## NOTICE 2018-100

The contention of the Towards and the Towards are compared to the Contention of the		Forr	- 990-T	Ex	empt Organiz			siness Incom der section 60		rn	OMB No 1545-0687	
Secretary for Treasport   Secretary   S	Œ		, , , , , , , , , , , , , , , , , , , ,							2018	୭ଲ1ହ	
Check board   State of organization   There board frame oranged has a few or indications   Control of the con	25	Deca								J	<u> </u>	
Check board   Selection   Check board   Check board name changed and see instructions   Description   Check board name section   Check board name   Ch	$\bar{\sim}$			l .						(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only	
B   Emmit under section   Stotic   Coloration   Stotic   Stotic   Coloration   Stotic   Coloration   Stotic   St	œ	ĀŢ			Name of organization (	Check b	ox if na	me changed and see instru	uctions)		oyer Identification number	
State   Stat			address changed	1	_	_				(Empl	oyees' trust see instructions )	
Sont CG_3   2000   20		B Ex	empt under section	1	INSPIRA MEDIC	AL CEN	TERS	, INC.		:		
40866   2010    2010    1   1   2010    201		Х	501( C 123 )		Number, street, and room	or suite no	If a P C	box, see instructions		21-0	634484	
333 IRVING AVENUE   State	٫		7 —									
H Enter the number of the organization's unrelated trade or business for the organization's unrelated trade or business free > LAUNDRY SERVICES  If only one, complete Parts IV if more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete e Schedule M for each advisoral trade or business, then complete Parts III-V  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If the looks are marked of PITOMAS P. SADLOSARO, CPA  Telephone number (835) 641-6605  Part I Unrelated Trade or Business Income  1 Gross recepts or sales  74,132.  2 Cost of goods sold (Schedule A, line?).  2 Cost of goods sold (Schedule A, line?).  3 Gross proffs Subtract line? Fart line 1 to 3.3  4 Capital gain net income (attach Schedule D).  4 Net gain (loss) (Form 477; Part II, line?) (Tatach Form 479).  4 Capital gain and income (attach Schedule D).  5 Income (income) (Schedule C).  6 Rent income (Schedule C).  7 Unrelated debt-financed income (Schedule E).  9 Investment income of sensions Schedule G).  10 Expolated exempt activity income (Schedule E).  11 Advertising income (Schedule C).  12 Total Combine lines 3 through 12.  13 Total Combine lines 3 through 12.  14 Complements and substitutions, attach schedule).  15 Salares and wages.  16 Repairs and maintenance  RECEIVED  16 Expolated contributions (See instructions) (Schedule R).  18 Interest and contributions (See instructions) (Schedule R).  19 Taxes and koenses  19 Depreciation (statch Form 4562).  10 Depreciation (statch Form 4562).  11 Taxes and koenses  11 Depreciation (statch Form 4562).  12 Charitabelic contributions (See instructions) (Schedule R).  19 Taxes and wages  10 Expolated on Schedule R).  10 Expolated contributions (See instructions) (Schedule R).  21 Taxes and koenses  22 Depletion.  22 Contributions to deferred compensation plans  23 Depletion (Schedule R).  24 Contributions (Schedule R).  25 Taxes expenses (Schedule R).  26 Excess reader	Ш		<del>-</del>	INPE	333 IRVING AV	ENUE				(See in	nstructions)	
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He Chier the number of the organization's unrelated trade or businesses № 1 Describe the only (or first) unrelated trade or business, Items № 14.00NDRY_SERVICES  If only one, complete Parts I-V if more than one, describe the liris in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, linen complete Parts III-V  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation № ATCH 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	B	9	92,408,000.		<del></del>				01(c) trust	401(a)	trust Other trust	
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MYes, enter the name and identifying number of the parent corporation   ATCH 1				lary controlled group?	2 ▶ X Yes N							
The books are in care of ▶TROMAS P. BALDOSARO, CPA  Telephone number ▶ (856) 641-6605  (C) Net  Telephone number ▶ (856) 641-6605  (E) Expenses  (E)							-		TNSP	22- 25041		
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7),		_							phone number ► (8	56) 64:	1-6605	
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7),		Pa	ti Unrelated	Trade o	r Business Income	<del></del>		(A) Income	(B) Exper	ises	(C) Net	
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Taxes and licenses			Bad debts		· · · · · · · · · · · · · · · · · · ·		÷ .>.	ia Höt · · · ·				
Charitable contributions (See instructions for imitation rules)			interest (attach so	chedule) (	see instructions)	MOA ·I·	<b>9</b> .Zu	12 . 0		· ·	<del></del>	
Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule)  Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Every subtract line 29 from line 14  Every subtract line 29 from line 15  Every subtract line 29 from line 15  Every subtract line 29 from line 15  Ever											<del></del>	
Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule)  Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  Every subtract line 29 from line 13  Every subtract line 29 from line 14  Every subtract line 29 from line 15  Every subtract line 29 from line 15  Every subtract line 29 from line 15  Ever			Charitable contrib	utions (S	ee instructions for Imital		N 1	JT: - : 1 - : : : TU		20	<del> </del>	
Depletion												
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule)  Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  Junielated business taxable income Subtract line 31 from line 30.  Unrelated business taxable income Subtract line 31 from line 30.  For Paperwork Reduction Act Notice, see instructions.												
Employee benefit programs												
Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule).  Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13.  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  Unrelated business taxable income Subtract line 31 from line 30.  Unrelated business taxable income Subtract line 31 from line 30.  For Paperwork Reduction Act Notice, see instructions.											12 060	
27 Excess readership costs (Schedule J).  28 Other deductions (attach schedule).  29 Total deductions Add lines 14 through 28.  30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  31 Unrelated business taxable income Subtract line 31 from line 30.  32 For Paperwork Reduction Act Notice, see instructions.  34 Form 990-T (2018)											13,069.	
Other deductions (attach schedule)  Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income Subtract line 31 from line 30.  Unrelated business taxable income Subtract line 31 from line 30.  For Paperwork Reduction Act Notice, see instructions.		26	Excess exempt exp	penses (S	chedule I)					26_	<u> </u>	
Total deductions Add lines 14 through 28.  29 83, 580.  30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 -9, 448.  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  31 32 Unrelated business taxable income Subtract line 31 from line 30		27									<u></u>	
Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income Subtract line 31 from line 30		28	Other deductions	(attach so	hedule)				ATCH. 2	28	32,072.	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		29			•							
32 Unrelated business taxable income Subtract line 31 from line 30		30	Unrelated busines	s taxable	e income before net	operating	loss	deduction Subtract I	ine 29 from line 1	3 30	<del> </del>	
For Paperwork Reduction Act Notice, see instructions.		31	Deduction for net	operating	loss arising in tax year	s beginnin	ng on o	r after January 1, 2018	(see instructions) .	31		
For Paperwork Reduction Act Notice, see instructions.		_				1 from line	30 .		<u> </u>	32		
		For F	aperwork Reducti	on Act No	otice, see instructions.						Form <b>990-T</b> (2018) PAGE	

Form 990-T (2018)			Page 2
Part III Total Unrelated Business Taxable Income			
33 . Total of unrelated business taxable income computed from all unrelated trades or bi	usinesses (see		
instructions)		33	-9,448
34 Amounts paid for disallowed fringes		34	270,977.
35 Deduction for net operating loss arising in tax years beginning before January 1	i, 2018 (see		
Instructions)		35	197,393.
36 Total of unrelated business taxable income before specific deduction. Subtract line 35	from the sum		
of lines 33 and 34		36	64,136.
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38 Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater	than line 36,		
enter the smaller of zero or line 36	<u> </u>	38	63,136.
Part IV Tax Computation			
39 Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39	13,259.
40 Trusts Taxable at Trust Rates. See instructions for tax computation Inco			
the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		40	
41 Proxy tax. See instructions			
42 Alternative minimum tax (trusts only)			
43 Tax on Noncompliant Facility Income See instructions			
44 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		$\overline{}$	13,259.
Part V Tax and Payments			
45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		1	
b Other credits (see instructions)		1	
c General business credit Attach Form 3800 (see instructions)		1	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	<del></del>	1 1	
e Total credits. Add lines 45a through 45d		45e	
<b>46</b> Subtract line 45e from line 44		46	13,259.
47 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other		47	<del></del>
48 Total tax Add lines 46 and 47 (see instructions)			13,259.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
50 a Payments A 2017 overpayment credited to 2018			
b 2018 estimated tax payments		1	
c Tax deposited with Form 8868	25,000.	1 1	
d Foreign organizations Tax paid or withheld at source (see instructions) 50d		1	
e Backup withholding (see instructions)		1 ]	
f Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
g Other credits, adjustments, and payments Form 2439		1	
Form 4136 Other Total ▶ <b>50g</b>		1 1	
51 Total payments Add lines 50a through 50g		51	25,000.
52 Estimated tax penalty (see instructions) Check if Form 2220 is attached	▶ 🗂	52	<del></del>
53 Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	<del></del>
Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	11,741.
55 Enter the amount of line 54 you want Credited to 2019 estimated tax > 11,741.	Refunded >	55	<del></del>
Part VI Statements Regarding Certain Activities and Other Information (			
56 At any time during the 2018 calendar year, did the organization have an interest in or			authority Yes No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the	=		
here			x
	ofores to a fore		<del></del>
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer or the form the organization may be to file.	isicioi to, a forei	yn trust	```` <del>\</del>
If "Yes," see instructions for other forms the organization may have to file  58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			1 1
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the b	est of my	knowledge and belief, it is
true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	y knowledge		
Sign Here	C/ <b>U</b>	•	RS discuss this return
Signature of officer Date Title			preparer shown below
Print/Type preparer's name Preparer's signature Date 1		TT	PTIN
	20 Check		P00642486
Preparer	<b>-</b>	mployed	22-2027092
Use Only  Firm's name ► WITHUMSMITH+BROWN, PC  Firm's address ► 200 JEFFERSON PARK SUITE 400 WHIPFANY, NJ 07981-	Firm's	EIN ►	3-898-9494
Firm's address > 200 JEFFERSON PARK SUITE 4001 WHIFFANI, NO 07981-	Phone	no 9/	3-030-3434

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Form **990-T** (2018)

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(1) (2) (3) (4)  Nonexempt Controlled Organiz  7 Taxable Income (1) (2) (3) (4)  Totals  Schedule G-Investment In  1 Description of income (1)	8 Net unrelated ii (loss) (see instruc	(loss	9 Total of sp	s) payme	includ	included	ontrolling	olling come	6 Deductions directly connected with income in column 5
(2) (3) (4)  Nonexempt Controlled Organiz  7 Taxable Income  (1) (2) (3) (4)  Totals  Schedule G-Investment In  1 Description of income	8 Net unrelated ii (loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
(3) (4)  Nonexempt Controlled Organiz  7 Taxable Income  (1) (2) (3) (4)  Totals  Schedule G-Investment In  1 Description of income	8 Net unrelated ii (loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
(3) (4)  Nonexempt Controlled Organiz  7 Taxable Income (1) (2) (3) (4)  Totals  Schedule G-Investment In  1 Description of income	8 Net unrelated ii (loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
(4)  Nonexempt Controlled Organiz  7 Taxable Income  (1) (2) (3) (4)  Totals  Schedule G-Investment In  1 Description of income	8 Net unrelated ii (loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
7 Taxable Income  (1) (2) (3) (4)  Totals  Schedule G-Investment In  1 Description of income	8 Net unrelated ii (loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
7 Taxable Income  (1) (2) (3) (4)  Totals	8 Net unrelated ii (loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
(1) (2) (3) (4)  Totals	(loss) (see instruc	tions)	•		includ	ed in the co	ontrolling		inected with income in
(2) (3) (4)  Totals	ncome of a Sec								
Totals	come of a Sec								
Totals	come of a Sec						,		
Totals	come of a Sec								
Totals	come of a Sec	<u> </u>							
Schedule G-Investment In  1 Description of income	come of a Sec	<u></u>		•	Enter	columns 5 a here and on , line 8, colu	page 1,	Ente	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	Come or a Sec	tion 501/c	\(\frac{1}{7}\) (9\ or	(17) Orga	nization	/see ins	tructions\		
·	1	יווסוו פטו(כ	<del> </del>	(17) Orgal	inzauon	·			5 Total deductions
(1)	2 Amount of	rincome	directl	y connected h schedule)			t-asides schedule)		and set-asides (col 3 plus col 4)
	l								
(2)									
(3)									
(4)				_				$\neg \vdash$	
Totals	Part I, line 9, c		er Than Adv	ertising In	come (s	see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business inc	with of lf a ga	ncome (loss) related trade ness (column s column 3) in, compute s through 7	from ac	s income tivity that inrelated s income	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									<del> </del>
(1)			_				<del> </del>		+
(2)									<del></del>
(3)									
(4)									
Totala	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I,						Enter here and on page 1, Part II, line 26
Totals	como /occ :=:*	uctions\					<del></del>		<del></del>
Schedule J-Advertising Inc									
Part I Income From Peri	odicals Report	ed on a Co	nsolidated	Basis					<del></del>
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	gain o osts 2 mini a gair	dvertising r (loss) (col us col 3) If n, compute through 7		culation ome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)							<del>                                     </del>		<del> </del>
1)				}			<del></del>		-
2)							ļ		-
3)	<b></b>			1			ļ		4
4)									<del></del>
									1
otals (carry to Part II, line (5))									l .
									Form <b>990-T</b> (2018

21-0634484 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
2)						
3)						
4)						
otals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

21-0634484

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES

32,072.

PART II - LINE 28 - OTHER DEDUCTIONS

32,072.

## Inspira Medical Centers, Inc. FEID: 21-0634484 Federal Form 990-T For the year ended December 31, 2018

## Federal Form 990-T, Line 31; Net operating loss deduction

Description		Mount
Net operating loss generated 12/31/2006	\$	11,249
Net operating loss generated 12/31/2007		13,641
Net operating loss generated 12/31/2008		13,504
Net operating loss generated 12/31/2009		44,813
Net operating loss generated 12/31/2010		1,766
Net operating loss generated 12/31/2011		9,534
Net operating loss generated 12/31/2012		22,228
Net operating loss generated 12/31/2013		16,972
Net operating loss generated 12/31/2014		24,908
Net operating loss generated 12/31/2015		9,931
Net operating loss generated 12/31/2016		21,907
Net operating loss generated 12/31/2017		6,940
Net operating loss utilized 12/31/2018	<del></del>	(197,393)

Net operating loss carry-forward to December 31, 2019 \$