legal domicile

NJ

Part I Summary

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

17

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

14

5 Total number of individuals employed in calendar year 2016 (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

7b 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)

Prior Year

0

724,340

1,949,114

0

2,673,454

Current Year

0

676,614

1,955,455

0

2,632,069

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

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

0

1,084,157

1,084,157

1,589,297

0

1,636,151

1,636,151

995,918

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

59,068,492

17,862,984

41,205,508

End of Year

72,411,164

19,078,738

53,332,426

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

2017-11-07

Date

THOMAS P BALDOSARO CPA CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SCOTT J MARIANI

Preparer's signature

SCOTT J MARIANI

Date

2017-11-07

Check ☐ if self-employed

PTIN

P00642486

Firm's name ▶

WithumSmithBrown PC

Firm's EIN ▶

Firm's address ▶

200 Jefferson Park Suite 400

Whippany, NJ 079811070

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 (2016)

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 HOSPITAL 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 \$ 1,472,536 including grants of \$ 0) (Revenue \$ 676,614)
See Additional Data

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 ▶ 1,472,536

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)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?	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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	17	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	14	
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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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	Yes

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 MULLICA HILL, NJ 08062 (856) 641-6605

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL A MCLAUGHLIN CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
(2) RONALD ROSSI VICE CHAIRMAN - TRUSTEE	1 0 0 0	X		X				0	0	0
(3) SHELLY O SCHNEIDER EDD SECRETARY - TRUSTEE	1 0 0 0	X		X				0	0	0
(4) DANTE G GERMANO TREASURER - TRUSTEE	1 0 0 0	X		X				0	0	0
(5) DANIEL J BALL III TRUSTEE	1 0 0 0	X						0	0	0
(6) PAMELA S CLARK TRUSTEE	1 0 0 0	X						0	0	0
(7) JOHN A DIANGELO TRUSTEE, PRESIDENT/CEO-NETWORK	55 0 0 0	X		X				0	974,095	762,280
(8) JOHN H FISHER III TRUSTEE	1 0 0 0	X						0	0	0
(9) PETER GALETTO JR TRUSTEE	1 0 0 0	X						0	0	0
(10) EDGAR G GALLOWAY III TRUSTEE, EX-OFFICIO	1 0 0 0	X						0	0	0
(11) EDGAR HATHAWAY JR ESQ TRUSTEE	1 0 0 0	X						0	0	0
(12) HARRY E HEARING TRUSTEE	1 0 0 0	X						0	0	0
(13) ALBERT KELLY TRUSTEE	1 0 0 0	X						0	0	0
(14) WARNER A KNOBE TRUSTEE	1 0 0 0	X						0	0	0
(15) HERBERT J KONRAD TRUSTEE	1 0 0 0	X						0	0	0
(16) HUGH MCCAFFREY TRUSTEE	1 0 0 0	X						0	0	0
(17) DAVID ROBBINS JR TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EILEEN K CARDILE MS RN CNA EVP/PRES OF IMCW (TERM 1/2/16)	55 0 0 0			X				0	180,818	289
(19) THOMAS P BALDOSARO CPA EVP/CHIEF FINANCIAL OFFICER	55 0 0 0			X				0	513,262	119,429
(20) MARVIN T WAY EVP OPERATIONS	55 0 0 0			X				0	628,098	142,411
(21) ALKA KOHLIMDMBAEFF 43016 EVP/CHIEF POPULATION HEALTH	55 0 0 0				X			0	317,700	63,395
(22) ROBERT E FLORENTINE SVP/CHIEF PEOPLE OFFICER	55 0 0 0				X			0	384,906	128,269
(23) MATTHEW DOONAN ESQ GENERAL COUNSEL	55 0 0 0				X			0	306,984	62,289
(24) THOMAS PACEK VP/CHIEF INFORMATION OFFICER	55 0 0 0				X			0	327,638	72,019

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	3,633,501	1,350,381

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
WITHUMSMITHBROWN PC, PO Box 5340 PRINCETON, NJ 08543	ACCOUNTING	156,025
Health Source Global Staffing, 39270 Paseo Padre PKWY 138 FREMONT, CA 94538	STAFFING	133,800
Press Ganey Associates Inc, PO BOX 88335 MILWAUKEE, WI 53288	consulting	122,170
The Advisory Board Company, 2445 M Street North West WASHINGTON, DC 20037	consulting	116,325
Besler Consulting, 3 Independent Way Suite 201 PRINCETON, NJ 08540	CONSULTING	110,000
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 ► 5		

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		0			
Program Service Revenue			Business Code			
	2a RENTAL INCOME FROM TAX-EXEMPT AFFILIATES		531190	676,614	676,614	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		676,614			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,150,428			1,150,428
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)		0			
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		805,027			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)		805,027			
	d Net gain or (loss)		805,027			805,027
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a 0			
	b Less direct expenses		b 0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19		a 0			
	b Less direct expenses		b 0			
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances		a 0				
b Less cost of goods sold		b 0				
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		2,632,069		676,614	1,955,455	

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	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	0			
10 Payroll taxes.	0			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	30,024	27,022	3,002	
c Accounting.	0	0	0	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	66,980	60,282	6,698	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,951	7,156	795	0
12 Advertising and promotion.	0	0	0	
13 Office expenses.	6,458	5,812	646	
14 Information technology.	0	0	0	
15 Royalties.	0			
16 Occupancy.	568,939	512,045	56,894	
17 Travel.	28,716	25,844	2,872	
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.	15,953	14,358	1,595	
23 Insurance.	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a ALLOCATION OF PERSONNEL COSTS	682,483	614,235	68,248	0
b REPAIRS & MAINTENANCE	25,399	22,859	2,540	0
c OUTSIDE SERVICES	19,709	17,738	1,971	0
d DUES & SUBSCRIPTIONS	2,086	1,877	209	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,636,151	1,472,536	163,615	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		248,122	2	933,170
	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		243,024	9	178,129
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	4,385,228		
	b	Less: accumulated depreciation	10b	205,124		
				4,192,646	10c	4,180,104
	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		54,380,684	13	67,041,745
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		4,016	15	78,016	
16	Total assets. Add lines 1 through 15 (must equal line 34)		59,068,492	16	72,411,164	
Liabilities	17	Accounts payable and accrued expenses		228,008	17	179,770
	18	Grants payable		0	18	0
	19	Deferred revenue		1,008,303	19	774,876
	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.		2,348,389	25	3,845,808
	26	Total liabilities. Add lines 17 through 25		17,862,984	26	19,078,738
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		41,205,508	27	53,332,426
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,205,508	33	53,332,426
	34	Total liabilities and net assets/fund balances		59,068,492	34	72,411,164

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,632,069
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,636,151
3	Revenue less expenses Subtract line 2 from line 1	3	995,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,205,508
5	Net unrealized gains (losses) on investments	5	1,131,000
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	10,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,332,426

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 (2016)

Form 990, Part III, Line 4a:

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 HOSPITAL 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

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
	Name of the organization INSPIRA HEALTH NETWORK INC	Employer identification number 22-2508425

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) INSPIRA MEDICAL CENTERS INC	210634484	3		No	0	0
(B) INSPIRA MEDICAL CENTER WOODBURY INC	221820210	3		No	0	0
Total	2				0	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, 8, or 9 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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
2b			
3 Parent of Supported Organizations Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		Yes	
3a			
b 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>			
3b	Yes		

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

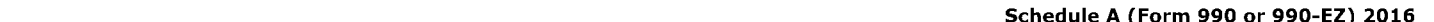
Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE A, PART IV, SECTION E, QUESTIONS 3A & 3B</p>	<p>THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY AND SOLE MEMBER OF ITS SUPPORTED ORGANIZATIONS, INSPIRA MEDICAL CENTERS, INC AND INSPIRA MEDICAL CENTER WOODBURY, INC ("HOSPITAL S") OUTLINED BELOW AND INCLUDED IN ARTICLE IV, SECTION 2 OF EACH HOSPITAL'S AMENDED AND RESTATED BYLAWS ARE THE POWERS RESERVED TO THIS ORGANIZATION, AS EACH ENTITIES SOLE MEMBER (A) AMENDING THE CERTIFICATE OF INCORPORATION, BYLAWS OR ANY OTHER DOCUMENTS RELATING TO GOVERNANCE (COLLECTIVELY, "GOVERNANCE DOCUMENTS") OF THE HOSPITAL, (B) AMENDING THE GOVERNANCE DOCUMENTS OF ANY OF THE HOSPITALS SUBSIDIARIES OR ANY OTHER ORGANIZATION WHOSE GOVERNANCE DOCUMENTS CANNOT BE AMENDED WITHOUT THE APPROVAL OF THE HOSPITAL, (C) CLOSING ANY HEALTH CARE FACILITY OF THE HOSPITAL OR ANY OF ITS SUBSIDIARIES OR CONVERTING ANY HEALTH CARE FACILITY OF THE HOSPITAL OR ANY OF ITS SUBSIDIARIES TO ANOTHER PURPOSE, (D) AUTHORIZING THE HOSPITAL OR ANY OF ITS SUBSIDIARIES TO AFFILIATE, MERGE WITH OR ACQUIRE ANOTHER ENTITY, (E) AUTHORIZING THE HOSPITAL OR ANY OF ITS SUBSIDIARIES TO SELL OR OTHERWISE TRANSFER ALL OR SUBSTANTIALLY ALL OF ITS ASSETS, (F) DISCONTINUING ANY SIGNIFICANT PROGRAM OR SERVICE LINE AT THE HOSPITAL OR ANY OF ITS SUBSIDIARIES, (G) ELECTING AND REMOVING HOSPITAL TRUSTEES OR THE BOARD OF TRUSTEES OR EQUIVALENT GOVERNING BODY OF ANY OF THE HOSPITALS SUBSIDIARIES, OR FILLING ANY VACANCIES ON THE HOSPITAL BOARD OR THE BOARD OF TRUSTEES OR EQUIVALENT GOVERNING BODY OF ANY OF THE HOSPITALS SUBSIDIARIES, (H) APPOINTING AND REMOVING THE CHAIR OF THE HOSPITALS BOARD OF TRUSTEES, (I) APPOINTING AND REMOVING THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL, (J) APPROVING THE ANNUAL CAPITAL AND OPERATING BUDGETS OF THE HOSPITAL, (K) APPROVING THE EXPENDITURE BY THE HOSPITAL IN ANY GIVEN FISCAL YEAR OF ANY FUNDS IN EXCESS OF ANY LINE ITEM IN THE HOSPITALS CAPITAL AND OPERATING BUDGETS APPROVED BY THE SOLE MEMBER, (L) APPROVING THE EXPENDITURE OF ANY FUNDS ON ANY NONBUDGETED ITEM NOT INCLUDED IN THE HOSPITALS CAPITAL AND OPERATING BUDGETS APPROVED BY THE SOLE MEMBER FOR SUCH FISCAL YEAR, (M) APPROVING THE STRATEGIC PLAN OF THE HOSPITAL, WHICH SHALL BE CONSISTENT WITH THE STRATEGIC PLAN OF THE SOLE MEMBER, (N) SELECTING, REMOVING, AND REPLACING THE INDEPENDENT AUDITORS FOR THE HOSPITAL, (O) APPROVING ANY DISSOLUTION, WINDING UP OR ABANDONMENT OF OPERATIONS, LIQUIDATION, FILING OF ACTION IN BANKRUPTCY, RECEIVERSHIP OR SIMILAR ACTION AFFECTING THE HOSPITAL, (P) APPROVING ANY FORMATION OR DISSOLUTION OF AFFILIATES, PARTNERSHIPS AND OTHER JOINT VENTURES INVOLVING THE HOSPITAL OR ITS SUBSIDIARIES, (Q) APPROVING ANY PLEDGE OR ENCUMBRANCE OF ASSETS WHETHER PURSUANT TO A SALE, CAPITAL LEASE, MORTGAGE, DISPOSITION, HYPOTHECATION, OR OTHER TRANSACTION IN EXCESS OF LIMITS ESTABLISHED BY THE SOLE MEMBER, (R) APPROVING ANY INDEBTEDNESS OF THE HOSPITAL, (S) APPROVING ANY CHANGE TO THE STRUCTURE OR OPERATION OF THE HOSPITAL WHICH WOULD AFFECT ITS STATUS AS A NONPROFIT ENTITY, EXEMPT FROM TAXATION UNDER SECTION</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, QUESTIONS 3A & 3B	<p>N 501(C)(3) OF THE INTERNAL REVENUE CODE, (T) ENTERING INTO CONTRACTS AND AGREEMENTS IN TH E NAME OF AND ON BEHALF OF THE HOSPITAL, (U) IN RECOGNITION OF THE BENEFITS ACCRUING TO TH E HOSPITAL FROM THE SOLE MEMBER, AND IN ADDITION TO ANY OTHER RIGHTS RESERVED TO THE SOLE MEMBER UNDER APPLICABLE LAW OR THE GOVERNANCE DOCUMENTS OF THE HOSPITAL, THE SOLE MEMBER S HALL HAVE THE POWER TO TRANSFER ASSETS OF THE HOSPITAL, OR TO REQUIRE THE HOSPITAL TO TRAN SFER ASSETS, TO THE SOLE MEMBER OR AN ENTITY CONTROLLED BY, CONTROLLING OR UNDER COMMON CO NTROL WITH THE SOLE MEMBER, TO THE EXTENT NECESSARY TO ACCOMPLISH THE SOLE MEMBERS GOALS A ND OBJECTIVES THE HOSPITAL SHALL NOT BE REQUIRED TO VIOLATE ITS CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, THE COVENANTS OF ITS DEBT INSTRUMENTS, OR THE LAW OF THE ST ATE OF NEW JERSEY AS A RESULT OF ANY ASSET TRANSFERS TO BE MADE TO OR DIRECTED BY THE SOLE MEMBER PURSUANT TO THIS PROVISION, (V) NEITHER THE HOSPITAL, NOR ANY OF ITS AFFILIATES, S HALL TRANSFER ASSETS TO ENTITIES OTHER THAN THE SOLE MEMBER WITHOUT THE APPROVAL OF THE SO LE MEMBER, EXCEPT FOR (I) TRANSFERS PREVIOUSLY APPROVED BY THE SOLE MEMBER, EITHER INDIVID UALLY OR AS PART OF THE HOSPITALS BUDGET PROCESS, (II) TRANSFERS TO ANY ENTITY WHICH IS A DIRECT OR INDIRECT SUBSIDIARY OF SOLE MEMBER AND THAT IS SUBJECT TO THE RESERVED POWERS SE T FORTH IN THIS ARTICLE IV SECTION 2(V), OR (III) TRANSFERS IN THE ORDINARY COURSE OF BUSI NESS, AND (W) APPROVE ALL OTHER MATTERS AND TAKE ALL OTHER ACTIONS RESERVED TO TRUSTEES OF NONPROFIT CORPORATIONS (OR SHAREHOLDERS OF FOR-PROFIT CORPORATIONS, AS THE CASE MAY BE) B Y THE LAWS OF THE STATE OF NEW JERSEY OR AS RESERVED IN THE GOVERNANCE DOCUMENTS OF THE HO SPITAL</p>



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319032117	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,120,683		4,120,683
b Buildings		85,904	83,691	2,213
c Leasehold improvements		148,676	102,183	46,493
d Equipment		23,840	13,329	10,511
e Other		6,125	5,921	204
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,180,104

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Limited derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LIMITED USE	17,836,438	F
(2) LIMITED USE	849,045	F
(3) LIMITED USE	17,734,490	F
(4) LIMITED USE	3,021,999	F
(5) LIMITED USE	0	F
(6) INVESTMENTS IN SUBSIDIARIES	27,140,438	F
(7) INVESTMENTS IN PARTNERSHIPS	14,787	F
(8) INVESTMENT IN COASTAL CO-OP JV	444,548	F
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	67,041,745	

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATED ORGANIZATIONS	3,845,808
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,845,808

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

☒

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

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 2016 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 2016 OR 2015

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
INSPIRA HEALTH NETWORK INC

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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
See Add'l Data					
3a Sub-total	1	1			35,500,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			35,500,000

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)

- 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.
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Part III can be duplicated if additional space is needed.

[illegible]

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

Return Reference	Explanation
SCHEDULE F, PART I	DURING 2016 INSPIRA MEDICAL CENTERS, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, made a capital contribution to JUNO ASSURANCE, LTD , its wholly owned captive insurance company IN THE AMOUNT OF \$10,000,000 ON BEHALF OF AND FOR THE BENEFIT OF THIS ORGANIZATION

Additional Data

Software ID:

Software Version:

EIN: 22-2508425

Name: INSPIRA HEALTH NETWORK INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	10,000,000
Central America and the Caribbean			Investments		25,500,000

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
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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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 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?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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				
1 JOHN A DIANGELO TRUSTEE, PRESIDENT/CEO- NETWORK	(i)	0	0	0	0	0	0	0
	(ii)	672,131	260,400	41,564	710,949	51,331	1,736,375	0
2 EILEEN K CARDILE MS RN CNA EVP/PRES OF IMCW (TERM 1/2/16)	(i)	0	0	0	0	0	0	0
	(ii)		124,200	56,618	0	289	181,107	0
3 THOMAS P BALDOSARO CPA EVP/CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	371,739	93,100	48,423	87,720	31,709	632,691	0
4 MARVIN T WAY EVP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	479,850	127,926	20,322	105,657	36,754	770,509	0
5 ALKA KOHLIMDMBAEFF 43016 EVP/CHIEF POPULATION HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	287,370		30,330	47,158	16,237	381,095	0
6 ROBERT E FLORENTINE SVP/CHIEF PEOPLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	262,661	61,886	60,359	98,631	29,638	513,175	0
7 MATTHEW DOONAN ESQ GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	244,270	31,875	30,839	44,459	17,830	369,273	0
8 THOMAS PACEK VP/CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	276,625	25,200	25,813	46,840	25,179	399,657	0

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. JOHN A. DIANGELO, \$677,824, THOMAS P. BALDOSARO, CPA, \$71,820, MARVIN T. WAY, \$89,757, ALKA KOHLI, M.D., MBA, \$46,445, ROBERT E. FLORENTINE, \$69,481, MATTHEW DOONAN, ESQ., \$29,188 and THOMAS PACEK, \$30,940.
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2016 WHICH AMOUNTS WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.
SCHEDULE J, PART II, COLUMN B (III)	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J OF THIS FEDERAL FORM 990 RECEIVED COMPENSATION WITH RESPECT TO PAID TIME OFF, WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HEREIN AND IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
INSPIRA HEALTH NETWORK INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

22-2508425

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART I	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO PRIOR YEAR BALANCES PREVIOUSLY REPORTED TO CONFORM TO THE CURRENT PRESENTATION ON THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THESE RECLASSIFICATIONS HAVE NO IMPACT ON THE NET ASSETS OF THE ORGANIZATION WHICH WERE PREVIOUSLY REPORTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== INSPIRA HEALTH NETWORK, INC IS THE TAX-EXEMPT PARENT ORGANIZATION OF INSPIRA HEALTH NETWORK 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") MISSION TO PROVIDE HIGH QUALITY HEALTH SERVICES THAT IMPROVE THE LIVES OF ALL WE SERVE VISION INSPIRA HEALTH NETWORK IS THE REGION'S LEADING NETWORK OF HEALTHCARE PROVIDERS, DELIVERING THE FULL CONTINUUM OF PRIMARY, ACUTE AND ADVANCED CARE SERVICES INSPIRA MEDICAL CENTERS & INSPIRA MEDICAL CENTER WOODBURY =====</p> <p>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 WITH THE FOLLOWING 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, WHICH 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, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4) CONTROL OF IMC AND IMCW RESTS WITH THEIR RESPECTIVE BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF INSPIRA HEALTH NETWORK, INC BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5) SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF BOTH IMC AND IMCW AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HERE IN, 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 WHO 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 IDENTIFY AND MONITOR THE AMOUNT OF FINA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NCIAL ASSISTANCE THEY PROVIDE THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SE RVICES AND SUPPLIES FURNISHED UNDER THEIR FINANCIAL ASSISTANCE POLICIES AS A LEADING PROV IDER OF HEALTH SERVICES, INSPIRA HEALTH NETWORK MUST PLAY A KEY ROLE IN FOSTERING GOOD HEA LTH IN SOUTHERN NEW JERSEY TO BE HIGHLY EFFECTIVE IN THIS ROLE, THE ENTIRE INSPIRA TEAM M UST SHARE A CORE SET OF VALUES AND BELIEFS - A CULTURE DURING THE PAST YEAR, OUR HEALTH N ETWORK HAS FOCUSED ON CLEARLY DEFINING WHAT IT MEANS TO "BE INSPIRA" THROUGH THIS EXERCIS E, WE HAVE MADE MAJOR STRIDES TOWARD 100 PERCENT ADOPTION OF A CULTURE BUILT UPON PATIENT SAFETY, CLINICAL EXCELLENCE AND CREATING A WOW EXPERIENCE EDUCATION, TRAINING AND REINFOR CEMENT BY LEADERSHIP HAVE HELPED OUR STAFF INTERNALIZE WHAT IT MEANS TO "BE INSPIRA" THIS TRANSFORMATION CAN BE SEEN AND FELT IN THE WAY OUR EMPLOYEES AND PHYSICIANS CARRY OUT THE IR DAILY RESPONSIBILITIES THIS PAST YEAR SAW THE OPENING OF NEW URGENT CARE CENTERS, FAMI LY MEDICINE PRACTICES AND AN IMAGING CENTER, ALL AIMED AT ENHANCING ACCESS AND IMPROVING T HE HEALTH OF OUR COMMUNITIES IN ADDITION, TWO TRANSFORMATIVE PROJECTS THAT WILL SUPPORT A ND STRENGTHEN OUR CULTURE WERE LAUNCHED DAILY SAFETY BRIEFINGS AND THE DESIGN AND DEVELOP MENT OF A NETWORK-WIDE ELECTRONIC MEDICAL RECORD THE BRIEFINGS BRING TOGETHER LEADERS FRO M DOZENS OF DEPARTMENTS TO SHARE ANY SAFETY CONCERNS THEY MAY HAVE CONCERNS ARE ADDRESSED RAPIDLY, OFTEN WITHIN THE HOUR THE LEADING-EDGE ELECTRONIC MEDICAL RECORD SYSTEM, KNOWN AS INSPIRAONE, WILL GIVE INSPIRA CLINICIANS ACROSS THE NETWORK INSTANT ACCESS TO THE MOST UP-TO-DATE INFORMATION ABOUT EACH OF THEIR PATIENTS THIS NEW TECHNOLOGY WILL FURTHER ELEV ATE PATIENT SAFETY, CLINICAL EXCELLENCE AND THE PATIENT EXPERIENCE GROWTH AT INSPIRA ----- AT INSPIRA HEALTH NETWORK, WE BELIEVE THAT STRATEGIC GROWTH HELPS US MEET TH E CHANGING HEALTH NEEDS AND PREFERENCES OF OUR COMMUNITIES THIS, IN TURN, ENABLES US TO F ULFILL OUR MISSION OF IMPROVING THE LIVES OF ALL WE SERVE WHAT DOES STRATEGIC GROWTH LOOK LIKE? ----- AT INSPIRA, THE PICTURE INCLUDES CONVENIENT L OCATIONS, EASY ACCESS, AND A TEAM OF 5,400 EMPLOYEES COMMITTED TO PATIENT SAFETY, CLINICAL EXCELLENCE AND DELIVERING A "WOW!" EXPERIENCE DURING 2017, INSPIRA BROKE GROUND FOR INSP IRA MEDICAL CENTER MULLICA HILL THIS 350,000 SQUARE-FOOT HOSPITAL WILL BE EQUIPPED WITH L EADING-EDGE DIGITAL TECHNOLOGIES THAT WILL SUPPORT PATIENT SAFETY AND CLINICAL EXCELLENCE THESE TECHNOLOGIES WILL ALSO HELP OUR STAFF TO BETTER COORDINATE EACH PATIENTS CARE, BRIN GING THE ADDED BENEFITS OF MORE TIMELY CARE AND ENHANCED SAFETY THROUGHOUT THE HOSPITAL N EW FACILITIES & SERVICES ----- EXPANDING TO ACCOMMODATE ER DEMAND AS WE PLAN FOR AND CONSTRUCT OUR NEW MEDICAL CENTER, WE REMAIN FOCUSED ON ADDING AND GROWING SERVICES ON OUR WOODBURY CAMPUS WE ARE ALSO PARTNERING WITH THE CITY OF WOODBURY AND THE GLOUCESTER COUNTY IMPROVEMENT</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>AUTHORITY TO CREATE A REDEVELOPMENT PLAN FOR THE WOODBURY CAMPUS IN 2016, WE ADDED HYPERBARIC OXYGEN THERAPY TO OUR WOUND CARE CENTER IN WOODBURY WHEN A PATIENT IS PLACED IN ONE OF THE TWO CHAMBERS THAT ARE FILLED WITH 100 PERCENT PURE OXYGEN, THEIR BODY'S NATURAL HEALING MECHANISMS ARE GIVEN A BOOST. GROWTH ALSO MEANS BEING RESPONSIVE TO INCREASING DEMAND FOR SERVICES. AT INSPIRA MEDICAL CENTER VINELAND, EMERGENCY DEPARTMENT VISITS HAVE INCREASED BY 22 PERCENT SINCE 2011. THAT'S THE EQUIVALENT OF NEARLY 40 ADDITIONAL PATIENTS PER DAY. THE MOST RAPID INCREASES HAVE OCCURRED DURING THE PAST 18 MONTHS. TO ADDRESS THIS INCREASE IN DEMAND, AN EXPANSION PROJECT WAS CONSIDERED, PLANS WERE DRAWN AND OUR BOARD OF TRUSTEES APPROVED THE CONSTRUCTION OF A DISTINCT 11-BAY SENIOR ER. THIS WILL BOTH INCREASE OUR ABILITY TO EFFICIENTLY HANDLE MORE PATIENT VISITS AND PROVIDE A MORE SENIOR-FRIENDLY ENVIRONMENT, COMPLETE WITH SPECIALIZED EQUIPMENT AND AMENITIES, AND STAFF WHO ARE FULLY FOCUSED ON THE CARE OF PATIENTS 65 AND OLDER. A NEW 36-BED INPATIENT UNIT, AS PART OF A TWO-STORY ADDITION, HAS ALSO BEEN APPROVED FOR THE VINELAND CAMPUS. IN ADDITION TO HELPING US ACCOMMODATE THE GROWING DEMAND FOR INPATIENT CARE, THIS INPATIENT WING WILL EXPEDITE THE PROCESS FOR ER PATIENTS WHO REQUIRE AN INPATIENT ADMISSION TO A NURSING UNIT. STRATEGIES AND ALLIANCES ----- INSPIRA JOINED WITH BAYADA HOME HEALTH CARE, A NATIONAL MULTI-SPECIALTY HOME HEALTH AND HOSPICE CARE COMPANY WITH 41 YEARS OF EXPERTISE, TO OFFER THESE SERVICES TO PATIENTS IN CUMBERLAND, GLOUCESTER AND SALEM COUNTIES. WHILE INSPIRA HAS PROVIDED QUALITY HOME CARE AND HOSPICE SERVICES IN CUMBERLAND AND SALEM COUNTIES FOR DECADES, WE NOW ALSO HAVE THE ABILITY TO SERVE PATIENTS IN GLOUCESTER COUNTY THROUGH BAYADA AT INSPIRA. SERVICES INCLUDE SHORT-TERM NURSING, REHABILITATIVE, THERAPEUTIC AND ASSISTIVE CARE, AND QUALITY END-OF-LIFE CARE THAT ALLOWS PATIENTS TO REMAIN AT HOME WITH COMFORT, GRACE AND DIGNITY. INSPIRA AND DAVITA, THE GLOBAL LEADER OF KIDNEY CARE SERVICES, LAUNCHED A JOINT VENTURE TO PROVIDE DIALYSIS SERVICES AT CENTERS IN BRIDGETON, MILLVILLE AND VINELAND. THERE ARE ALSO PLANS TO EXPLORE OPPORTUNITIES TO EXPAND DIALYSIS SERVICES TO MEET THE GROWING NEED IDENTIFIED BY INSPIRA'S COMMUNITY HEALTH NEEDS ASSESSMENTS, CONDUCTED TRIENNIALLY. IN THE PAST TWELVE MONTHS, WE OPENED TWO NEW URGENT CARE LOCATIONS. ONE IS LOCATED IN WASHINGTON TOWNSHIP, GLOUCESTER COUNTY, AND THE OTHER IN HADDON TOWNSHIP, CAMDEN COUNTY. AT THE HADDON TOWNSHIP LOCATION, WE ALSO INTRODUCED A FAMILY MEDICINE PRACTICE AND OUTPATIENT IMAGING SERVICES. ANOTHER FAMILY MEDICINE PRACTICE, STAFFED BY TWO PHYSICIANS WITH TIES TO SOUTH JERSEY, WAS OPENED IN CLARKSBORO, GLOUCESTER COUNTY. EACH OF THESE NEW CENTERS OFFERS PATIENTS A WARM AND WELCOMING ENVIRONMENT.</p>

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CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ANSLATES INTO INCREASED COSTS OF MORE THAN \$400 MILLION ANNUALLY IN 2016, OUR HOSPITALS SUCCESSFULLY REDUCED CATHETER-ASSOCIATED URINARY TRACT INFECTIONS BY MORE THAN 50 PERCENT, ACHIEVING A RATE 30 PERCENT BELOW EXPECTED, ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION THIS IMPROVEMENT WAS ACCOMPLISHED THROUGH STRICT ADHERENCE TO BEST PRACTICES RELATED TO CATHETER USE INSPIRA MEDICAL CENTERS ELMER, VINELAND AND WOODBURY REDUCED CATHETER-ASSOCIATED URINARY TRACT INFECTIONS BY MORE THAN 50% CLINICAL EXCELLENCE ----- THE NATIONAL INSTITUTE OF MEDICINE DESCRIBES QUALITY CARE FOR THE 21ST CENTURY THIS WAY QUALITY CARE IS SAFE, EFFECTIVE, PATIENT-CENTERED, TIMELY, EFFICIENT AND EQUITABLE AT INSPIRA HEALTH NETWORK, WE BELIEVE EACH OF THESE ATTRIBUTES IS ESSENTIAL AS WE STRIVE TO FULFILL OUR MISSION OF "IMPROVING THE LIVES OF ALL WE SERVE" ACHIEVING, MAINTAINING AND MONITORING CLINICAL EXCELLENCE REQUIRES BOTH A DEDICATED TEAM OF QUALITY EXPERTS AND A COMMITMENT FROM EVERY MEMBER OF THE INSPIRA TEAM WE ALSO LOOK TO OUTSIDE ORGANIZATIONS TO MEASURE, EVALUATE AND HELP US ENHANCE THE QUALITY OF OUR CARE THESE PROFESSIONAL ORGANIZATIONS, ACCREDITING BODIES AND QUALITY WATCHDOG GROUPS PROVIDE HELPFUL GUIDANCE AND METRICS THAT ASSIST US AS WE WORK TO CONTINUOUSLY IMPROVE THE SERVICES WE PROVIDE QUALITY AWARDS ----- ORGANIZATIONS SUCH AS LEAPFROG, THE AMERICAN COLLEGE OF SURGEONS AND HEALTHGRADES DEVELOP STANDARDS AND SET CRITERIA FOR RECOGNIZING EXCEPTIONAL HEALTH CARE PROVIDERS AS IN YEARS PAST, INSPIRA HAS AGAIN BEEN RECOGNIZED FOR OUTSTANDING SERVICES THROUGH OUR ORGANIZATION THE FOLLOWING IS A PARTIAL LIST OF 2016 AWARDS AND RECOGNITIONS LEAPFROG AWARDS ALL THREE INSPIRA HOSPITALS EARNED AN A ON LEAPFROGS FALL 2016 HOSPITAL SAFETY SCORE LEAPFROG TOP HOSPITAL INSPIRA MEDICAL CENTER WOODBURY WAS NAMED ONE OF SEVEN TOP HOSPITALS IN NEW JERSEY THE DESIGNATION RECOGNIZES A COMMITMENT TO PATIENT SAFETY AND CLINICAL QUALITY HEALTHGRADES AWARDS INSPIRA MEDICAL CENTER WOODBURY RECEIVED A HEALTHGRADES 5-STAR RATING FOR PACEMAKER PROCEDURES ONLY 20 MEDICAL CENTERS ACROSS THE PHILADELPHIA REGION WERE NAMED "TOP PERFORMERS" IN COMMON SURGICAL PROCEDURES INSPIRA MEDICAL CENTER VINELAND RECEIVED HEALTHGRADES EXCELLENCE AWARDS FOR LABOR AND DELIVERY AND OBSTETRICS AND GYNCOLOGY THESE AWARDS RECOGNIZE HOSPITALS FOR SUPERIOR CARE OF WOMEN DURING AND AFTER CHILDBIRTH AS WELL AS SUPERIOR OUTCOMES DURING AND AFTER CHILDBIRTH AND IN SURGERIES THAT TREAT DISEASES AND CONDITIONS OF THE FEMALE REPRODUCTIVE SYSTEM AMERICAN HOSPITAL ASSOCIATION MOST WIRED HOSPITAL INSPIRA HEALTH NETWORK WAS NAMED A MOST WIRED HOSPITAL FOR ITS USE OF TECHNOLOGY TO IMPROVE THE EFFICIENCY OF HEALTH CARE DELIVERY AND CREATING A NEW DYNAMIC IN PATIENT INTERACTIONS AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES INSPIRA MEDICAL CENTER VINELANDS CARDIAC ICU AND CARDIAC STEP-DOWN UNIT WERE PRESENTED WITH GOLD BEACON AWARDS BY THE AMERICAN ASSOCIATION</p>

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Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ND DRUG ABUSE RELATED TO PRESCRIPTION DRUGS AND HEROIN IN SOUTHERN NEW JERSEY HAVE INCREASED AT DRAMATIC RATES. GLOUCESTER COUNTY'S MORTALITY RATE FROM OPIOID OVERDOSE RANKS AMONG THE HIGHEST IN THE STATE AND CUMBERLAND AND SALEM COUNTIES ARE NOT FAR BEHIND, RANKING AMONG THE TOP THIRD FOR HIGHEST MORTALITY. SADLY, THESE STATISTICS ALIGN WITH OUR NATION'S EPIDEMIC OF THE MISUSE AND ABUSE OF PRESCRIPTION DRUGS. IN 2016, INSPIRA PARTNERED WITH THE CUMBERLAND, SALEM, GLOUCESTER HEALTH AND WELLNESS ALLIANCE TO LAUNCH THE NETWORK'S LARGEST COMMUNITY BENEFIT PROGRAM YET TO PROVIDE COMMUNITY AGENCIES WITH THE DETERRA DRUG DEACTIVATION SYSTEM FREE OF CHARGE. INSPIRA HAS ALREADY DISTRIBUTED ALMOST 15,000 OF THE 50,000 DEACTIVATION POUCHES IT PURCHASED BY PARTNERING WITH LOCAL AGENCIES TO DISTRIBUTE DETERRA TO COMMUNITY MEMBERS. INSPIRA HOPES TO GREATLY REDUCE THE AMOUNT OF OLD OR UNUSED PRESCRIPTION DRUGS IN HOMES AND STOP ADDICTION BEFORE IT BEGINS. NEARLY HALF OF HEROIN USERS START BY ABUSING PRESCRIPTION DRUGS. DETERRA IS A DRUG DEACTIVATION PRODUCT THAT CAN BE USED FOR EASY AND ENVIRONMENTALLY FRIENDLY DISPOSAL OF PRESCRIPTION DRUGS AT HOME. A COMMUNITY BENEFIT IS A PROGRAM OR ACTIVITY THAT PROVIDES TREATMENT AND/OR PROMOTES HEALTH AND HEALING IN RESPONSE TO AN IDENTIFIED COMMUNITY NEED WHILE IT HAS ONLY BEEN SINCE 2008 THAT THE FEDERAL GOVERNMENT HAS REQUIRED THE NATION'S 2,900 HOSPITALS TO REPORT THEIR COMMUNITY BENEFITS TO SUPPORT THEIR NOT-FOR-PROFIT TAX FILING. INSPIRA PROUDLY FOSTERS A CENTURY-OLD LEGACY OF IDENTIFYING, AND RESPONDING, TO OUR COMMUNITIES' CHANGING HEALTH CARE NEEDS. 2016 TOTAL COMMUNITY BENEFIT = \$71,443,720. FINANCE - A STRONG FINANCIAL OUTLOOK ----- TO MEET THE NEEDS OF OUR COMMUNITY, INSPIRA HEALTH NETWORK CONTINUALLY EXPANDS AND STRENGTHENS SERVICES TO REMAIN COMPETITIVE IN OUR REGION. OUR DEDICATION TO SAFETY, CLINICAL QUALITY AND AN EXCELLENT PATIENT EXPERIENCE HAS NOT ONLY RESULTED IN IMPROVED PATIENT AND STAFF SATISFACTION, BUT HAS ALSO IMPROVED OUR FINANCIAL STABILITY IN THE FACE OF A RAPIDLY CHANGING HEALTH CARE LANDSCAPE. REMAINING FINANCIALLY STRONG IS CENTRAL TO OUR MISSION BECAUSE IT ALLOWS US TO REINVEST IN ESSENTIAL HEALTH SERVICES NOW AND INTO THE FUTURE. INSPIRA'S GROWTH IS FOCUSED ON PROVIDING CARE FOR OUR NEIGHBORS WHEN AND WHERE THEY NEED IT MOST. EXPANDING INTO OUR COMMUNITIES AND PROVIDING EXCELLENT CARE IN OUTPATIENT SETTINGS, WITH THE SUPPORT OF AWARD-WINNING MEDICAL CENTERS, HAS HELPED INSPIRA ACHIEVE A SOLID FINANCIAL OUTLOOK. INSPIRA HEALTH NETWORK IS RATED AN "A2" ORGANIZATION BY MOODY'S INVESTORS SERVICE, ONE OF THE WORLD'S MOST RESPECTED AND WIDELY UTILIZED SOURCES FOR RATINGS AND RISK ANALYSIS. THIS DEMONSTRATION OF FINANCIAL STABILITY, STRONG OPERATING PERFORMANCE AND A POSITIVE ECONOMIC FUTURE POSITIONS INSPIRA WELL FOR THE HEALTH CARE CHALLENGES AND OPPORTUNITIES OF THE FUTURE.</p>

990 Schedule O, Supplemental Information

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 GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, THE ORGANIZATION'S FEDERAL FORM 990 WAS ALSO PROVIDED TO THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE PRIOR TO FILING WITH THE 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 WITHIN THE SYSTEM AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTANT ("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, EXECUTIVE VICE PRESIDENT/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 GOVERNING BODY, FINANCE/AUDIT COMMITTEE AND FILING WITH THE IRS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	<p>THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE THE CONFLICT OF INTEREST POLICY REQUIRES THAT A CONFLICT OF INTEREST DISCLOSURE STATEMENT, CONSISTENT WITH BEST GOVERNANCE PRACTICES AND INTERNAL REVENUE SERVICE GUIDELINES, BE CIRCULATED ANNUALLY TO ALL TRUSTEES/DIRECTORS, OFFICERS, KEY EMPLOYEES AND COMMITTEE MEMBERS (COLLECTIVELY, "INSPIRA MANAGEMENT") WITHIN THE SYSTEM ALL MEMBERS OF INSPIRA MANAGEMENT ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY ANNUALLY AND SIGN A DISCLOSURE STATEMENT WHICH AFFIRMS THAT THEY (A) HAVE RECEIVED A COPY OF THIS CONFLICT OF INTEREST POLICY, (B) HAVE READ AND UNDERSTOOD THE POLICY, (C) HAVE AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTAND THAT THE ORGANIZATION IS A CHARITABLE, TAX-EXEMPT ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES PER THE SYSTEM'S CONFLICT OF INTEREST POLICY, ANY MEMBER OF INSPIRA MANAGEMENT HAVING A POTENTIAL OR ACTUAL SIGNIFICANT FINANCIAL OR PERSONAL INTEREST IN ANY TRANSACTION OR ARRANGEMENT, SHALL MAKE A PROMPT, FULL AND FRANK DISCLOSURE OF HIS OR HER INTEREST TO THE APPLICABLE GOVERNING BOARD OR A COMMITTEE THEREOF WHICH IS CONSIDERING THE AUTHORIZATION, APPROVAL, RATIFICATION, OR SIMILAR ACTION OF SUCH TRANSACTION OR ARRANGEMENT PRIOR TO THE ORGANIZATION ACTING ON SUCH TRANSACTION OR ARRANGEMENT THE COMPLETED CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE RETURNED TO THE SYSTEM'S GENERAL COUNSEL FOR REVIEW THEREAFTER, GENERAL COUNSEL presents any conflicts of interest to THE NETWORK'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION</p>

990 Schedule O, Supplemental Information

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 ARE EMPLOYED INSPIRA MEDICAL CENTERS, INC HOWEVER, THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE OFFICERS OR KEY EMPLOYEES 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 all executive vice presidents and senior vice presidents that report directly to the president/chief executive officer ("senior management") 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 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 W</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	HIGH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE A CTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABL E PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL THE C OMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIE WED 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 THA T REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY INSPIRA MEDICAL CENTERS, INC O THER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOA LS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBA CK MEETINGS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J, PART II REFLECTS A BOARD MEMBER/OFFICER OF THIS ORGANIZATION WHO RECEIVED COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATIONS PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEE OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER/OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	<p>CERTAIN INDIVIDUALS WERE REPORTED AS OFFICERS ON THE ORGANIZATIONS 2015 FORM 990, CORE FORM, PART VII AND SCHEDULE J, PART II UPON A REVIEW OF THEIR RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THESE INDIVIDUALS DO NOT SATISFY THE CRITERIA TO BE AN OFFICER OR KEY EMPLOYEE UNDER (1) FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, (2) STATE OF NEW JERSEY LAW, OR (3) THE ORGANIZATION'S BYLAWS ACCORDINGLY, THESE INDIVIDUALS HAVE NOT BEEN INCLUDED ON THIS 2016 FORM 990 AS EITHER AN OFFICER, KEY EMPLOYEE OR A FORMER OFFICER NOR SHOULD HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990 IN ADDITION, CERTAIN INDIVIDUALS WERE REPORTED AS OFFICERS ON THE 2015 FORM 990, CORE FORM, PART VII AND SCHEDULE J UPON A REVIEW OF THEIR RESPECTIVE DUTIES, ROLES AND RESPONSIBILITIES IT WAS DETERMINED THAT THESE INDIVIDUALS DO NOT SATISFY THE CRITERIA TO BE AN OFFICER UNDER (1) FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, (2) STATE OF NEW JERSEY LAW, OR (3) THE ORGANIZATION'S BYLAWS HOWEVER, IT WAS DETERMINED THAT THESE INDIVIDUALS SATISFY THE CRITERIA TO BE CLASSIFIED AS A KEY EMPLOYEE FOR FORM 990 REPORTING PURPOSES ACCORDINGLY, THESE INDIVIDUALS HAVE BEEN INCLUDED ON THIS 2016 FORM 990 AS A KEY EMPLOYEE PLEASE NOTE THAT THE ORGANIZATION DID NOT AMEND ITS 2015 FORM 990 WITH RESPECT TO THE RECLASSIFICATIONS OUTLINED ABOVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII, SECTION A, COLUMN B	THIS ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF 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 CORE FORM, PART VII OF THIS FORM 990 THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS OR KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM, NOT SOLELY THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - TRANSFER FROM INSPIRA MEDICAL CENTERS, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION - \$10,000,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF INSPIRA HEALTH NETWORK ("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, 2016 AND DECEMBER 31, 2015, 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
INSPIRA HEALTH NETWORK INC

Employer identification number
22-2508425

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BPOC LP 333 IRVING AVENUE BRIDGETON, NJ 08302 22-2956029	REAL ESTATE	NJ	N/A									
(2) OAK & MAIN SURGICTR 907 NORTH MAIN ROAD VINELAND, NJ 08360 22-3532371	HEALTHCARE SVCS	NJ	N/A									
(3) GLOUC CTY SURG CTR 163 BRIDGETON PIKE BLDG B MULLICA HILL, NJ 08062 26-1157885	HEALTHCARE SVCS	NJ	N/A									
(4) INSPIRA HLTH PTRS 2950 COLLEGE DRIVE VINELAND, NJ 08360 46-5550615	HEALTHCARE ACO	NJ	NETWORK	RELATED	-3,485	69,078		No			No	51 000 %
(5) INSPIRA SJ UC MGT 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 81-3186749	URGENT CARE MGT	NJ	NA									

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.

See Additional Data Table

(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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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	1,565,895	COST
(2)INSPIRA MEDICAL CENTERS WOODBURY INC	D	568,362	COST
(3)INSPIRA MEDICAL CENTERS INC	J	676,614	COST
(4)INSPIRA MEDICAL CENTERS INC	R	10,000,000	COST
(5)INSPIRA MEDICAL CENTERS INC	O	682,483	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 AND INSPIRA MEDICAL CENTER WOODBURY, INC , BOTH RELATED INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT HOSPITAL ORGANIZATIONS INSPIRA MEDICAL CENTERS, INC ROUTINELY PAYS EXPENSES FOR VARIOUS RELATED AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 333 IRVING AVENUE BRIDGETON, NJ 08302 22-6067549	HOSPICE SVCS	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
(1) 333 IRVING AVENUE BRIDGETON, NJ 08302 22-3746758	SUPPORT NTWK	NJ	501(C)(3)	509(A)(3)	IMC		No
(2) 333 IRVING AVENUE BRIDGETON, NJ 08302 21-0634484	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
(3) 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 26-4827936	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
(4) 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-1820210	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
(5) 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2333409	SUPPORT IMCW	NJ	501(C)(3)	509(A)(1)	IMCW		No
(6) 509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4199382	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	NETWORK	Yes	
(7) 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
(1) INSPIRA HEALTH MANAGEMENT CORPORATION 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 22-2502241	HEALTHCARE SVCS	NJ	network	C CORP	4,795,608	13,587,662	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	5,675,486	46,367,853	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
(5) RED BANK DEVELOPMENT CORPORATION 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2814053	HEALTHCARE SVCS	NJ	network	C CORP	626,419	555,873	100 000 %	Yes	
(6) INSPIRA HOME CARE SVCS WOODBURY INC 509 NORTH BROAD STREET WOODBURY, NJ 08096 22-3479390	HEALTHCARE SVCS	NJ	N/A	C CORP					No
(7) INSPIRA SJ URGENT CARE PC 165 BRIDGETON PIKE MULLICA HILL, NJ 08062 81-3165654	INACTIVE	NJ	N/A	C CORP					No