Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						וי	OMB No 1545-0047					
1 011	For calendar year 2019 or other tax year beginning $01/01$, 2019, and ending $12/31$, 20 $\frac{1}{2}$							¹⁹ . 2019					
Depa	rtment of the Treasury	ent of the Treasury So to www.irs.gov/Form990T for instructions and the latest information.											
Inter	al Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3								Open to P 501(c)(3)	ublic Inspection for Organizations Only		
ĀŢ	Check box if address changed	Name of organization (Check box if name changed and see instructions)									e instructions)		
BEX	empt under section	1	INSPIRA MEDICAL CEN	TERS	, INC.								
ſx	501(C)(Q3_)	Print Number, street, and room or suite no. If a P.O. box, see instructions									21-0634484		
	408(e) 220(e)	Type									Unrelated business activity code		
	408A 530(a)		333 IRVING AVENUE						(See in	structions)			
	529(a)		City or town, state or province, countr	y, and 2	ZIP or foreign postal of	code							
	ook value of all assets		BRIDGETON, NJ 08302						812320				
at	end of year	F Gro	up exemption number (See instruct	ions)	>								
	1778232000.	G Che	ck organization type 🕨 X 501	(c) co	rporation	501(c)	trust		401(a)	trust	Other trust		
HE	inter the number of	the orga	nization's unrelated trades or busine	esses	▶ 1		Desc	cribe t	he only	(or first) u	nrelated		
tı	rade or business hei	re ▶LAU	NDRY SERVICES		If (only one,	complete Pa	rts I-V	. If mon	e than one,	describe the		
fı	rst in the blank spa	ice at the	end of the previous sentence, coi	mplete	Parts I and II, con	nplete a So	hedule M for	r each	addition	nai	•		
	rade or business, th												
1 0	ouring the tax year,	was the	corporation a subsidiary in an affil	ıated g	roup or a parent-si	ubsidiary c	ontrolled gro	up?.		▶\	Yes No		
			identifying number of the parent co	~-									
S11	he books are in car	e of ▶TH	IOMAS P. BALDOSARO, CI	PA		Telephon	e number 🕨	(85	6) 641	-6605			
0707 Pa	rt Unrelated	Trade o	or Business Income		(A) Incom	1e	(B) Ex	pense	28	<u> </u>	(C) Net		
	Gross receipts or	sales	75,569.	1	•						1		
, q b	Less returns and allows	ances	c Balance ▶	1c	75	,569.							
2 > 2	Cost of goods so	ld (Sched	ule A, line 7)	2						<u> </u>	l		
2 3 2 43	Gross profit Sub	tract line	2 from line 1c	3	75	,569.					75,569.		
- 4a	Capital gain net i	ncome (a	ttach Schedule D)	4a									
ه (ت	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b									
ء لا	Capital loss dedu	ction for t	rusts	4c				FC	C' 11/				
2 5	Income (loss) from a p	artnership or	an S corporation (attach statement)	5									
CANNED 4 2 4 4	Rent income (Sch	edule C)		6			0	PB		0			
າ ຄ	Unrelated debt-fi	nanced in	come (Schedule E)	7			<u>6</u> S	EP :	<u>25 /</u>	127	5		
8	Interest, annuities, roy	alties, and re	nts from a controlled organization (Schedule F)	8						1 19	۷		
9	Investment income of	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9			1 0	GD	EN.	ــــــــــــــــــــــــــــــــــــــ			
10	Exploited exempt	activity in	ncome (Schedule I)	10				=					
11	Advertising incon	ne (Sched	lule J)	11						<u> </u>			
12	Other income (Se	ee instruc	tions, attach schedule)	12	===								
13	Total. Combine li	nes 3 thro	ough 12	13	75	,569.		=		<u> </u>	75,569.		
Pa			Taken Elsewhere (See insti					, ,		ons mus	be directly		
			ne unrelated business incom										
14	•		directors, and trustees (Schedule K)							<u> </u>	30 053		
15										 	39,852.		
16										 			
17									I I	 			
18			(see instructions)							 			
19						1		• •	. 19	 	 		
20			4562)										
21			on Schedule A and elsewhere on re		_				21b	 			
22										<u> </u>			
23			compensation plans							 	12,753.		
24			Sabadula IV							 	12,700.		
25			Schedule I)							 			
26 27			chedule J)							 	34,516.		
27			chedule)							 	87,121.		
28			s 14 through 27							-	-11,552.		
29			le income before net operating						—	 	-11,332.		
30			g loss arising in tax years beginning	_						 	-11,552.		
31 For			e income Subtract line 30 from line lotice, see instructions.	29 .	• • • • • • • • • • • • • • • • • • • •	• • • • •	 	<u> </u>	. 31	<u> </u>	m 990-T (2019)		
	•	AUL N	ere, oce mos soudile.							For	m 330-1 (2019)		
JSA 9X2740 1	42629K U60	00									$\mathcal{9}^{9}$ page		

Form	990-T (2019) INSPIRA MEDICAL CENTERS, INC.	21-0634484		Page 2
	t III Total Unrelated Business Taxable Income			uge z
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
JZ .	·	32	-11,	552
33	Amounts paid for disallowed fringes			
	Charitable contributions (see instructions for limitation rules)			
34		34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	35	-11,	552
••	34 from the sum of lines 32 and 33	35	11,	332.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
_	instructions)		11 1	-
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	1	-11,	552.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39	-11,	552.
Par	t IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See Instructions	44		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par				
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
	Other credits (see instructions)	1		
	General business credit Attach Form 3800 (see instructions)	1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).			
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		<u>·</u>
	Payments A 2018 overpayment credited to 2019	30		
	2019 estimated tax payments	1		
		╡		
	Tax deposited with Form 8868	1		
	Foreign organizations. Tax paid or withheld at source (see instructions)	1		
e	Backup withholding (see instructions)	-		
	Credit for small employer health insurance premiums (attach Form 8941) 51f	-		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 51g	- I	22 (- 00
52	Total payments. Add lines 51a through 51g	52	22,	500.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	22 '	.00
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	22,	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	56	22,	500.
	tVI Statements Regarding Certain Activities and Other Information (see instruction		V-:-	A1-
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country		v
	here >	 ,	L	<u>X</u>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	 	Х
	If "Yes," see instructions for other forms the organization may have to file			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, corpect, and complete Declaration of penalties are supported by the statements and statements.	best of my knowledge	and beli	ef, it is
Sig		ay the IRS discuss	this r	etum
Her	e Oy/242020 EXEC.VP & CFO W	th the preparer st		
_		e instructions)?X Y	s	No
-	Print/Type preparer's name Preparer's signature Date Chec	k If PTIN		
Paid	SCOTT J MARIANI 9/17/2020 self-	employed P006	4248	6
	parer Firm's name ► WITHUMSMITH+BROWN, PC Firm'	s EIN ▶ 22-202	7092	
use	Only Firm's address ▶ 200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070 Phon	072 000		

1 1	INSPI	RA MEDIC	AL CENT	ERS, INC.			21-0634484	
Form 990-T (2019)								Page 3
Schedule A - Cost of C	Soods Sold. E	nter metho	d of invent	ory valuation	>			
1 Inventory at beginning of	· · · · · · · · · · · · · · · · · · ·			6 Inventory	at end of yea	ar	6	
2 Purchases				7 Cost of	goods so	ld. Subtract line		
3 Cost of labor	3			6 from lir	ne 5 Enter	here and in Part		
4a Additional section 263A	costs			_				
(attach schedule)	4a			8 Do the	rules of	section 263A (with respect to	Yes No
b Other costs (attach sched						or acquired fo		_
5 Total. Add lines 1 throug				to the orga	anization?			X
Schedule C - Rent Incon (see instructions)	ne (From Real	Property a	and Perso	nal Property	Leased V	Vith Real Prope	erty) 	
Description of property								
(1)	-						· ·	
(2)	·····							<u></u>
(3)								
(4)								
	2. Rent rec	eived or accru	ued					
for personal property is more than 10% but not percentage of rei				d personal property or personal property s based on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of here and on page 1, Part I, line	• •					(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated			ee instruct	ions)		· · · · · · · · · · · · · · · · · · ·		
1. Description of d	ebt-financed property			income from or to debt-financed		debt-finan	nnected with or allocable ced property	
	,		6	property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1					·
(2)								
(3)		_ · ·						
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			4	Column divided column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						e and on page 1, e 7, column (A)	Enter here and on Part I, line 7, colu	n page 1, mn (B)
Total dividends-received dedu	ctions included in	column 8				▶		

Form **990-T** (2019)

Schedule F - Interest, Ann	dides, ivoyaide		pt Controlled O			auciis (30	C IIIStructio	113)		
Name of controlled organization	2. Employer identification numb	per 3. Ne	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)				-						
(2)				 		-				
(3)			 							
(4)				<u>.</u>	·					
Nonexempt Controlled Organiz					10	Part of column	9 that is	11	. Deductions directly	
7. Taxable Income	8. Net unrelated ii (loss) (see instruc		9. Total of speci payments mad		included in the controlling organization's gross income		ntrolling	connected with income in column 10		
(1)						 				
(2)		····								
(3)						 				
(4)				_		d columns 5 a		 -		
Totals			·)(7) (9) or (1	>	Ent Pai	er here and on t I, line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
1. Description of income	2. Amount of		3. Dedu directly co	ictions		4. Se	t-asides	\Box	5. Total deductions and set-asides (col 3	
(1)			(attach so	thedule)		(attach schedule)		+	plus col 4)	
(2)										
(3)								\neg		
(4)										
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	or Than Adver	tieina lr	acome	(coo instru	otions)		Enter here and on page 1. Part I, line 9, column (B)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	4. Net incommunication from unrelied or business 2 minus colla gain, colls 5 th	ome (loss) ated trade s (column olumn 3) compute	5. Gr from	5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5		le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) -					<u> </u>		<u></u>			
(2)										
(3)					İ					
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Pai line 10, col	nt I,		-				Enter here and on page 1, Part II, line 25	
Schedule J-Advertising In	come (see instr	uctions)								
Part I Income From Per	iodicals Report	ted on a Co	nsolidated Ba	sis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising c	2	oss) (col col 3) If ompute	Circulation 6. Readership income costs		•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)	`									
(4)										
Totals (carry to Part II, line (5))										
	<u> </u>			·	<u> </u>				Form 990-T (2019)	

Part II Income From Pe 2 through 7 on a			rate Basis (For	each periodical	listed in Part II	, fill in columns
1. 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)					T	
(2)						
(3)						
(4)						
Totals 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 26
Totals, Part II (lines 1-5) ▶					<u> </u>	Í
Schedule K - Compensation	n of Officers, D	irectors, and Tr	rustees (see inst			
1. Name	:	2.	Title	3. Percent of time devoted to business	4 Compensation unrelated	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total Enter here and on page 1 F	Part II line 14			—		

Form 990-T (2019)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

INSPIRA HEALTH NETWORK, INC. 22-2508425

ATTACHMENT 2

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

SUPPLIES

34,516.

PART II - LINE 28 - OTHER DEDUCTIONS

34,516.

Inspira Medical Centers, Inc. FEID: 21-0634484 Federal Form 990-T For the year ended December 31, 2019

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

Description	Amount		
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 generated 12/31/2018	9,448		
Net operating loss generated 12/31/2019	 11,552		
Net operating loss carry-forward to December 31, 2020	\$ 218,393		