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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization  
INSPIRA HEALTH NETWORK INC  
% THOMAS P BALDOSARO CPA  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
333 IRVING AVENUE  
City or town, state or province, country, and ZIP or foreign postal code  
BRIDGETON, NJ 08302

D Employer identification number  
22-2508425  
E Telephone number  
(856) 641-6605  
G Gross receipts \$ 3,804,057

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 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (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 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 0

9 Program service revenue (Part VIII, line 2g) 9 6,114,763

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 10 3,349,950

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 9,464,713

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 4,623,042

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 4,623,042

19 Revenue less expenses. Subtract line 18 from line 12 19 4,841,671

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 85,739,667

21 Total liabilities (Part X, line 26) 21 19,875,742

22 Net assets or fund balances. Subtract line 21 from line 20 22 65,863,925

Part II Signature Block

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

Sign Here

Signature of officer  
THOMAS P BALDOSARO CPA CFO  
Date 2020-09-29

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date  
Firm's name ▶ WithumSmithBrown PC Firm's EIN ▶  
Firm's address ▶ 200 Jefferson Park Suite 400 Phone no. (973) 898-9494  
Whippany, NJ 079811070

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 (2019)

**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 \$ 1,799,559 including grants of \$ 0 ) (Revenue \$ 2,384,946 )  
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 ► 1,799,559

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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
<b>23</b>	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	
<b>24a</b>	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>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		No
<b>28</b>	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):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>28b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		No
<b>32</b>	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
<b>33</b>	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	
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> 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 . . . . .	<b>2a</b> 0			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .			<b>3b</b>	
<b>4a</b> 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)? . . . . .			<b>4a</b>	Yes
<b>b</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).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>	
<b>6a</b> 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? . . . . .			<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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? . . . . .			<b>7a</b>	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .			<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.			<b>16</b>	No

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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	
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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).		
<b>16a</b>	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>b</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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**▶** THOMAS P BALDOSARO CPA 165 BRIDGETON PIKE MULICA HILL, NJ 08062 (856) 641-6605

Part VII

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

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

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

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

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

See instructions for the order in which to list the persons above.

☐ 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) JOHN A DIANGELO ..... TRUSTEE; PRESIDENT/CEO - IHN .....	55.0 ..... 0.0	X		X				0	1,872,686	268,519
(2) ROBERT E FLORENTINE ..... SVP/CHIEF PEOPLE OFFICER .....	55.0 ..... 0.0				X			0	804,432	62,665
(3) MARVIN T WAY ..... EVP OPERATIONS .....	55.0 ..... 0.0			X				0	649,717	152,067
(4) ALKA KOHLI MD MBA ..... EVP/CHIEF POP HEALTH OFFICER .....	55.0 ..... 0.0				X			0	607,330	134,433
(5) THOMAS P BALDOSARO C ..... EVP/CHIEF FINANCIAL OFFICER .....	55.0 ..... 0.0			X				0	543,113	127,795
(6) THOMAS PACEK ..... VP/CHIEF INFORMATION OFFICER .....	55.0 ..... 0.0				X			0	390,295	81,525
(7) MATTHEW DOONAN ESQ ..... GENERAL COUNSEL .....	55.0 ..... 0.0				X			0	388,254	80,035
(8) KATHY SCULLIN ..... VP MARKETING&PUBLIC RELATIONS .....	55.0 ..... 0.0				X			0	343,675	30,791
(9) EILEEN CARDILE ..... FORMER OFFICER .....	0.0 ..... 0.0						X	0	364,907	0
(10) MICHAEL A MCCLAUGHLIN ..... CHAIRMAN - TRUSTEE .....	1.0 ..... 0.0	X		X				0	0	0
(11) RONALD ROSSI ..... VICE CHAIRMAN - TRUSTEE .....	1.0 ..... 0.0	X		X				0	0	0
(12) SHELLY O SCHNEIDER E ..... SECRETARY - TRUSTEE .....	1.0 ..... 0.0	X		X				0	0	0
(13) DANTE G GERMANO ..... TREASURER - TRUSTEE .....	1.0 ..... 0.0	X		X				0	0	0
(14) DANIEL J BALL III ..... TRUSTEE .....	1.0 ..... 0.0	X						0	0	0
(15) JAMES BONNER DO ..... TRUSTEE .....	1.0 ..... 0.0	X						0	0	0
(16) PAMELA S CLARK ..... TRUSTEE .....	1.0 ..... 0.0	X						0	0	0
(17) PETER GALETTO 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) EDGAR G GALLOWAY III ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
(19) HARRY E HEARING ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
(20) HERBERT J KONRAD ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
(21) HUGH J MCCAFFREY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
(22) BETSY RYAN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
(23) JOHN H FISHER III ..... TRUSTEE (TERMED 07/2019)	1.0 ..... 0.0	X						0	0	0
(24) EDGAR HATHAWAY JR E ..... TRUSTEE (TERMED 03/2019)	1.0 ..... 0.0	X						0	0	0
(25) DAVID ROBBINS JR ..... TRUSTEE (TERMED 02/2019)	1.0 ..... 0.0	X						0	0	0
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								0	5,964,409	937,830

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAPTIS HEALTH LLC, 7601 FRANCE AVENUE SUITE 500 EDINA, MN 55435	CONSULTING	542,755
PRESS GANEY ASSOCIATES INC, PO BOX 88335 MILWAUKEE, WI 532880335	CONSULTING/ADVISORY	113,255

**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 ► 2



Form 990 (2019)

Page 9

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

1b

Membership dues

1b

1c

Fundraising events

1c

1d

Related organizations

1d

1e

Government grants (contributions)

1e

1f

All other contributions, gifts, grants, and similar amounts not included above

1f

1g

Noncash contributions included in lines 1a - 1f:\$

1g

h

Total. Add lines 1a-1f

0

Program Service Revenue

2a

RENTAL INCOME FROM TAX-EXEMPT AFFILIATES

Business Code

531190

667,788

667,788

2b

OTHER PROGRAM REVENUE

622110

1,717,158

1,717,158

2c

2d

2e

2f

All other program service revenue.

g

Total. Add lines 2a-2f.

2,384,946

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

1,262,633

1,262,633

4

Income from investment of tax-exempt bond proceeds

0

5

Royalties

0

6a

Gross rents

6a

(i) Real

(ii) Personal

6b

Less: rental expenses

6b

6c

Rental income or (loss)

6c

0

0

6d

Net rental income or (loss)

0

7a

Gross amount from sales of assets other than inventory

7a

(i) Securities

(ii) Other

156,478

7b

Less: cost or other basis and sales expenses

7b

7c

Gain or (loss)

7c

156,478

7d

Net gain or (loss)

156,478

156,478

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18

8a

0

8b

Less: direct expenses

8b

0

8c

Net income or (loss) from fundraising events

0

9a

Gross income from gaming activities. See Part IV, line 19

9a

0

9b

Less: direct expenses

9b

0

9c

Net income or (loss) from gaming activities

0

10a

Gross sales of inventory, less returns and allowances

10a

0

10b

Less: cost of goods sold

10b

0

10c

Net income or (loss) from sales of inventory

0

11a

Miscellaneous Revenue

Business Code

11b

11c

11d

All other revenue

11e

Total. Add lines 11a-11d

0

12

Total revenue. See instructions

3,804,057

2,384,946

1,419,111

Form 990 (2019)

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	0			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	0			
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	30,024	27,022	3,002	0
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	92,508	83,257	9,251	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	129,238	116,314	12,924	
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	98,111	88,300	9,811	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	661,460	595,314	66,146	
<b>17</b> Travel . . . . .	4,571	4,114	457	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	444,389	399,950	44,439	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	27,248	24,523	2,725	
<b>23</b> Insurance . . . . .	0			
<b>24</b> 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.)				
<b>a</b> ALLOCATION OF PERSONNEL COSTS	407,466	366,719	40,747	
<b>b</b> REPAIRS & MAINTENANCE	18,927	17,034	1,893	
<b>c</b> DUES & SUBSCRIPTIONS	1,516	1,364	152	
<b>d</b> OTHER EXPENSES	84,054	75,648	8,406	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,999,512	1,799,559	199,953	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .		1,158,291	<b>2</b>	412,636
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		0	<b>4</b>	0
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		0	<b>8</b>	0
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		53,855	<b>9</b>	171,365
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,434,229			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 274,954	4,184,357	<b>10c</b>	4,159,275
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		79,470,118	<b>13</b>	87,010,982
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		873,046	<b>15</b>	119,229
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		85,739,667	<b>16</b>	91,873,487	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		224,219	<b>17</b>	302,889
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		230,212	<b>19</b>	26,580
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		14,278,284	<b>23</b>	14,278,284
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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		5,143,027	<b>25</b>	1,932,237
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		19,875,742	<b>26</b>	16,539,990
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		65,863,925	<b>27</b>	75,333,497
	<b>28</b>	Net assets with donor restrictions . . . . .		0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		65,863,925	<b>32</b>	75,333,497	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		85,739,667	<b>33</b>	91,873,487	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,804,057
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,999,512
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,804,545
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	65,863,925
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,165,027
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,500,000
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	75,333,497

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2019)

**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)

Department of the Treasury

Internal Revenue Service

Name of the organization

INSPIRA HEALTH NETWORK INC

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 **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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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	<b>Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> 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 <b>Part VI</b>, 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>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>		
<b>b</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>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		
	<b>11a</b>	<b>No</b>
	<b>11b</b>	<b>No</b>
	<b>11c</b>	<b>No</b>

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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>		
	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
	<b>1</b>	<b>Yes</b>
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	<b>Yes</b>
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	<b>No</b>

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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 <b>Part VI</b> 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>			
	<b>2a</b>		
<b>b</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 <b>Part VI</b> 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>			
	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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 <b>Part VI</b>.</i>			
	<b>3a</b>	<b>Yes</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.</i>			
	<b>3b</b>	<b>Yes</b>	

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

**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 &amp; 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 THE NAME OF AND ON BEHALF OF THE HOSPITAL; (U) IN RECOGNITION OF THE BENEFITS ACCRUING TO THE 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 SHALL HAVE THE POWER TO TRANSFER ASSETS OF THE HOSPITAL, OR TO REQUIRE THE HOSPITAL TO TRANSFER ASSETS, TO THE SOLE MEMBER OR AN ENTITY CONTROLLED BY, CONTROLLING OR UNDER COMMON CONTROL WITH THE SOLE MEMBER, TO THE EXTENT NECESSARY TO ACCOMPLISH THE SOLE MEMBERS GOALS AND 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 STATE 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, SHALL TRANSFER ASSETS TO ENTITIES OTHER THAN THE SOLE MEMBER WITHOUT THE APPROVAL OF THE SOLE MEMBER, EXCEPT FOR (I) TRANSFERS PREVIOUSLY APPROVED BY THE SOLE MEMBER, EITHER INDIVIDUALLY 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 SET FORTH IN THIS ARTICLE IV SECTION 2(V), OR (III) TRANSFERS IN THE ORDINARY COURSE OF BUSINESS; 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) BY THE LAWS OF THE STATE OF NEW JERSEY OR AS RESERVED IN THE GOVERNANCE DOCUMENTS OF THE HOSPITAL.</p>

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
INSPIRA HEALTH NETWORK INC

Employer identification number  
22-2508425

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

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

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019



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 . . . . .		98,973	90,552	8,421
c Leasehold improvements		154,802	148,384	6,418
d Equipment . . . . .		59,771	36,018	23,753
e Other . . . . .				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,159,275

Schedule D (Form 990) 2019

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) Financial 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) ASSETS LIMITED AS TO USE	45,262,102	F
(2) INVESTMENTS IN SUBSIDIARIES	38,286,355	F
(3) INVESTMENTS IN PARTNERSHIPS	14,787	F
(4) INVESTMENT IN COASTAL CO-OP	495,262	F
(5) OTHER INVESTMENTS	2,952,476	F
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	87,010,982	

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,932,237

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.

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

**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.

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

**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, LINE 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ORGANIZATION OF INSPIRA HEALTH NETWORK; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF INSPIRA HEALTH NETWORK AND RELATED ENTITIES FOR THE YEARS ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE SYSTEM'S 2019 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'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 2019 AND 2018.

SCHEDULE F (Form 990)	<b>Statement of Activities Outside the United States</b>  ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.  ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047
		<b>2019</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization INSPIRA HEALTH NETWORK INC	Employer identification number 22-2508425

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			80,190,284
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			80,190,284

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on 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; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☒ No

**Part V** **Supplemental Information**

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

ReturnReference	Explanation

## 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	0	0	Investments		77,685,290
Central America and the Caribbean	0	0	Investments		2,504,994

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization INSPIRA HEALTH NETWORK INC		Employer identification number 22-2508425

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
<b>2</b> 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 on Line 1a?		2	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
<b>c</b> 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.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
<b>8</b> 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
<b>9</b> 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				
<b>1</b> JOHN A DIANGELO TRUSTEE; PRESIDENT/CEO - IHN	(i)	0	0	0	0	0	0	0
	(ii)	859,734	190,080	822,872	217,500	51,019	2,141,205	502,246
<b>2</b> ROBERT E FLORENTINE SVP/CHIEF PEOPLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	309,245	47,566	447,621	30,800	31,865	867,097	239,934
<b>3</b> MARVIN T WAY EVP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	530,162	82,846	36,709	107,707	44,360	801,784	0
<b>4</b> ALKA KOHLI MD MBA EVP/CHIEF POP HEALTH OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	466,828	102,260	38,242	106,025	28,408	741,763	0
<b>5</b> THOMAS P BALDOSARO CPA EVP/CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	436,549	61,029	45,535	95,720	32,075	670,908	0
<b>6</b> THOMAS PACEK VP/CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	332,041	26,394	31,860	53,384	28,141	471,820	0
<b>7</b> MATTHEW DOONAN ESQ GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	310,292	26,703	51,259	53,388	26,647	468,289	0
<b>8</b> KATHY SCULLIN VP MARKETING&PUBLIC RELATIONS	(i)	0	0	0	0	0	0	0
	(ii)	292,993	30,918	19,764	12,261	18,530	374,466	0
<b>9</b> EILEEN CARDILE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	364,907	0	0	364,907	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 AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE A CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE WAGES: JOHN A. DIANGELO, \$716,062 AND ROBERT E. FLORENTINE, \$401,860. THE DEFERRED COMPENSATION AMOUNTS REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDE 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, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: MARVIN T. WAY, \$90,907; ALKA KOHLI, M.D., MBA, \$89,225; THOMAS P. BALDOSARO, CPA, \$78,920; THOMAS PACEK, \$36,584 AND MATTHEW DOONAN, ESQ., \$36,588. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JOHN A. DIANGELO, \$182,500.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 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 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.
SCHEDULE J, PART II; COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THESE AMOUNTS WERE REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. ADDITIONALLY, THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: JOHN A. DIANGELO, \$502,246 AND ROBERT E. FLORENTINE, \$239,934.

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<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
Name of the organization INSPIRA HEALTH NETWORK INC		Employer identification number 22-2508425	

**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 &amp; 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, CREDIT, 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 HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF IMC AND IMCW IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THESE ORGANIZATIONS ARE FOR THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY. THESE HOSPITAL FACILITIES PROVIDE HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, THEY PROVIDE HEALTHCARE SERVICES TO PATIENTS 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 FI</p>



Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NANCIAL ASSISTANCE THEY PROVIDE. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THEIR FINANCIAL ASSISTANCE POLICIES. AS A LEADING PROVIDER OF HEALTH SERVICES, INSPIRA HEALTH NETWORK MUST PLAY A KEY ROLE IN FOSTERING GOOD HEALTH IN SOUTHERN NEW JERSEY. TO BE HIGHLY EFFECTIVE IN THIS ROLE, THE ENTIRE INSPIRA TEAM MUST SHARE A CORE SET OF VALUES AND BELIEFS - A CULTURE. AWARDS AND RECOGNITION =====</p> <p>===== IN ADDITION TO PROVIDING A WIDE SCOPE OF SERVICES, IHN TAKES GREAT PRIDE IN PROVIDING SAFE, HIGH QUALITY, PATIENT FOCUSED CARE TO ITS COMMUNITIES. THESE EFFORTS HAVE BEEN RECOGNIZED AT BOTH A LOCAL AND NATIONAL LEVEL THROUGH A VARIETY OF AWARDS, RECOGNITIONS, AND ACCREDITATIONS ACCREDITED ISO 9001:2015 BY DNV GL HEALTHCARE - INSPIRA HEALTH NETWORK IS THE SECOND HEALTH CARE SYSTEM IN NEW JERSEY TO RECEIVE ISO 9001:2015 CERTIFICATION FOR ACHIEVING QUALITY OBJECTIVES BASED ON INTERNATIONAL STANDARDS AT ITS MEDICAL CENTERS IN ELMER, VINELAND AND WOODBURY, AND ITS HEALTH CENTER IN BRIDGETON. ACHIEVING ISO 9001:2015 CERTIFICATION IS A REQUIREMENT OF THE FACILITIES' DNV GL HEALTHCARE ACCREDITATION WHICH AIDS THE ORGANIZATIONS LEADERSHIP AND STAFF IN CONTINUOUSLY EVALUATING AND IMPROVING THE CARE PROVIDED TO THE REGION. DNV GL HEALTHCARE IS A HOSPITAL ACCREDITATION PROGRAM APPROVED BY THE U.S. CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) THAT INTEGRATES THE ISO 9001 QUALITY MANAGEMENT SYSTEM INTO THEIR SURVEY PROCESS. THE DNV GL PROGRAM REQUIRES HOSPITALS TO EVALUATE THE CONTINUUM OF PATIENT CARE THROUGHOUT ITS FACILITIES AND TAKE MEASURED STEPS TO IMPROVE WHEN IT IS WARRANTED. WE ARE PROUD AT INSPIRA TO HAVE RECEIVED NUMEROUS ACCOLADES FOR EXCELLENCE IN HEALTHCARE. IT IS A REFLECTION OF OUR COMMITMENT TO PATIENT SAFETY, BEST PRACTICES, AND EVIDENCE-BASED CARE; SUPPORTING CONTINUING EDUCATION AND STAFF RECRUITMENT; INVESTING IN LEADING EDGE TECHNOLOGY; AND RECRUITING PRIMARY CARE PHYSICIANS, SPECIALISTS, AND SUBSPECIALISTS TO MEET THE NEEDS OF OUR COMMUNITIES. AS ONE OF THE REGION'S LARGEST HEALTHCARE PROVIDERS, WE ARE PLEASED TO SHARE SOME OF OUR MOST RECENT AWARDS: - GREATER VINELAND CHAMBER OF COMMERCE 2019 LARGE BUSINESS OF THE YEAR - RATED 1 OF 11 HEALTH SYSTEMS WITH STRONG FINANCES BY BECKERS HOSPITAL REVIEW - ACCREDITED CANCER CENTER BY THE COMMISSION ON CANCER - AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) ACCREDITATION (2018-2021) - INSPIRA MEDICAL CENTER ELMER RECEIVES BABY-FRIENDLY CERTIFICATION - BEACON AWARD FOR EXCELLENCE - SUBURBAN FAMILYS 'THE BEST OF FAMILY 2019' INNOVATION AND TECHNOLOGY - INSPIRA MEDICAL CENTER VINELAND RECEIVES CHEST PAIN CENTER WITH PCI ACCREDITATION - NEW JERSEY HOSPITAL ASSOCIATIONS COMMUNITY OUTREACH AWARD - UPGRADED FITCH RATING TO AN AA - INSPIRA MEDICAL CENTER ELMER EARNED A 2019 HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD - US NEWS &amp; WORLD REPORT HIGH PERFORMING HOSPITALS (2018-2019) - NJ INFLUENZA HONOR ROLL AWARD FROM THE NJ DEPARTMENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OF HEALTH, VACCINE PREVENTABLE DISEASE PROGRAM - INSPIRA CANCER SERVICES AND THE CHRONIC DISEASE COALITION RECEIVED THE OUSTRANDING COMMUNITY PARTNER AWARD - INSPIRA HEALTH CENTER WOODBURY NURSES RECEIVE PATHWAY TO EXCELLENCE DESIGNATION - INSPIRA HEALTHS CEO, JOHN DIA NGELO NAMED TO SOUTH JERSEY BUSINESS MAGAZINES POWER 50 LIST - INSPIRA EARNED A NATIONAL P RESS GANEY SUCCESS STORY AWARD - INSPIRA MEDICAL CENTER VINELANDS SURGICAL ACUTE CARE UNIT AWARDED THE PRISM AWARD - INSPIRA HEALTH CEO, JOHN DIANGELO, PRESENTED THE NATIONAL STEVE N SCHRODER OUTSTANDING HEALTHCARE CEO AWARD - "TOP 150 PLACES TO WORK IN HEALTHCARE IN 201 9" ACCORDING TO BECKERS HEALTHCARE - INSPIRA MEDICAL CENTER ELMER RECEIVES TWO WOMENS CHOI CE AWARDS FOR OBSTETRICS AND ORTHOPEDICS - INSPIRA MEDICAL CENTER VINELANDS EMERGENCY DEPA RTMENT RECEIVES THE LANTERN AWARD ONE OF ONLY 80 RECOGNIZED IN THE COUNTRY INSPIRING MEDIC INE ===== INSPIRA HEALTH NETWORK IS A CHARITABLE NONPROFIT HEALTH CARE ORGANI ZATION SERVING COMMUNITIES ACROSS SOUTHERN NEW JERSEY. THE NETWORK, WHICH TRACES ITS ROOTS TO 1899, COMPRISES THREE HOSPITALS, A COMPREHENSIVE CANCER CENTER, SEVERAL MULTI-SPECIALT Y HEALTH CENTERS AND A TOTAL OF MORE THAN 150 ACCESS POINTS. THESE INCLUDE URGENT CARE; OU TPATIENT IMAGING AND REHABILITATION; NUMEROUS SPECIALTY CENTERS, INCLUDING SLEEP MEDICINE, CARDIAC TESTING, DIGESTIVE HEALTH AND WOUND CARE; HOME CARE AND HOSPICE; AND MORE THAN 35 PRIMARY AND SPECIALTY PHYSICIAN PRACTICES IN GLOUCESTER, CUMBERLAND, SALEM AND CAMDEN COU NTIES. TOGETHER WITH OUR MEDICAL STAFF OF MORE THAN 1,100 PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, WE PROVIDE EVIDENCE-BASED CARE TO HELP EACH PATIENT ACHIEVE THE BEST POSSIBLE OUTCOME. OUR CLINICAL AND SUPPORT STAFFS ARE FOCUSED ON PROVIDING QUALITY CARE IN A SAFE E NVIRONMENT FOR EVERY PATIENT. AND WE UNDERSTAND THAT TO PROVIDE EXCELLENT CARE TO OUR PATI ENTS, WE MUST ALSO BE SENSITIVE TO THE NEEDS OF THEIR FAMILIES. THE LOVE AND SUPPORT OF FA MILY CAN COMFORT AND STRENGTHEN PATIENTS, WHILE AIDING THE HEALING PROCESS. IN SUPPORT OF OUR MISSION TO IMPROVE THE LIVES OF ALL WE SERVE, THE LEADERSHIP AND STAFF OF INSPIRA HEAL TH NETWORK ARE DEDICATED TO CLINICAL AND SERVICE EXCELLENCE. HOWEVER, AS A LEADING REGIONA L HEALTH NETWORK, WE ARE COMMITTED TO DOING MORE THAN JUST THAT. WE BELIEVE OUR ORGANIZATI ON MUST BECOME A SOURCE OF INSPIRATION, ENCOURAGING EVERYONE TO LEAD HEALTHIER LIVES. THIS CAN ONLY BE ACHIEVED BY WORKING TOGETHER WITH OUR COMMUNITIES; BY BRINGING VITAL SERVICES TO THE TOWNS AND NEIGHBORHOODS WE SERVE; AND PARTNERING WITH LIKE-MINDED ORGANIZATIONS TO CREATE A CULTURE THROUGHOUT OUR REGION THAT FOSTERS GOOD HEALTH FOR EVERYONE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>INNOVATION AT INSPIRA ===== IHN CONTINUED ITS COMMITMENT TO SUPPORT INNOVATION BY HOSTING A "HEALTH HACK" HEALTH HACK TO GENERATE INNOVATIVE SOLUTIONS TO HEALTH CARE CHALLENGES. MORE THAN 50 DOCTORS AND PROFESSIONALS FROM IHN AND ROWAN ATTENDED THE TWO-DAY EVENT. THREE TEAMS WERE AWARDED \$20,000 OF SEED MONEY TO FULLY DEVELOP THEIR PROOF OF CONCEPT. - THE ESTABLISHMENT OF "INSPIRA HEALTH +", DEDICATED TECHNOLOGY STATIONS AT INSPIRA MEDICAL CENTER VINELAND AND INSPIRA URGENT CARE GLASSBORO ON ROWAN BOULEVARD. EACH INSPIRA HEALTH LOCATION IS SUPPORTED BY EXPERT TECHNICIANS AND OFFERS WEARABLE AND SMART TECHNOLOGY PRODUCTS DESIGNED TO HELP PATIENTS IMPROVE THEIR OVERALL HEALTH MANAGEMENT. A TEAM OF TECHNOLOGY EXPERTS ON SITE TO EDUCATE PATIENTS, VISITORS, PHYSICIANS AND STAFF ABOUT HOW TO BETTER MANAGE THEIR HEALTH THROUGH TOOLS LIKE THE MY INSPIRA, ACCESSING INSPIRA SERVICES AND ECARE, VIRTUAL VISITS. - A PROCESS FOR GATHERING AND ANALYZING DATA FROM ALL OF THE NETWORKS INFORMATION SYSTEMS TO DEVELOP CUSTOMIZED PROGRAMS OF CARE THAT BEST MEET THE NEEDS OF PATIENTS. MACHINE LEARNING AND ARTIFICIAL INTELLIGENCE IS BEING APPLIED TO THE DATA SO WE CAN BETTER PREDICT CARE TRENDS AND OUTCOMES. - THE MY INSPIRA SMART-PHONE APP HAS MADE IT EVEN EASIER TO CONNECT WITH EXCELLENT HEALTH CARE ANYWHERE. THE FREE APP FEATURES MOBILE APPOINTMENT SCHEDULING, LOCATION AND PHYSICIAN LISTINGS, ER WAIT TIMES, ACCESS TO YOUR DIGITAL INSPIRA PERSONAL HEALTH RECORD AND COMMUNICATIONS WITH YOUR CARE TEAM FOR PATIENTS BEING MONITORED FOR THEIR CHRONIC DISEASE. - REVERSE PITCH STUDENT COMPETITION HELD A REVERSE PITCH STUDENT COMPETITION. LOCAL COLLEGE STUDENTS WERE OFFERED THE OPPORTUNITY TO COMPETE FOR \$40,000 IN UNRESTRICTED FUNDS FOR THE DEVELOPMENT OF REPLACEMENT SOFTWARE AT INSPIRA. THE STUDENTS WERE INVITED TO AN INFORMATION SESSION, COACHED ON PREPARING A PROFESSIONAL WRITTEN AND ORAL PRESENTATION. THE WINNING STUDENTS WERE MENTORED AND COACHED ON DEVELOPING A PROFESSIONAL PLATFORM, PRESENTING TO LEADERSHIP ROLES, AND WORKING IN A PROFESSIONAL ENVIRONMENT TO DELIVER AN END PRODUCT. ACCESS TO AND IMPROVING THE QUALITY OF HEALTHCARE ===== IHN HAS A PROUD HISTORY OF HELPING UNINSURED RESIDENTS GET THE COVERAGE THEY NEED. IHN HAS WORKED IN COLLABORATION WITH NJHA (NEW JERSEY HOSPITAL ASSOCIATION) TO PROVIDE CERTIFIED APPLICATION COUNSELORS ASSIST COMMUNITY MEMBERS IN ACCESSING THE NEW FEDERAL HEALTHCARE EXCHANGE TO APPLY FOR HEALTH INSURANCE AS MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. ADDITIONAL ASSISTANCE LISTED BELOW IS ALSO PROVIDED: - HEALTH CONCIERGE SERVICE - IHN CONTINUED TO ENHANCE THE HEALTHCARE CONCIERGE SERVICE. WITH ONE PHONE CALL, AREA RESIDENTS CAN NOW SCHEDULE APPOINTMENTS, REGISTER FOR CLASSES, FIND A PHYSICIAN, OR EVEN TALK WITH A REGISTERED NURSE ABOUT AN UPCOMING MEDICAL TEST. - HEALTH INFORMATION - ACCESS TO QUALITY HEALTH INFORMATION IS IMPORTANT AND IHN PROVIDES A VARIETY OF</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HEALTHCARE INFORMATION TO THE COMMUNITY ON ITS WEBSITE AND THROUGH PUBLICATIONS TO THE GENERAL PUBLIC. THE COMMUNITY HAS MONTHLY ACCESS TO IHN MEDICAL EXPERTS THROUGH PARTNERSHIPS WITH THE LOCAL NEWSPAPERS FEATURING MONTHLY SECTIONS LIKE "ASK THE DOCTOR", WHICH ALLOW READERS TO SUBMIT QUESTIONS AND RECEIVE RESPONSES ABOUT IMPORTANT HEALTHCARE ISSUES. INSPIRA'S WEBSITE OFFERS A WEALTH OF HEALTH INFORMATION TO THE COMMUNITY INCLUDING FREE ACCESS TO LOOK, LISTEN AND LEARN, AN ONLINE LIBRARY OF EDUCATIONAL VIDEOS COVERING A VARIETY OF MEDICAL CONDITIONS AND PROCEDURES. - LANGUAGE ASSISTANCE - PROVIDED TO THOSE WHOSE LANGUAGE IS OTHER THAN ENGLISH. TO BE CONSIDERED COMMUNITY BENEFIT, THE ETHNICITY OF THE LANGUAGE SPOKEN MUST BE LESS THAN 5% OF THE DEMOGRAPHIC POPULATION. IHN HAS BOTH PARTICIPATED IN AND CONDUCTED A NUMBER OF PROGRAMS TO IMPROVE QUALITY OF HEALTHCARE SERVICES: - EFFICIENT AND QUALITY PATIENT CARE - AS THE LEADING HEALTHCARE PROVIDER IN SOUTHERN NEW JERSEY, IHN IS HIGHLY REGARDED FOR ITS QUALITY OF CARE AND SERVICES IN THE REGION. CLINICAL QUALITY AND SERVICE EXCELLENCE REMAIN TOP STRATEGIC INITIATIVES. TO FURTHER INCREASE THE EFFICIENCY OF PATIENT CARE, IHN HAS TRANSITIONED TO ELECTRONIC MEDICAL RECORDS MAKING SIGNIFICANT INVESTMENTS IN ITS CLINICAL COMPUTER SYSTEMS. THE ORGANIZATION WILL EXPAND ITS CORE QUALITY MEASURES BY PARTICIPATING IN SEVERAL REGIONAL AND NATIONAL PERFORMANCE IMPROVEMENT PROGRAMS THAT WILL PROVIDE BENCHMARKING DATA AND TOOLS FOR MEASURING AND REPORTING CLINICAL QUALITY. - PATIENT SATISFACTION - IHN USES A PATIENT SATISFACTION TOOL CALLED PRESS GANEY. THIS STANDARDIZED SURVEY MEASURES OUR PATIENTS' PERCEPTIONS ABOUT THEIR HOSPITAL EXPERIENCE AND PROVIDES FEEDBACK ABOUT HOW WE ARE DOING, BOTH GOOD AND BAD. THIS ASSISTS US TO CONTINUALLY MAKE IMPROVEMENTS AND PROVIDE EVEN BETTER CARE FOR THE COMMUNITY. - FIVE MAJOR HEALTH SYSTEMS IN SOUTHERN NEW JERSEY (INSPIRA, COOPER, KENNEDY, VIRTUA AND OUR LADY OF LOURDES), THE NEW JERSEY HOSPITAL ASSOCIATION (NJHA) AND THE CAMDEN COALITION OF HEALTHCARE PROVIDERS HAVE LAUNCHED THE SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE (SJBHC) TO EVALUATE THE CURRENT BEHAVIORAL HEALTH LANDSCAPE AND PROVIDE INNOVATIVE RECOMMENDATIONS ON HOW TO IMPROVE THE SYSTEM. TO UNDERSTAND THE CHALLENGES IN THE CURRENT SYSTEM, THE COLLABORATIVE IS GATHERING DATA FROM THE FIVE PARTICIPATING HOSPITALS ON HOW PATIENTS FLOW THROUGH THE IR NETWORK OF PROVIDERS, ANALYZE THE DATA AND THEN APPLY EVIDENCE-BASED AND BEST PRACTICES ALONG WITH INNOVATIVE SYSTEM CHANGES THAT WILL BETTER SERVE INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS. LIFE - INSPIRA LIFE IS AN INNOVATIVE AND COMPREHENSIVE PROGRAM AVAILABLE TO OLDER ADULTS AND THEIR FAMILIES IN OUR COMMUNITY. THIS PROGRAM IS PART OF THE NATIONAL PACE (PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY) PROGRAM. LIFE STANDS FOR (LIVING INDEPENDENTLY FOR ELDER) AND CURRENTLY SERVES ALL OF CUMBERLAND COUNTY AND PARTS OF SALEM AND GLOUCESTER COUNTIES. INSPIR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>A LIFE IS ONE OF ONLY FOUR PROGRAMS IN THE STATE OF NEW JERSEY. THIS PROGRAM PROVIDES ALL-INCLUSIVE CARE TO ELIGIBLE PARTICIPANTS 55 YEARS AND OLDER THAT MEET THE REQUIREMENTS FOR NURSING HOME LEVEL CARE. COMMUNITY BENEFIT EFFORTS ===== IN ITS ROLE A S A NONPROFIT ACUTE CARE PROVIDER, IHN AND ENTITIES UNDER ITS PARENT, PROVIDE AND PARTICIP ATE IN A NUMBER OF SERVICES AND PROGRAMS IN OUR COMMUNITY. FROM COMMUNITY EDUCATION TO PAR TICIPATION IN COMMUNITY-FOCUSED GROUPS, IHN PROVIDES A WIDE RANGE OF SERVICES. IN COLLABOR ATION WITH THE CUMBERLAND, SALEM, GLOUCESTER HEALTH AND WELLNESS ALLIANCE, IHN COMPLETED I TS 2019-2021 COMMUNITY NEEDS ASSESSMENT. IHN PARTNERED WITH OVER 40 LOCAL ORGANIZATIONS TO CONDUCT COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT SURVEYS TO IDENTIFY THE MOST PR EVALENT NEEDS IN OUR COMMUNITY. THROUGH A PLANNED AND ORGANIZED EFFORT, THE GROUP IS WORKI NG COLLECTIVELY TOWARDS STRATEGIES TO TARGET THESE PRIORITIES BY TAPPING INTO THE RESOURCE S OF THE COMMUNITY AND COLLABORATING ON INITIATIVES. IHN ACTIVELY CONTRIBUTES TO THIS PROC ESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION, EXPERTISE, RESOURCES, AND CAPACITY. CURRENTLY, IHN IS IMPLEMENTING THE IDENTIFIED STRATEGIES AND TRACKING THEIR PROGRESS. IN ADDITION TO THESE ORGANIZED NEEDS ASSESSMENT EFFORTS, ONGOING COMMUNITY MEET INGS WITH LOCAL PROVIDERS, LOCAL HEALTH DEPARTMENTS, LOCAL POLITICIANS, ORGANIZATIONS AND COMMUNITY LEADERS ARE SPONSORED BY THE NETWORK TO ADDRESS THE ONGOING NEEDS OF THE COMMUNI TY.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>DONATIONS/CASH CONTRIBUTIONS ===== EACH YEAR IHN SUPPORTS MANY NON- PROFIT ORGANIZATIONS WHOSE MISSION IS IN ALIGNMENT WITH THAT OF ITS OWN BY PROVIDING DONAT IONS OF BOTH CASH AND IN-KIND IN RESPONSE TO THE COMMUNITY'S NEEDS. SOME OF THE ORGANIZATI ONS SUPPORTED WITH A CASH DONATION INCLUDED: - ADAM TALIAFERRO FOUNDATION - AMERICAN CANCE R SOCIETY - AMERICAN FOUNDATION FOR SUICIDE PREVENTION - BOYS AND GIRLS CLUB - BRIDGETON C HAMBER OF COMMERCE - BRIDGETON ROTARY CLUB FOUNDATION - CHAMBER OF COMMERCE SOUTHERN NJ - COLLEEN SORBELLO BREAST CANCER FOUNDATION - COMMUNITY FOOD BANK OF NJ - COMMUNITY FOUNDATI ON OF NEW JERSEY LEGACY OF GIVING - COOPER FOUNDATION - COMPLETECARE FAMILY HEALTH FOUNDAT ION - CUMBERLAND CAPE ATLANTIC YMCA - CUMBERLAND COUNTY COLLEGE FOUNDATION - CUMBERLAND CO UNTY HABITAT FOR HUMANITY - CUMBERLAND COUNTY WOMENS HALL OF FAME - CUMBERLAND DEVELOPMENT CORPORATION - CYSTIC FIBROSIS FOUNDATION - EAT CLEAN ORG - ELMER LIBRARY - EMMANUEL CANCE R FOUNDATION - FAF COALITION - FOOD BANK OF SOUTH JERSEY - FRIENDS OF INDIA SOCIETY - GARD EN STATE BSA - GATEWAY COMMUNITY ACTION PARTNERSHIP - GLOUCESTER COUNTY CHAMBER OF COMMERCE - GLOUCESTER COUNTY PRAYER COMMITTEE - GREATER WOODBURY CHAMBER OF COMMERCE - GUIDANCE C ENTER - HEADSTRONG FOUNDATION - HEARTS UNITED AGAINST CANCER - HOPEWELL TOWNSHIP - ITALIAN CULTURAL FOUNDATION - JAWS YOUTH PLAYBOOK - LAUREN ROSE ALBERT FOUNDATION - M25 CODE BLUE INITIATIVE - MAIN STREET WOODBURY - MARCH OF DIMES - MARINE CORPS-LAW ENFORCEMENT FOUNDAT ION - MARYVILLE, INC. - MILLVILLE CHAMBER OF COMMERCE - MILLVILLE CHILD FAMILY CENTER - MI LLVILLE SCHOOLS - NAMI NJ - NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN - PUERTO RICAN ACTION COMMITTEE - QUALITY CONCEPTS - REVIVE SOUTH JERSEY - ROAD RUNNERS CLUB OF WOODBURY - ROBINS NEST - RONALD MCDONALD HOUSE OF SOUTHERN NJ - ROWAN COLLEGE AT GLOUCESTER COUNTY - ROWAN UNIVERSITY FOUNDATION - RUTGERS UNIVERSITY FOUNDATION - SALEM COMMUNITY COLLEGE - SALEM COUNTY CHAMBER OF COMMERCE - SALEM COUNTY VOTECHNICAL FOUNDATION - SHULTZ HILL FOUND ATION - SIR SPEEDY - STOCKTON UNIVERSITY FOUNDATION - TROOPERS UNITED FOUNDATION - UNITED WAY OF GREATER PHILADELPHIA &amp; SOUTHERN NJ - VINELAND CHAMBER OF COMMERCE - VINELAND DOWNTOWN IMPROVEMENT DISTRICT - WOODBURY JUNIOR/SENIOR HIGH SCHOOL COMMUNITY SERVICE AND COMMUNI TY BUILDING PROGRAMS ===== IHN IS MUCH MORE TH AN A HEALTHCARE NETWORK; IT IS A COMMUNITY PARTNER DEDICATED TO IMPROVING COMMUNITY HEALTH AND COLLABORATING WITH OTHER COMMUNITY PARTNERS ON HEALTH INITIATIVES THAT ADDRESS THE HE ALTH PRIORITIES OF THE COMMUNITIES IT SERVES. OUR PARTNERSHIPS LEVERAGE THE STRENGTH OF MU LTIPLE COMMUNITY ORGANIZATIONS WHILE ENCOURAGING COMMUNITY-WIDE COLLABORATIVE EFFORTS TO B ENEFIT THE COMMUNITY. ENDING HOMELESSNESS BY 2020 IN ONE OF NEW JERSEYS MOST POVERTY STRIC KEN COUNTIESTHATS THE GOAL OF THE CUMBERLAND COUNTY HOUSING FIRST COLLABORATIVE. INSPIRA H EALTH NETWORK, A FOUNDING MEMB</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ER OF THE COLLABORATIVE, HAS CONTRIBUTED \$57,000 TO HELP FUND THE EFFORT. THE COLLABORATIVE CONTINUES ITS SUCCESS IN HOUSING CHRONICALLY HOMELESS INDIVIDUALS. INSPIRA HAS ALSO PROVIDED BEHAVIORAL HEALTH AND LOGISTICAL SUPPORT TO ENSURE THE COLLABORATIVES SUCCESS FOOD PA NTRIES: IN 2019 MONTHLY FOOD DISTRIBUTIONS WERE ESTABLISHED AT TWO SCHOOLS PROVIDING FRESH PRODUCE AND SHELF STABLE FOOD ITEMS TO ABOUT 880 FAMILIES. ADVOCACY - IHN EMPLOYEES AND L EADERSHIP, SERVE ON VARIOUS GOVERNMENT ADVISORY COMMITTEES AND BOARDS FOR NATIONAL, STATE, AND LOCAL ORGANIZATIONS TO ADVOCATE FOR HEALTHCARE REFORM, BRING ABOUT CHANGES IN REGULAT ORY REQUIREMENTS, IMPROVE ACCESS TO HEALTHCARE AND PROMOTE THE HEALTH STATUS FOR BOTH THE BROADER COMMUNITY AND VULNERABLE POPULATIONS THROUGH HOSPITAL REPRESENTATION TO ORGANIZATI ONS. ADDITIONALLY, IHN EMPLOYEES, FROM STAFF TO CEO, PARTICIPATE ON THE BOARDS OF A VARIET Y OF ORGANIZATIONS WHOSE FOCUS IS NOT ONLY OF THE HEALTH NEEDS OF THE COMMUNITY, BUT ON TH E OVERALL NEEDS OF THE COMMUNITY. SOME OF THESE ORGANIZATIONS INCLUDE THE COMMUNITY FOOD B ANK OF SOUTH JERSEY, GLOUCESTER COUNTY CHAMBER OF COMMERCE, SALEM COUNTY CHAMBER OF COMMER CE, AND THE WALTER RAND INSTITUTE. AMERICAN RED CROSS BLOOD DRIVE - IHN SUPPORTS THE MISSI ON OF THE AMERICAN RED CROSS BY HOSTING FOUR BLOOD DRIVES EACH YEAR. THE RED CROSS IS THE LARGEST SINGLE SUPPLIER OF BLOOD AND BLOOD PRODUCTS IN THE UNITED STATES, COLLECTING AND P ROCESSING MORE THAN 40 PERCENT OF THE BLOOD SUPPLY AND DISTRIBUTING IT TO SOME 3,000 HOSPI TALS AND TRANSFUSION CENTERS NATIONWIDE. BEHAVIORAL HEALTH COLLABORATION IHNS CHILDREN'S B EHAVIORAL HEALTH PROGRAM PARTICIPATED IN BOTH THE GLOUCESTER COUNTY CIACC AND TRI-COUNTY C IACC THROUGHOUT 2019. THE CIACC GROUP IS MADE UP OF A VARIETY OF AGENCIES IN GLOUCESTER, S ALEM AND CUMBERLAND COUNTIES, PLUS COMMUNITY MEMBERS FROM THOSE SAME COUNTIES, WHO MEET RE GULARLY TO COORDINATE SERVICES, COMMUNICATE REGARDING CHANGES IN THE BEHAVIORAL HEALTH SER VICES IN THE COUNTIES AND ADVOCATE FOR PATIENT RIGHTS/SERVICES. IHN HAS BEEN AN ACTIVE PAR TICIPANT IN NATIONAL AND REGIONAL INITIATIVES, INCLUDING THE FOLLOWING: 1. CENTER FOR MEDI CARE AND MEDICAID SERVICES: NATIONAL "HOSPITAL COMPARE" INITIATIVE 2. VHA, INC. PATIENT QU ALITY AND SAFETY INITIATIVES: MEDICATION RECONCILIATION COLLABORATIVE (IMC - VINELAND &amp; ELMER); RAPID RESPONSE TEAM COLLABORATIVE (IMC - VINELAND &amp; ELMER); AND TRANSFORMATION OF TH E ICU AND TICU (IMC - VINELAND &amp; ELMER). 3. INSTITUTE FOR HEALTHCARE IMPROVEMENT (IH): ME MBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - 100,000 LIVES CAMPAIGN (IMC - VINELAND &amp; ELMER); AND MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - 5 MILLION LIVES FROM HA RM CAMPAIGN (IMC - VINELAND &amp; ELMER). 4. NEW JERSEY HOSPITAL ASSOCIATION INITIATIVES: PART ICIPANTS IN THE NJHA PRESSURE ULCER COLLABORATIVE (IMC - VINELAND &amp; ELMER); AND PARTICIPAN TS IN THE NJHA RAPID RESPONSE TEAMS COLLABORATIVE (IMC - VINELAND &amp; ELMER). EMERGENCY PREP AREDNESS - IHN READIES ITSELF</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FOR CATASTROPHIC DISASTER ABOVE AND BEYOND LICENSURE REQUIREMENTS. THIS INCLUDES AN INTERNAL EMERGENCY RESPONSE TEAM THAT RECIEVES SPECIALIZED TRAINING. IHN PARTNERS WITH OFFICES OF EMERGENCY MANAGEMENT, LOCAL POLICE, AND OTHER RELATED AGENCIES TO COORDINATE COMMUNITY-WIDE MASS CASUALTY DRILLS AND PARTICIPATES IN STATE SPONSORED DISASTER PLANNING DRILLS TO R EHEARSE HEALTHCARE PREPAREDNESS FOR MASS CASUALTY DISASTERS AND PUBLIC HEALTH EMERGENCIES.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>EMERGENCY MEDICAL ACADEMY PROGRAMS ===== - EMT EMERGENCY MEDICAL TECHNICIAN CLASS - PEDIATRIC EDUCATION FOR PRE-HOSPITAL PROFESSIONALS ("PEPP") - PEDIATRIC ADVANCED LIFE SUPPORT ("PALS") - PRE-HOSPITAL TRAUMA LIFE SUPPORT ("PHTLS") - HEALTHCARE PROVIDER CPR - CPR-BASIC LIFE SUPPORT INSTRUCTOR - ELECTIVE CONTINUING EDUCATION CLASSES - COMMUNITY EMERGENCY RESPONSE TEAM TRAINING - AUTOMATIC EXTERNAL DEFIBRILLATOR ("AED") &amp; EPINEPHRINE AUTO INJECTORS - MOBILE INTENSIVE CARE UNIT ("MICU") - MICU SPECIAL OPERATIONS TEAM - TACTICAL MEDICAL UNIT - IMPACT (INNOVATIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING) WAS DEVELOPED THROUGH COLLABORATION BETWEEN IHN AND THE VINELAND BOARD OF EDUCATION. IT PROVIDES HEALTH AND SOCIAL SERVICES, CHILDCARE FOR INFANTS AND TODDLERS, PRESCHOOL PROGRAMS, AND LITERACY PROGRAMS THAT TARGET THE NEEDS OF THE LOW INCOME RESIDENTS IN CUMBERLAND AND COUNTY. IT ALSO ADDRESSES ISSUES SUCH AS TEEN PREGNANCY, TEEN PARENTING AND EARLY CHILDHOOD EDUCATION. EVERY YEAR, THE PROGRAM MAKES A POSITIVE IMPACT ON THE LIVES OF THOUSANDS OF CHILDREN AND THEIR FAMILIES. - MAYOR'S CAMPAIGNS FOR HEALTHIER VINELAND, MILLVILLE AND BRIDGETON - VARIOUS IHN STAFF ARE ACTIVE COMMITTEE MEMBERS OF THE VINELAND, MILLVILLE AND BRIDGETON MAYOR'S CAMPAIGNS FOR HEALTHIER COMMUNITIES. IN COLLABORATION WITH IHN, THE LOCAL FEDERALLY QUALIFIED HEALTHCARE CENTER (FQHC), COMPLETECARE HEALTH NETWORK (CCHN) AND OTHER COLLABORATIVE PARTNERS, CO-HOST COMMUNITY HEALTH FAIRS, FACILITATE COMMUNITY OUTREACH EVENTS AND CONNECT THE MEDICALLY DISENFRANCHISED TO THE APPROPRIATE HEALTHCARE AND SOCIAL SERVICE PROVIDERS TO ENCOURAGE UNINSURED RESIDENTS TO ENROLL IN AFFORDABLE HEALTHCARE PROGRAMS. THE COMMITTEES ARE DEDICATED TO IMPROVING HEALTHCARE FOR VINELAND, MILLVILLE AND BRIDGETON RESIDENTS BY MAKING RESOURCES AVAILABLE THROUGH INCREASED AWARENESS AND ACCESS. - STEPS FOR KIDS STEPS FOR KIDS WAS DEVELOPED THROUGH A COLLABORATION BETWEEN IHN, THE ROBERT WOOD JOHNSON FOUNDATION AND CUMBERLAND/CAPE/ATLANTIC YMCA, TO REDUCE CHILDHOOD OBESITY IN VINELAND AND BRIDGETON SCHOOLS BY EDUCATING BOYS AND GIRLS AGED 8 TO 12 IDENTIFIED BY SCHOOL NURSES WITH AN ASSESSED BMI LEVEL AT OR ABOVE THE 85TH PERCENTILE WHO ARE AT RISK FOR OBESITY. PARENTS AND CHILDREN ATTEND 12-WEEK INTERACTIVE BI-LINGUAL PROGRAM THAT FOCUSES ON BALANCED MEAL PLANS AND SIMPLE EXERCISE TECHNIQUES THAT HELP FAMILIES ACHIEVE HEALTHIER LIFESTYLES. THIS PROGRAM IS COMPLETELY FUNDED AND RUN BY IMC THROUGH ITS GARDEN AHEAD DEPARTMENT. - HEALTHCARE LIFELINE PROGRAM - AN IN-HOME PERSONAL RESPONSE SYSTEM WHICH ALLOWS ITS SUBSCRIBERS TO GET HELP IMMEDIATELY AT THE PUSH OF A BUTTON, 24 HOURS PER DAY, 7 DAYS PER WEEK, 365 DAYS PER YEAR. IHN STAFF CONDUCTS PRESENTATIONS THROUGHOUT THE COUNTY EXPLAINING THE BENEFITS OF LIFELINE TO PROSPECTIVE SUBSCRIBERS AND/OR THEIR CAREGIVERS AND HEALTH PROVIDERS. ALTHOUGH THE LIFELINE PROGRAM IS A PAID SERVICE, DISCOUNTED AND FREE INSTALLATIONS OCCUR FOR ELIGIBLE PERSONS</p>

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>. - SPIRIT OF WOMEN - RECOGNIZING THE UNIQUENESS OF WOMEN AND THE INFLUENCE THEY HOLD OVER THE HEALTH OF THEIR FAMILIES, INSPIRA IS PROUD TO BE A PARTICIPANT OF THE SPIRIT OF WOMEN PROGRAM, PART OF A NATIONAL MOVEMENT FOR WOMEN'S WELLNESS TO PROMOTE HEALTH AND MOTIVATE WOMEN TO MAKE POSITIVE CHANGES IN THEIR LIVES. SOME OF THE GROUPS EVENTS INCLUDED DAY OF DANCE, WOMENS HEALTH SCREENING DAY AND GIRLS NIGHT OUT. SPIRIT OF WOMEN ALSO HOLDS A QUARTERLY SEMINAR SERIES, EACH FOCUSING ON SPECIFIC ISSUES CONCERNING WOMEN'S HEALTH. - CANCER SERVICES - INSPIRA FRANK AND EDITH SCARPA CANCER CENTER OFFERS A NUMBER OF OUTREACH SERVICES, WHICH PROVIDE SUPPORT AND EDUCATION IN THE COMMUNITY. IHNS BREAST CANCER BRIDGE PROGRAM, MEN'S CANCER SUPPORT GROUP AND PATIENT NAVIGATORS ALL SERVE AS HEALTHCARE ADVOCATES, HELPING PATIENTS NAVIGATE THROUGH THEIR CANCER JOURNEY. AS A FOX CHASE CANCER CENTER PARTNER, IHN PROVIDES LEADING-EDGE CANCER CARE THROUGH NATIONAL CLINICAL TRIALS, WHICH FOCUS ON CANCER TREATMENT, DIAGNOSTIC AND PREVENTION METHODS. IHN HAS THE OPPORTUNITY TO RECRUIT A LARGE AMOUNT OF PATIENTS FOR NEWEST CLINICAL TRIALS, PROVIDING LOCAL ACCESS TO THE LATEST STRATEGIES AGAINST CANCER. - GARDEN AHEC PROGRAMS - THROUGH ACADEMIC AND COMMUNITY PARTNERSHIPS, GARDEN AHEC PROVIDES HEALTH CAREER RECRUITMENT PROGRAMS AND INCREASES ACCESS TO HEALTHCARE IN MEDICALLY UNDERSERVED AREAS. GARDEN AHEC ADDRESSES HEALTHCARE WORKFORCE NEEDS BY INTRODUCING STUDENTS AND ADULTS TO HEALTHCARE CAREER OPPORTUNITIES, ESTABLISHING COMMUNITY-BASED TRAINING SITES FOR MEDICAL STUDENTS AND PROVIDING CONTINUING EDUCATION PROGRAMS FOR LOCAL HEALTHCARE PROFESSIONALS. ITS FUNDAMENTAL PURPOSE IS TO IMPROVE ACCESS TO QUALITY HEALTHCARE IN MEDICALLY UNDERSERVED AREAS AND TO UNDERSERVED POPULATIONS IN ITS SERVICE AREA. BY WORKING TO RECRUIT, TRAIN AND MAINTAIN LOCAL HEALTHCARE WORKFORCE, GARDEN AHEC ADDRESSES DEFICIENCIES IN ACCESS TO PRIMARY AND PREVENTIVE CARE SERVICES IN SOUTH JERSEY. PARTNERING WITH LOCAL COMMUNITY HEALTH EDUCATION AND IMPROVEMENT INITIATIVES ARE JUST SOME OF THE WAYS WE ARE WORKING WITH COMMUNITY PARTNERS TO IMPROVE THE HEALTH AND WELL-BEING OF OUR NEIGHBORS. - HEALTH FAIRS AND SCREENINGS A NUMBER OF HEALTH FAIRS AND COMMUNITY FOCUSED HEALTH SCREENING EVENTS WERE CONDUCTED THROUGHOUT 2019. IHN STRIVES TO TEACH HEALTH AND WELLNESS, ANSWER QUESTIONS ABOUT HEALTH-RELATED ISSUES, PROMOTE SERVICES AND RESOURCES FOR PEOPLE WITH VARIOUS DISEASES, AND ATTEMPT TO REACH AS MANY UNINSURED OR UNDERINSURED AS POSSIBLE. IHN ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DO NOT REGULARLY COME THROUGH THE DOORS OF OUR MEDICAL CENTERS. IHN REACHES OUT TO A VARIETY OF LOCAL EMPLOYERS BY PARTICIPATING IN ON-SITE HEALTH FAIRS AND EVENTS TO OFFER VALUABLE HEALTH INFORMATION TO OUR NEIGHBORS. IN ADDITION, IMC HOSTS SENIOR LUNCHEON CLASSES AND SENIOR HEALTH EDUCATION DAYS, WHICH INCLUDE FLU SHOTS AND EDUCATIONAL SESSIONS. IN RECOGNITION OF STROKE AWARENESS MONTH, IHN HOSTS A STROKE AWARENESS DAY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>UCATION &amp; SCREENING DAY WHICH INCLUDES FREE EDUCATIONAL SESSIONS, BLOOD PRESSURE CHECKS AND STROKE SCREENING TESTS. IMC'S ANNUAL SPIRIT OF WOMEN HEALTH SCREENING DAY BRINGS A MYRIA D OF HEALTH SERVICES AND EDUCATION TOGETHER IN ONE CENTRAL LOCATION AT INSPIRA MEDICAL CEN TER VINELAND. AT THE EVENT, ATTENDEES RECEIVE A RANGE OF FREE HEALTH SCREENINGS, INCLUDING BLOOD PRESSURE AND PULSE OXIMETRY, BODY MASS INDEX, HEART DISEASE RISK ASSESSMENT, SKIN C ANGER (FACE), FOOT AND WOUND CARE, BEHAVIORAL RISK ASSESSMENT, SLEEP APNEA ASSESSMENT, STE P TEST (RESTING HEART RATE), HEEL BONE DENSITY AND MORE. IN ADDITION, FUN GROUP ACTIVITIES ARE HELD, INCLUDING YOGA, LINE DANCING AND COOKING DEMONSTRATIONS, AS WELL AS A RELAXATIO N ROOM AND MEDITATION SESSIONS. NJCEED FOR THE NEW JERSEY CANCER EDUCATION AND EARLY DETEC TION PROGRAM (NJCEED), WHICH PROVIDES COMPREHENSIVE CANCER OUTREACH, EDUCATION AND FREE SC REENINGS TO UNDERSERVED AND UNINSURED RESIDENTS WHO MIGHT OTHERWISE NOT HAVE ACCESS TO THE SE IMPORTANT DIAGNOSTIC SCREENING SERVICES. IN 2019, 486 BREAST, 808 CERVICAL, 60 COLORECT AL AND 10 PROSTATE SCREENINGS WERE PROVIDED THROUGH THE GRANT ACROSS THE REGION. IHN ALSO HAS A DEDICATED STAFF THAT GOES OUT INTO THE COMMUNITY TO SPEAK ABOUT THE AVAILABILITY OF FREE SCREENINGS AND THE CEED PROGRAM. THE PURPOSE OF THE CEED PROGRAM IS TO EDUCATE AND SC REEN UNINSURED AND UNDERINSURED RESIDENTS OF THE COUNTY, PARTICULARLY MINORITIES, WHO EARN LESS THAN 250% OF THE FEDERAL POVERTY LEVEL. THE PROGRAM IS FUNDED IN PART BY GRANTS FROM THE STATE OF NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES, CENTER FOR DISEASE CONTROL AND THE SUSAN G. KOMEN BREAST CANCER FOUNDATION. - SUPPORT GROUPS - TO HELP ADDRESS SOCIAL, PS YCHOLOGICAL OR EMOTIONAL ISSUES RELATED TO DISEASES AND HEALTH ISSUES, IHN OFFERS A VARIET Y OF FREE SUPPORT GROUPS THAT INCLUDE, BUT ARE NOT LIMITED TO, WOMEN'S CANCER, DIABETES, C ARDIOPULMONARY HEALTH, PROSTATE CANCER, SMOKING CESSATION, STROKE AND FIVE LEVELS OF BARIA TRIC SUPPORT. ADDITIONALLY, IHN DONATES THE USE OF SPACE IN ITS FACILITIES FOR EXTERNAL NO NPROFIT ORGANIZATIONS TO HOLD SUPPORT GROUP MEETINGS FOR SUBSTANCE ABUSE SUCH AS ALCOHOLIC S ANONYMOUS AND NARCOTICS ANONYMOUS. - SUPPORT SERVICES - STAFF MEMBERS OF IHN'S PATIENT B USINESS SERVICES DEPARTMENT, IN ADDITION TO PROVIDING FINANCIAL COUNSELING TO INDIVIDUALS, MAKE FREQUENT VISITS TO VARIOUS COMMUNITY GROUPS AND SOCIAL SERVICE AGENCIES, EDUCATING T HEM ON THE CHARITY CARE OPTIONS AND FINANCIAL ASSISTANCE PROGRAMS AVAILABLE. IN ADDITION, A SIGNIFICANT LEVEL OF CHARITY CARE, FINANCIAL ASSISTANCE, TRANSPORTATION ASSISTANCE AND L ANGUAGE ASSISTANCE SERVICES ARE PROVIDED FOR THE UNDERSERVED AND VULNERABLE POPULATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>- COMMUNITY EDUCATION CLASSES IHN OFFERS FREE EDUCATION PROGRAMS DESIGNED TO PROMOTE A SAFE AND HEALTHY LIFESTYLE. TRAINING CLASSES ARE REGULARLY AVAILABLE ON SUCH TOPICS AS CHILD BIRTH, BREAST-FEEDING, NEWBORN CARE, UNDERSTANDING DIABETES, CPR (CARDIOPULMONARY RESUSCITATION), ACLS (ADVANCED CARDIAC LIFE SUPPORT), PALS (PEDIATRIC ADVANCED LIFE SUPPORT), SAFESITTER (BABYSITTER TRAINING) AND OTHERS. IMCWS EMERGENCY DEPARTMENT PLAYS A KEY ROLE IN EDUCATING AND PROMOTING HEALTH AND SAFETY AWARENESS THROUGH COMMUNITY BULLETIN BOARDS AND EDUCATIONAL PRESENTATIONS AT AREA SCHOOLS, COLLEGES, POLICE ACADEMIES AND COMMUNITY PROGRAMS. SOME TOPICS MAY INCLUDE INJURY PREVENTION, FORENSIC NURSING AND DOMESTIC VIOLENCE AWARENESS. - VOLUNTEER PROGRAM - WHETHER GREETING VISITORS AT THE FRONT DESK OR COMFORTING PATIENTS AT THEIR BEDSIDE, VOLUNTEERS PLAY AN IMPORTANT ROLE IN IHN'S TRADITION OF COMPASSIONATE CARE. OUR SUCCESSFUL VOLUNTEER PROGRAM CONSISTS OF ADULTS AND TEENS WITH AGE RANGES FROM 14 TO 96 WHO PROVIDE ASSISTANCE IN A VAST ARRAY OF AREAS SUCH AS ACCOUNTING, EDUCATION, PUBLIC RELATIONS, LAUNDRY, EMERGENCY ROOM, SURGICAL SERVICES, PEDIATRICS, NURSING AND MORE. IN 2019, 703 DEDICATED AND GENEROUS VOLUNTEERS DONATED MORE THAN 77,125 HOURS OF SERVICE. HEALTH PROFESSIONALS EDUCATION</p> <p>===== IHN OFFERS EDUCATIONAL SUPPORT TO BOTH ITS CURRENT HEALTH PROFESSIONALS AND TOMORROW'S PHYSICIANS. EDUCATION HELPS PREPARE THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS, WHICH IS WHY WE STRONGLY SUPPORT MEDICAL EDUCATION AT ALL ACADEMIC LEVELS AND FIND INNOVATIVE WAYS TO INSPIRE YOUNG PEOPLE TO PURSUE CAREERS IN A WIDE VARIETY OF MEDICAL FIELDS. COMMUNITY MEDICINE ROTATIONS WITH THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE (ROWAN SOM), PROVIDES THIRD YEAR MEDICAL STUDENTS A TWO-WEEK ROTATION IN COMMUNITY-BASED AGENCIES AND ORGANIZATIONS TO LEARN ABOUT UNDERSERVED AND CULTURALLY DIVERSE POPULATIONS, INCLUDING BARRIERS TO ACCESSING CARE. RESPONDING TO THE NURSING SHORTAGE, IHN OFFERS NURSING EDUCATION PROGRAMS, EXTERNSHIPS AND INTERNSHIPS. IHN MEDICAL STAFF ROUTINELY HOSTS STUDENTS FOR JOB SHADOWING AND STUDENT OBSERVATIONS. SCHOOL PROGRAMS ON HEALTH CAREERS - IHN PROVIDES EDUCATIONAL OPPORTUNITIES AND HOSTS SPECIAL EVENTS, JOB SHADOWING AND PROGRAMS TO MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN PURSUING CAREERS IN HEALTHCARE AND MEDICINE. TO REACH EVERY AGE GROUP IN THE COMMUNITY, IHN STAFF ALSO EXTENDS HOSPITALS TOURS TO PRESCHOOL AND FIRST GRADERS, AS THEIR PRIMARY INTRODUCTION TO THE HEALTHCARE ENVIRONMENT AND PROMOTION OF HEALTHY LIFESTYLES. SYMPOSIUM - IHN IS PREPARING FOR THE HEALTHCARE CHALLENGES OF THE FUTURE BY SUPPORTING THE CONTINUING EDUCATION NEEDS OF PHYSICIANS AND ALLIED HEALTH PERSONNEL IN THE COMMUNITY. PROGRAMS ARE AVAILABLE ON THE LATEST ADVANCEMENTS AND LEADING-EDGE RESEARCH ON TOPICS SUCH AS CANCER, CRITICAL CARE, NEPHROLOGY, PEDIATRICS AND OBSTETRICS. THESE CONTINUING EDUCATION OPPORTUNITIES GIVE HEALTH PROFESSIONALS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>NALS AND PHYSICIANS IN OUR COMMUNITY AND ACROSS THE REGION THE ABILITY TO MEET AND DISCUSS IMPORTANT ISSUES WITHIN OUR INDUSTRY. PROGRAM TOPICS PROVIDED ARE BASED ON ANNUAL STAFF SURVEYS AND ARE MANDATORY EDUCATION FOR STAFF. GARDEN AREA HEALTH EDUCATION CENTER ("AHEC") - A PROGRAM AFFILIATED WITH THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE WHICH FACILITATES IMPROVED COMMUNITY HEALTH OUTCOMES THROUGH COLLABORATIVE INITIATIVES LINKING NEEDS TO EDUCATIONAL RESOURCES. TARGETING THE EDUCATIONAL NEEDS OF PRIMARY CARE PROVIDERS, NURSES, SOCIAL WORKERS AND OTHER ALLIED HEALTH PROFESSIONALS IN THE COMMUNITY, GARDEN AHEC OFFERS ACCREDITED CONTINUING EDUCATION PROGRAMS ON TOPICS SUCH AS AUTISM, DERMATOLOGY, DIABETES, DIALYSIS, INFECTIOUS DISEASES, WOUND CARE, MENTAL HEALTH, CHILDHOOD OBESITY, SOCIAL WORK, PEDIATRIC PHARMACOLOGY, TRAUMA PATIENT CARE AND TREATMENT, IMMIGRATION AND MANY OTHERS. RESIDENCY PROGRAMS - THE ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE HAS DESIGNATED IHN AS A MAJOR CLINICAL AFFILIATE OF THE MEDICAL SCHOOL. THIS PARTNERSHIP SUPPORTS INSPIRA MEDICAL CENTER VINELANDS RESIDENCY PROGRAMS THAT WILL HELP TO ADDRESS THE ANTICIPATED PHYSICIAN SHORTAGE IN OUR REGION BY TRAINING THE NEXT GENERATION OF PHYSICIANS RIGHT HERE IN OUR COMMUNITY. THESE MEDICAL SCHOOL GRADUATES WORK SIDE-BY-SIDE WITH EXPERIENCED MEMBERS OF THE IMC MEDICAL STAFF IN PODIATRY, SPORTS MEDICINE, URO-GYNECOLOGY, CRITICAL CARE, OBSTETRICS AND GYNECOLOGY, FAMILY MEDICINE, ORTHOPEDIC SURGERY, INTERNAL MEDICINE, TRADITIONAL ROTATING INTERNSHIP, EMERGENCY MEDICINE AND GENERAL SURGERY. AT THE SAME TIME, THEY ENHANCE PATIENT CARE WITH THE KNOWLEDGE OF THE LATEST TREATMENTS AND PHILOSOPHIES MEDICINE HAS TO OFFER. THEY ALSO BRING A LEVEL OF INTELLECTUAL CURIOSITY THAT STRENGTHENS OUR CARE TEAMS AND BENEFITS OUR PATIENTS. IN 2019 IHN HAD APPROXIMATELY 160 RESIDENTS. RESEARCH ===== THE INSPIRA INSTITUTIONAL REVIEW BOARD ("IRB") FUNCTIONS AS A SPECIAL COMMITTEE OF THE MEDICAL STAFF WHICH FOLLOWS THE GUIDELINES OF AND IS REGISTERED WITH HHS. THE PURPOSE OF THE IRB IS TO REVIEW AND MONITOR ALL CLINICAL INVESTIGATIONS THAT INVOLVE HOSPITALIZED PATIENTS OR THOSE WHO MAY SUBSEQUENTLY RECEIVE CARE AT INSPIRA. NO CLINICAL INVESTIGATION IS PERMITTED IN THE INSTITUTION UNLESS PRIOR AND CONTINUING APPROVAL IS GRANTED BY THE IRB.</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. THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW AND APPROVAL. SUBSEQUENTLY, THE ORGANIZATION'S 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S BOARD OF TRUSTEES, PRIOR TO FILING WITH THE IRS. THE ORGANIZATION'S 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 ACCOUNTING ("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. THEREAFTER, THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S AUDIT COMMITTEE AND BOARD OF TRUSTEES, PRIOR TO FILING WITH 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
<p>CORE FORM, PART VI, SECTION B; QUESTION 15</p>	<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 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 ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE SYSTEM'S HUMAN RESOURCES DEPARTMENT. IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR, COMPENSATION IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY INSPIRA MEDICAL CENTERS, INC. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK 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	JOHN A. DIANGELO IS A MEMBER OF THE ORGANIZATIONS BOARD OF TRUSTEES. MR. DIANGELO IS EMPLOYED BY A RELATED ORGANIZATION. ACCORDINGLY HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH INSPIRA MEDICAL CENTERS, INC. (EIN: 21-0634484). INSPIRA MEDICAL CENTERS, INC. FILED A 2019 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. DIANGELOS COMPENSATION IN EXCESS OF \$1M.

**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. PLEASE NOTE THIS ORGANIZATION'S FORM 990 REFLECTS NO COMPENSATED INDIVIDUALS FROM THIS ENTITY. INSPIRA MEDICAL CENTERS, INC. ("IMC"), A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION EMPLOYS THESE INDIVIDUALS. IMC ISSUES FORMS W-2 TO INDIVIDUALS WHO PROVIDE SERVICES AT INSPIRA HEALTH NETWORK, INC., AND FILES THE APPLICABLE FORMS WITH THE INTERNAL REVENUE SERVICE. IMC ALLOCATES THESE PAYMENTS TO THIS ORGANIZATION VIA AN INTERCOMPANY ACCOUNT.

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE: - TRANSFER OF NET ASSETS FROM INSPIRA HOMECARE & HOSPICECARE, INC.; A RELATED INTERNAL REVENUE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$1,500,000.

**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, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 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	
<b>(1)</b> BPOC LP  333 IRVING AVENUE BRIDGETON, NJ 08302 22-2956029	REAL ESTATE	NJ	N/A									
<b>(2)</b> OAK & MAIN SURGICTR  907 NORTH MAIN ROAD VINELAND, NJ 08360 22-3532371	HEALTHCARE SVCS.	NJ	N/A									
<b>(3)</b> GLOUC CTY SURG CTR  163 BRIDGETON PIKE BLDG B MULLICA HILL, NJ 08062 26-1157885	HEALTHCARE SVCS.	NJ	N/A									
<b>(4)</b> INSPIRA HLTH PTRS  2950 COLLEGE DRIVE VINELAND, NJ 08360 46-5550615	HEALTHCARE ACO	NJ	NETWORK	RELATED	1,407,583	70,067		No			No	51.000 %
<b>(5)</b> INSPIRA SJ UC MGT  165 BRIDGETON PIKE MULLICA HILL, NJ 08062 81-3186749	URGENT CARE MGT	NJ	NA									
<b>(6)</b> WMCA LLP  1060 N KINGS HWY CHERRY HILL, NJ 08034 22-3006705	HEALTHCARE SVCS.	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.

(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
<b>(1)</b> INSPIRA HEALTH MANAGEMENT CORPORATION  2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 22-2502241	HEALTHCARE SVCS.	NJ	network	C CORP.	8,026,069	20,429,428	100.000 %	Yes	
<b>(2)</b> INSPIRA HEALTH NETWORK MEDICAL GROUP PC  2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 20-5745047	HEALTHCARE SVCS.	NJ	NA	C CORP.					No
<b>(3)</b> JUNO ASSURANCE LTD  AON HOUSE 4TH FLOOR PEMBROKE HM 08 BD	FINANCIAL VEHICLE	BD	network	FOREIGN CORP.	8,060,135	77,685,290	100.000 %	Yes	
<b>(4)</b> INSPIRA HEALTH NETWORK URGENT CARE PC  201 TOMLIN STATION ROAD MULLICA HILL, NJ 08062 45-2900402	HEALTHCARE SVCS.	NJ	NA	C CORP.					No
<b>(5)</b> RED BANK DEVELOPMENT CORPORATION  509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2814053	HEALTHCARE SVCS.	NJ	network	C CORP.	568,883	4,050,421	100.000 %	Yes	
<b>(6)</b> INSPIRA SJ URGENT CARE PC  165 BRIDGETON PIKE MULLICA HILL, NJ 08062 81-3165654	HEALTHCARE SVCS.	NJ	NA	C CORP.					No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> 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	D	2,429,907	COST
(2)INSPIRA MEDICAL CENTERS WOODBURY INC	E	3,433,176	COST
(3)INSPIRA MEDICAL CENTERS INC	J	667,788	COST
(4)INSPIRA MEDICAL CENTERS INC	O	406,675	COST
(5)INSPIRA HOMECARE & HOSPICECARE INC	S	1,500,000	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. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. INSPIRA HEALTH NETWORK ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

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
333 IRVING AVENUE BRIDGETON, NJ 08302 22-6067549	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
333 IRVING AVENUE BRIDGETON, NJ 08302 22-3746758	FUNDRAISING	NJ	501(C)(3)	509(A)(3)	IMC		No
333 IRVING AVENUE BRIDGETON, NJ 08302 21-0634484	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ 08360 26-4827936	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	NETWORK	Yes	
509 NORTH BROAD STREET WOODBURY, NJ 08096 22-1820210	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	NETWORK	Yes	
509 NORTH BROAD STREET WOODBURY, NJ 08096 22-2333409	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	IMC		No
509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4199382	INACTIVE	NJ	501(C)(3)	509(A)(3)	NETWORK	Yes	
509 NORTH BROAD STREET WOODBURY, NJ 08096 45-4203973	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	NETWORK	Yes	